

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00002143611	EMGALITY 120 MG/ML PEN	12	2.00	610.30	680.70964	10%-25% Below	No	No
00002145780	MOUNJARO 15 MG/0.5 ML PEN	12	2.00	461.85	515.57852	10%-25% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	3	2.00	277.82	521.00496	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	12	2.00	275.72	515.84649	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	12	2.00	461.85	515.84649	10%-25% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	12	2.00	461.85	515.95071	10%-25% Below	No	No
00002150680	MOUNJARO 2.5 MG/0.5 ML PEN	3	2.00	278.00	521.06355	26%-50% Below	No	No
00002150680	MOUNJARO 2.5 MG/0.5 ML PEN	12	2.00	461.85	515.90451	10%-25% Below	No	No
00002246080	ZEPBOUND 12.5 MG/0.5 ML PEN	12	2.00	457.86	511.00963	10%-25% Below	No	No
00003089421	ELIQUIS 5 MG TABLET	12	60.00	8.56	9.51063	10%-25% Below	No	No
00005200002	PREVNAR 20 INJ	3	0.50	536.04	.		No	No
00005200010	PREVNAR 20 INJ	1	0.50	470.66	.		No	No
00005200010	PREVNAR 20 INJ	1	0.50	493.56	.		No	No
00005200010	PREVNAR 20 INJ	1	0.50	502.04	.		No	No
00005200010	PREVNAR 20 INJ	2	0.50	494.06	.		No	No
00005200010	PREVNAR 20 INJ	2	0.50	518.10	.		Yes	No
00005200010	PREVNAR 20 INJ	2	0.50	520.74	.		Yes	No
00005200010	PREVNAR 20 INJ	3	0.50	518.10	.		No	No
00005200010	PREVNAR 20 INJ	3	0.50	527.00	.		No	No
00005200010	PREVNAR 20 INJ	4	0.50	494.06	.		No	No
00005200010	PREVNAR 20 INJ	4	0.50	520.74	.		Yes	No
00005200010	PREVNAR 20 INJ	12	0.50	496.08	.		No	No
00005200010	PREVNAR 20 INJ	12	0.50	500.14	.		No	No
00006027731	JANUVIA 100 MG TABLET	12	90.00	13.86	18.33402	10%-25% Below	No	No
00006412102	GARDASIL 9 INJ	1	0.50	583.36	.		Yes	No

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00006412102	GARDASIL 9 INJ	2	0.50	583.36	.		Yes	No
00006412102	GARDASIL 9 INJ	2	0.50	590.36	.		No	No
00006412102	GARDASIL 9 INJ	3	0.50	580.40	.		No	No
00006412102	GARDASIL 9 INJ	4	0.50	553.48	.		No	No
00006412102	GARDASIL 9 INJ	4	0.50	580.40	.		Yes	No
00006412102	GARDASIL 9 INJ	12	0.50	583.36	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	2	0.50	542.92	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	2	0.50	552.24	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	3	0.50	517.72	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	3	0.50	545.68	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	3	0.50	552.24	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	4	0.50	517.72	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	4	0.50	545.68	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	4	0.50	552.24	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	12	0.50	546.58	.		No	No
00006468100	M-M-R II INJ	1	1.00	85.34	.		No	No
00006468100	M-M-R II INJ	3	1.00	89.50	.		No	No
00006468100	M-M-R II INJ	4	1.00	89.50	.		No	No
00006505509	LAGEVRIO CAP 200MG	3	40.00	23.53	.		Yes	No
00006505509	LAGEVRIO CAP 200MG	12	40.00	22.44	.		Yes	No
00009001758	HALCION TAB 0.25MG	4	1.00	0.29	.		No	No
00009001758	HALCION TAB 0.25MG	4	2.00	0.29	.		No	No
00009034702	DEPO-TESTOSTERONE 1,000 MG/10 ML	1	10.00	2.47	6.50862	51%-75% Below	Yes	No
00009039514	CLEOCIN CAP 300MG	2	28.00	0.30	.		No	No
00023114501	BOTOX INJ 100UNIT	1	3.00	611.63	.		No	No

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00023916360	RESTASIS 0.05% EYE EMULSION	12	180.00	8.91	10.33394	10%-25% Below	No	No
00045025024	ZYRTEC CHW 10MG	2	24.00	0.70	.		No	No
00054001729	PREDNISONE 10 MG TABLET	1	10.00	0.11	0.04773	101%-200% Above	No	No
00054001825	PREDNISONE 20 MG TABLET	3	10.00	0.22	0.08187	101%-200% Above	No	No
00054001925	PREDNISONE 50 MG TABLET	2	1.00	0.45	0.18345	101%-200% Above	No	No
00054002025	LITHIUM CARBONATE ER 450 MG TB	1	60.00	0.12	0.21200	26%-50% Below	Yes	No
00054002025	LITHIUM CARBONATE ER 450 MG TB	3	90.00	0.12	0.27231	51%-75% Below	Yes	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	1	120.00	0.07	0.20874	51%-75% Below	No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	2	120.00	0.07	0.21123	51%-75% Below	No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	3	180.00	0.10	0.22127	51%-75% Below	Yes	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	3	240.00	0.07	0.22127	51%-75% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	2	30.00	0.40	0.55062	26%-50% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	4	30.00	0.33	0.57511	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	1	15.00	1.23	0.99676	10%-25% Above	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	3	15.00	0.67	1.12242	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	4	45.00	0.89	1.15508	10%-25% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	2	15.00	0.13	0.31040	51%-75% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	2	25.00	0.15	0.31040	51%-75% Below	Yes	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	2	50.00	0.15	0.31040	51%-75% Below	Yes	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	3	14.00	0.15	0.29714	26%-50% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	3	30.00	0.15	0.29714	26%-50% Below	Yes	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	3	50.00	0.19	0.29714	26%-50% Below	Yes	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	3	150.00	0.10	0.29714	51%-75% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	4	23.00	0.37	0.29539	10%-25% Above	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	12	12.50	0.19	0.31197	26%-50% Below	Yes	No

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00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	12	20.00	0.14	0.31197	51%-75% Below	No	No
00054016625	MYCOPHENOLATE 500 MG TABLET	1	360.00	0.18	0.25080	26%-50% Below	No	No
00054016625	MYCOPHENOLATE 500 MG TABLET	4	300.00	0.18	0.27923	26%-50% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	35.00	0.85	0.70074	10%-25% Above	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	58.00	0.09	0.70074	76%-100% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	90.00	0.17	0.70074	76%-100% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	90.00	0.61	0.70074	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	35.00	0.85	0.73473	10%-25% Above	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	50.00	0.10	0.73473	76%-100% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	90.00	0.17	0.73473	76%-100% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	90.00	0.61	0.73473	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	35.00	0.85	0.75109	10%-25% Above	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	58.00	0.85	0.75109	10%-25% Above	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	90.00	0.17	0.75109	76%-100% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	90.00	0.61	0.75109	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	35.00	0.85	0.72791	10%-25% Above	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	58.00	0.85	0.72791	10%-25% Above	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	90.00	0.61	0.72791	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	12	45.00	0.61	0.73370	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	12	90.00	1.12	0.73370	51%-75% Above	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	1	15.00	0.12	0.21345	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	1	56.00	0.12	0.21345	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	1	56.00	0.13	0.21345	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	2	40.00	0.13	0.23456	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	2	56.00	0.12	0.23456	26%-50% Below	No	No

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00054023525	MORPHINE SULFATE IR 15 MG TAB	3	30.00	0.15	0.25331	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	3	56.00	0.12	0.25331	51%-75% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	3	56.00	0.13	0.25331	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	4	56.00	0.13	0.24984	26%-50% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	12	56.00	0.12	0.21739	26%-50% Below	No	No
00054029399	AZELASTINE SPR NSL 0.1%	2	30.00	0.37	.		No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	1	60.00	0.71	1.06164	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	2	60.00	0.25	1.14212	76%-100% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	2	60.00	0.65	1.14212	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	2	60.00	0.71	1.14212	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	3	60.00	0.25	1.19577	76%-100% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	3	60.00	0.65	1.19577	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	12	60.00	0.01	1.05611	76%-100% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	12	60.00	0.25	1.05611	76%-100% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	12	60.00	0.50	1.05611	51%-75% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	12	60.00	0.84	1.05611	10%-25% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	1	60.00	0.25	1.31435	76%-100% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	1	60.00	0.72	1.31435	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	1	60.00	0.89	1.31435	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	1	60.00	1.04	1.31435	10%-25% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	2	60.00	0.72	1.39797	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	2	60.00	0.81	1.39797	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	2	60.00	0.89	1.39797	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	3	60.00	0.33	1.44730	76%-100% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	3	60.00	0.74	1.44730	26%-50% Below	No	No

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00054032756	FLUTICASONE-SALMETEROL 250-50	3	60.00	0.81	1.44730	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	3	60.00	1.23	1.44730	10%-25% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	4	60.00	0.33	1.42553	76%-100% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	4	60.00	0.67	1.42553	51%-75% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	4	60.00	0.74	1.42553	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	4	60.00	0.90	1.42553	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	12	60.00	0.33	1.31640	51%-75% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	12	60.00	1.04	1.31640	10%-25% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	1	60.00	0.33	1.80244	76%-100% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	3	60.00	1.03	1.90959	26%-50% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	4	60.00	1.03	1.88415	26%-50% Below	No	No
00054033425	CEVIMELINE HCL 30 MG CAPSULE	1	180.00	0.40	0.69154	26%-50% Below	Yes	No
00054033425	CEVIMELINE HCL 30 MG CAPSULE	2	90.00	0.40	0.70791	26%-50% Below	No	No
00054033425	CEVIMELINE HCL 30 MG CAPSULE	4	180.00	0.53	0.70384	10%-25% Below	Yes	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.50	0.44426	10%-25% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.67	0.40692	51%-75% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	1.33	0.46463	101%-200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	1.62	0.45372	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	1.72	0.40071	200% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	12	90.00	1.21	0.40071	200% Above	No	No
00054050823	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	120.00	0.40	0.65519	26%-50% Below	No	No
00054050823	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	120.00	0.37	0.67402	26%-50% Below	No	No
00054050823	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	120.00	0.37	0.66378	26%-50% Below	No	No
00054050823	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	360.00	0.39	0.66378	26%-50% Below	No	No
00054050823	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	120.00	0.33	0.64035	26%-50% Below	No	No

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00054062127	ICOSAPENT ETHYL 0.5 GM CAPSULE	2	240.00	0.39	0.57578	26%-50% Below	No	No
00054071025	METHADONE HCL 10 MG TABLET	1	60.00	0.06	0.18026	51%-75% Below	No	No
00054071025	METHADONE HCL 10 MG TABLET	2	60.00	0.06	0.17556	51%-75% Below	No	No
00054071025	METHADONE HCL 10 MG TABLET	3	60.00	0.08	0.18065	51%-75% Below	No	No
00054071025	METHADONE HCL 10 MG TABLET	12	60.00	0.06	0.18347	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.75	2.22350	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.80	2.22350	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.80	2.22350	51%-75% Below	Yes	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.03	2.22350	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.13	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.14	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.14	2.22350	26%-50% Below	Yes	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.16	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.20	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.22	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.30	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.31	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.38	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.39	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.43	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.53	2.22350	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.77	2.22350	10%-25% Below	Yes	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	13.40	0.80	2.22350	51%-75% Below	Yes	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.73	2.30126	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.74	2.30126	51%-75% Below	No	No

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00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.80	2.30126	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.15	2.30126	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.22	2.30126	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.31	2.30126	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.38	2.30126	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.42	2.30126	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.43	2.30126	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	13.40	0.74	2.30126	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.13	2.30126	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.73	2.24431	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.74	2.24431	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.75	2.24431	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.09	2.24431	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.15	2.24431	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.22	2.24431	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.31	2.24431	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.38	2.24431	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.42	2.24431	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.43	2.24431	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.50	2.24431	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.77	2.24431	10%-25% Below	Yes	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	0.74	2.31039	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.13	2.31039	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.22	2.31039	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.30	2.31039	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.38	2.31039	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.79	2.31039	10%-25% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	0.74	2.36448	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.14	2.36448	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.15	2.36448	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.16	2.36448	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.20	2.36448	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.30	2.36448	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.36	2.36448	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.38	2.36448	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.39	2.36448	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.43	2.36448	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.48	2.36448	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.77	2.36448	10%-25% Below	Yes	No
00054074825	DICYCLOMINE 10 MG CAPSULE	1	20.00	0.15	0.07879	76%-100% Above	Yes	No
00054074825	DICYCLOMINE 10 MG CAPSULE	1	270.00	0.11	0.07879	26%-50% Above	Yes	No
00054074825	DICYCLOMINE 10 MG CAPSULE	3	18.00	0.14	0.08613	51%-75% Above	Yes	No
00054252725	LITHIUM CARBONATE 300 MG CAP	1	180.00	0.00	0.10429	76%-100% Below	No	No
00054252725	LITHIUM CARBONATE 300 MG CAP	3	360.00	0.03	0.11289	51%-75% Below	Yes	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	1	21.00	0.55	0.69552	10%-25% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	3	30.00	0.43	0.85017	26%-50% Below	No	No
00054317644	DEXAMETHASONE INTENSOL 1 MG/ML	4	30.00	0.85	0.75306	10%-25% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.21	0.38371	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.22	0.43233	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.22	0.43233	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.22	0.43233	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.22	0.43233	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.31	0.43233	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.31	0.43233	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.54	0.43233	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.55	0.43233	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.56	0.43233	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.58	0.43233	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.60	0.43233	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.66	0.43233	51%-75% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.68	0.43233	51%-75% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.68	0.43233	51%-75% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.72	0.43233	51%-75% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	48.00	0.21	0.43233	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.11	0.44945	51%-75% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.22	0.44945	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.22	0.44945	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.31	0.44945	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.31	0.44945	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.54	0.44945	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.58	0.44945	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.60	0.44945	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.60	0.44945	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.62	0.44945	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.62	0.44945	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.62	0.44945	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.62	0.44945	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.66	0.44945	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.72	0.44945	51%-75% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	0.21	0.44945	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.10	0.46041	76%-100% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.10	0.46041	76%-100% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.22	0.46041	51%-75% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.22	0.46041	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.31	0.46041	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.52	0.46041	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.53	0.46041	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.46041	10%-25% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.46041	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.46041	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.46041	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.46041	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.46041	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.66	0.46041	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.72	0.46041	51%-75% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.21	0.46041	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.22	0.46041	51%-75% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.56	0.46041	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.17	0.46261	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.31	0.46261	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.31	0.46261	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.56	0.46261	10%-25% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.58	0.46261	10%-25% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.58	0.46261	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.58	0.46261	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.60	0.46261	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.62	0.46261	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	0.58	0.46261	10%-25% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	0.58	0.46261	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.20	0.42692	51%-75% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.22	0.42692	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.22	0.42692	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.31	0.42692	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.31	0.42692	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.55	0.42692	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.55	0.42692	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.56	0.42692	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.56	0.42692	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.58	0.42692	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.62	0.42692	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.63	0.42692	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.66	0.42692	51%-75% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.68	0.42692	51%-75% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.68	0.42692	51%-75% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.72	0.42692	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	32.00	0.22	0.42692	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	48.00	0.22	0.42692	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	60.00	0.07	0.09307	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	75.00	0.06	0.09307	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	100.00	0.05	0.09307	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	100.00	0.06	0.09307	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	200.00	0.04	0.09307	51%-75% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	258.00	0.05	0.09307	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	2	100.00	0.05	0.09935	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	2	100.00	0.06	0.09935	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	2	120.00	0.05	0.09935	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	3	100.00	0.06	0.10481	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	4	100.00	0.06	0.10701	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	4	100.00	0.07	0.10701	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	12	30.00	0.07	0.09351	10%-25% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.04	0.09351	51%-75% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.06	0.09351	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	12	300.00	0.02	0.09351	76%-100% Below	No	No
00054372250	PREDNISONE 5 MG/5 ML SOLUTION	1	100.00	0.15	0.36687	51%-75% Below	No	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	2	70.00	0.29	0.35891	10%-25% Below	Yes	No
00054418125	DEXAMETHASONE 1 MG TABLET	1	1.00	0.12	0.19542	26%-50% Below	No	No
00054418125	DEXAMETHASONE 1 MG TABLET	2	1.00	0.12	0.18075	26%-50% Below	Yes	No
00054418125	DEXAMETHASONE 1 MG TABLET	3	10.00	0.12	0.17714	26%-50% Below	Yes	No
00054418125	DEXAMETHASONE 1 MG TABLET	3	30.00	0.12	0.17714	26%-50% Below	Yes	No
00054418125	DEXAMETHASONE 1 MG TABLET	4	1.00	0.42	0.18699	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054418125	DEXAMETHASONE 1 MG TABLET	12	1.00	0.47	0.21516	101%-200% Above	Yes	No
00054418125	DEXAMETHASONE 1 MG TABLET	12	1.00	0.52	0.21516	101%-200% Above	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	1	14.00	0.21	0.29350	26%-50% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	1	20.00	0.17	0.29350	26%-50% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	4	7.00	0.12	0.35908	51%-75% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	1	5.00	0.20	0.27120	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	1	7.00	0.19	0.27120	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	1	10.00	0.19	0.27120	26%-50% Below	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	1	10.00	0.20	0.27120	26%-50% Below	Yes	No
00054418425	DEXAMETHASONE 4 MG TABLET	1	20.00	0.19	0.27120	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	2	3.00	0.36	0.28058	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	2	5.00	0.20	0.28058	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	2	7.00	0.04	0.28058	76%-100% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	3	5.00	0.15	0.30478	26%-50% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	5.00	0.61	0.29048	101%-200% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	12	20.00	0.18	0.28001	26%-50% Below	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	2	5.00	0.24	0.68815	51%-75% Below	No	No
00054418625	DEXAMETHASONE 6 MG TABLET	3	5.00	0.22	0.70251	51%-75% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	1	30.00	0.02	0.02252	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	1	90.00	0.03	0.02252	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	2	10.00	0.01	0.02485	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	2	45.00	0.04	0.02485	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02485	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	10.00	0.01	0.02649	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	15.00	0.01	0.02649	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054429731	FUROSEMIDE 20 MG TABLET	3	30.00	0.01	0.02649	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	90.00	0.01	0.02649	26%-50% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	4	30.00	0.07	0.02632	101%-200% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	12	30.00	0.04	0.02280	76%-100% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	1	30.00	0.04	0.02862	26%-50% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	1	30.00	0.05	0.02862	76%-100% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	2	30.00	0.02	0.03121	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	2	30.00	0.05	0.03121	51%-75% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	2	90.00	0.02	0.03121	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	3	30.00	0.04	0.03299	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	3	30.00	0.05	0.03299	51%-75% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	3	90.00	0.02	0.03299	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	4	90.00	0.02	0.03304	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	4	90.00	0.02	0.03304	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	12	30.00	0.04	0.02872	26%-50% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	12	30.00	0.05	0.02872	76%-100% Above	No	No
00054430129	FUROSEMIDE 80 MG TABLET	2	90.00	0.03	0.05178	26%-50% Below	No	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	2	75.00	0.69	1.17637	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	4	75.00	0.69	1.09746	26%-50% Below	Yes	No
00054458111	MERCAPTOPYRINE 50 MG TABLET	12	75.00	0.69	1.33561	26%-50% Below	Yes	No
00054817425	DEXAMETHASONE 1 MG TABLET	4	1.00	0.11	0.18699	26%-50% Below	No	No
00054981729	PREDNISONE 10 MG TABLET	1	6.00	0.15	0.04773	200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	1	21.00	0.11	0.04773	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	2	10.00	0.09	0.05399	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054981729	PREDNISONE 10 MG TABLET	2	10.00	0.09	0.05399	51%-75% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	2	10.00	0.14	0.05399	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	2	15.00	0.09	0.05399	51%-75% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	2	18.00	0.13	0.05399	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	2	21.00	0.09	0.05399	51%-75% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	2	55.00	0.03	0.05399	51%-75% Below	No	No
00054981729	PREDNISONE 10 MG TABLET	3	5.00	0.09	0.05827	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	10.00	0.09	0.05827	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	15.00	0.09	0.05827	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	24.00	0.09	0.05827	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	10.00	0.12	0.05827	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	10.00	0.13	0.05827	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	10.00	0.18	0.05827	200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	12.00	0.13	0.05827	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	21.00	0.13	0.05827	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	10.00	0.12	0.04665	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	12.00	0.12	0.04665	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	21.00	0.10	0.04665	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	1	12.00	0.03	0.04429	26%-50% Below	No	No
00054982831	PREDNISONE 5 MG TABLET	1	90.00	0.10	0.04429	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	12	21.00	0.10	0.04351	101%-200% Above	No	No
00069034405	ABRYSVO INJ	1	1.00	265.50	.		No	No
00069034405	ABRYSVO INJ	2	1.00	289.56	.		Yes	No
00069243210	COMIRNATY INJ 2024-25	1	0.30	410.27	.		No	No
00069243210	COMIRNATY INJ 2024-25	1	0.30	430.20	.		Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00069243210	COMIRNATY INJ 2024-25	1	0.30	432.40	.		Yes	No
00069243210	COMIRNATY INJ 2024-25	2	0.30	430.20	.		Yes	No
00069243210	COMIRNATY INJ 2024-25	3	0.30	430.20	.		No	No
00069243210	COMIRNATY INJ 2024-25	3	0.30	430.20	.		Yes	No
00069243210	COMIRNATY INJ 2024-25	3	0.30	431.57	.		No	No
00069243210	COMIRNATY INJ 2024-25	3	0.30	432.40	.		Yes	No
00069243210	COMIRNATY INJ 2024-25	3	0.30	434.03	.		No	No
00069243210	COMIRNATY INJ 2024-25	3	0.30	437.60	.		No	No
00069243210	COMIRNATY INJ 2024-25	12	0.30	410.27	.		No	No
00069243210	COMIRNATY INJ 2024-25	12	0.30	432.40	.		No	No
00069243210	COMIRNATY INJ 2024-25	12	0.30	432.40	.		Yes	No
00074057928	VENCLEXTA TAB START PK	3	42.00	72.87	.		No	No
00074434190	SYNTHROID 25 MCG TABLET	1	30.00	0.02	1.58769	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	3	90.00	0.03	1.58769	76%-100% Below	Yes	No
00074434190	SYNTHROID 25 MCG TABLET	12	30.00	0.03	1.51207	76%-100% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	1	30.00	0.60	1.58771	51%-75% Below	No	No
00074455219	SYNTHROID 50 MCG TABLET	1	30.00	0.64	1.58771	51%-75% Below	No	No
00074455290	SYNTHROID 50 MCG TABLET	1	90.00	0.02	1.58771	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	1	90.00	0.02	1.58771	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	1	90.00	0.03	1.58771	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	3	90.00	0.03	1.58771	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	3	90.00	0.25	1.58771	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	3	90.00	0.31	1.58771	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	1	90.00	0.03	1.58846	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	1	90.00	0.03	1.58846	76%-100% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00074518290	SYNTHROID 75 MCG TABLET	2	90.00	0.02	1.58846	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	3	78.00	0.03	1.58846	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	3	90.00	0.02	1.58846	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	3	90.00	0.03	1.58846	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	4	90.00	0.27	1.58846	76%-100% Below	Yes	No
00074611413	DEPAKOTE DR 125 MG SPRINKLE CP	1	180.00	0.47	1.88154	51%-75% Below	Yes	No
00074611413	DEPAKOTE DR 125 MG SPRINKLE CP	2	180.00	0.47	1.88154	51%-75% Below	Yes	No
00074662490	SYNTHROID 100 MCG TABLET	2	90.00	0.03	1.58772	76%-100% Below	Yes	No
00074662490	SYNTHROID 100 MCG TABLET	3	90.00	0.02	1.58772	76%-100% Below	Yes	No
00074706819	SYNTHROID 125 MCG TABLET	12	90.00	0.05	1.51295	76%-100% Below	No	No
00074706890	SYNTHROID 125 MCG TABLET	2	90.00	0.04	1.58860	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	3	90.00	0.03	1.58860	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	4	90.00	0.35	1.58860	76%-100% Below	Yes	No
00074706990	SYNTHROID 150 MCG TABLET	1	90.00	0.04	1.58791	76%-100% Below	Yes	No
00074706990	SYNTHROID 150 MCG TABLET	3	90.00	0.51	1.58791	51%-75% Below	Yes	No
00074706990	SYNTHROID 150 MCG TABLET	4	90.00	0.51	1.58791	51%-75% Below	Yes	No
00074714890	SYNTHROID 200 MCG TABLET	4	90.00	0.58	1.58692	51%-75% Below	Yes	No
00078087601	TOBRADEX EYE OINTMENT	1	3.50	73.37	81.77817	10%-25% Below	No	No
00093005105	CARVEDILOL 3.125 MG TABLET	1	60.00	0.04	0.01544	101%-200% Above	No	No
00093005105	CARVEDILOL 3.125 MG TABLET	2	60.00	0.03	0.01675	76%-100% Above	No	No
00093005105	CARVEDILOL 3.125 MG TABLET	3	60.00	0.03	0.01726	51%-75% Above	No	No
00093005105	CARVEDILOL 3.125 MG TABLET	3	180.00	0.03	0.01726	51%-75% Above	Yes	No
00093005105	CARVEDILOL 3.125 MG TABLET	4	180.00	0.12	0.01726	200% Above	No	No
00093005105	CARVEDILOL 3.125 MG TABLET	12	180.00	0.03	0.01527	101%-200% Above	Yes	No
00093005301	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.06	0.01949	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093005301	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.07	0.02195	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02365	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.07	0.02365	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.06	0.02403	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.07	0.02403	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.12	0.02403	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.07	0.02845	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.06	0.03079	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.07	0.03079	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.03236	76%-100% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.10	0.03236	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.10	0.03216	200% Above	Yes	No
00093005401	BUSPIRONE HCL 10 MG TABLET	12	120.00	0.13	0.02862	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.07	0.02845	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.08	0.02845	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.08	0.02845	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	120.00	0.07	0.02845	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.06	0.03079	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.07	0.03079	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.07	0.03079	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	120.00	0.06	0.03079	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.05	0.03079	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.03236	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.03236	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.05	0.03236	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093005405	BUSPIRONE HCL 10 MG TABLET	3	120.00	0.06	0.03236	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.06	0.03216	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.10	0.03216	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.10	0.03216	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.07	0.02862	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	120.00	0.06	0.02862	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	120.00	0.07	0.02862	101%-200% Above	No	No
00093026215	FLUOCINONIDE 0.05% CREAM	1	30.00	0.31	0.43050	26%-50% Below	Yes	No
00093026215	FLUOCINONIDE 0.05% CREAM	2	30.00	0.31	0.44230	26%-50% Below	Yes	No
00093026230	FLUOCINONIDE 0.05% CREAM	1	30.00	0.30	0.35514	10%-25% Below	Yes	No
00093026230	FLUOCINONIDE 0.05% CREAM	3	30.00	0.30	0.40437	26%-50% Below	Yes	No
00093026230	FLUOCINONIDE 0.05% CREAM	4	30.00	0.30	0.39234	10%-25% Below	Yes	No
00093026230	FLUOCINONIDE 0.05% CREAM	12	30.00	0.30	0.34391	10%-25% Below	Yes	No
00093026415	FLUOCINONIDE 0.05% OINTMENT	1	15.00	1.33	0.39059	200% Above	Yes	No
00093026415	FLUOCINONIDE 0.05% OINTMENT	1	15.00	2.11	0.39059	200% Above	No	No
00093030801	CLEMASTINE FUM 2.68 MG TABLET	2	10.00	1.45	0.50086	101%-200% Above	Yes	No
00093030801	CLEMASTINE FUM 2.68 MG TABLET	12	10.00	2.00	0.50774	200% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	2	20.00	0.89	0.25658	200% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	2	26.00	0.23	0.25658	10%-25% Below	Yes	No
00093031401	KETOROLAC 10 MG TABLET	4	10.00	0.73	0.29173	101%-200% Above	Yes	No
00093031401	KETOROLAC 10 MG TABLET	4	20.00	0.75	0.29173	101%-200% Above	Yes	No
00093031801	DILTIAZEM 30 MG TABLET	1	180.00	0.08	0.06855	10%-25% Above	No	No
00093031801	DILTIAZEM 30 MG TABLET	4	180.00	0.08	0.05920	26%-50% Above	No	No
00093057606	LOVASTATIN 20 MG TABLET	1	90.00	0.02	0.03973	51%-75% Below	No	No
00093057610	LOVASTATIN 20 MG TABLET	1	90.00	0.08	0.03973	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093057610	LOVASTATIN 20 MG TABLET	4	90.00	0.31	0.04870	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	1	30.00	0.09	0.02277	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	1	90.00	0.03	0.02277	26%-50% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	2	30.00	0.09	0.02461	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	12	30.00	0.09	0.02288	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	12	90.00	0.03	0.02288	26%-50% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	12	90.00	0.06	0.02288	101%-200% Above	No	No
00093075301	ATENOLOL 100 MG TABLET	1	30.00	0.01	0.03689	51%-75% Below	No	No
00093075301	ATENOLOL 100 MG TABLET	2	30.00	0.01	0.03967	51%-75% Below	No	No
00093075301	ATENOLOL 100 MG TABLET	3	30.00	0.01	0.04099	51%-75% Below	No	No
00093075301	ATENOLOL 100 MG TABLET	4	90.00	0.01	0.04102	51%-75% Below	No	No
00093075305	ATENOLOL 100 MG TABLET	1	90.00	0.01	0.03689	51%-75% Below	No	No
00093075305	ATENOLOL 100 MG TABLET	3	90.00	0.11	0.04099	101%-200% Above	No	No
00093075305	ATENOLOL 100 MG TABLET	4	90.00	0.01	0.04102	76%-100% Below	No	No
00093075305	ATENOLOL 100 MG TABLET	12	90.00	0.05	0.03581	26%-50% Above	No	No
00093075305	ATENOLOL 100 MG TABLET	12	90.00	0.12	0.03581	200% Above	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	1	30.00	0.04	0.05016	10%-25% Below	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	1	90.00	0.09	0.05016	76%-100% Above	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	2	30.00	0.04	0.05614	26%-50% Below	Yes	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	2	90.00	0.08	0.05614	26%-50% Above	No	No
00093077198	PRAVASTATIN SODIUM 10 MG TAB	3	30.00	0.04	0.06193	26%-50% Below	Yes	No
00093078701	ATENOLOL 25 MG TABLET	2	180.00	0.03	0.02272	10%-25% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	1	30.00	0.03	0.02075	26%-50% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	2	90.00	0.03	0.02272	10%-25% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	2	90.00	0.05	0.02272	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093078710	ATENOLOL 25 MG TABLET	3	30.00	0.07	0.02404	101%-200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	12	90.00	0.00	0.02053	76%-100% Below	No	No
00093080701	FLUOXETINE TAB 20MG	12	45.00	0.33	.		No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	1	30.00	0.14	0.10266	26%-50% Above	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	2	30.00	0.05	0.10644	26%-50% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	2	30.00	0.13	0.10644	10%-25% Above	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	2	150.00	0.06	0.10644	26%-50% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	3	30.00	0.07	0.11187	26%-50% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	3	30.00	0.10	0.11187	10%-25% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	3	90.00	0.06	0.11187	26%-50% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	4	90.00	0.06	0.11392	51%-75% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	4	90.00	0.09	0.11392	10%-25% Below	Yes	No
00093081005	NORTRIPTYLINE HCL 10 MG CAP	4	180.00	0.10	0.11392	10%-25% Below	No	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	2	30.00	0.12	0.13623	10%-25% Below	Yes	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	3	30.00	0.12	0.14971	10%-25% Below	Yes	No
00093081105	NORTRIPTYLINE HCL 25 MG CAP	1	90.00	0.17	0.12646	26%-50% Above	No	No
00093081105	NORTRIPTYLINE HCL 25 MG CAP	4	90.00	0.20	0.14619	26%-50% Above	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	1	60.00	0.14	0.17073	10%-25% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	2	60.00	0.14	0.19037	26%-50% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	3	60.00	0.14	0.19962	26%-50% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	3	90.00	0.07	0.19962	51%-75% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	3	90.00	0.07	0.19962	51%-75% Below	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	12	60.00	0.14	0.16576	10%-25% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	15.00	0.07	0.02094	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.01	0.02094	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093083205	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.01	0.02094	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	270.00	0.01	0.02094	51%-75% Below	Yes	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	20.00	0.01	0.02178	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.01	0.02178	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.07	0.02178	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	4	1.00	0.46	0.02145	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	4	60.00	0.11	0.02145	200% Above	No	No
00093092810	LOVASTATIN 40 MG TABLET	3	90.00	0.01	0.05619	76%-100% Below	No	No
00093092810	LOVASTATIN 40 MG TABLET	12	90.00	0.00	0.04995	76%-100% Below	No	No
00093094801	DICLOFENAC POT 50 MG TABLET	1	180.00	0.05	0.10913	51%-75% Below	No	No
00093094801	DICLOFENAC POT 50 MG TABLET	2	30.00	0.09	0.11960	10%-25% Below	No	No
00093094801	DICLOFENAC POT 50 MG TABLET	4	60.00	0.59	0.12984	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	45.00	0.21	0.04256	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.05	0.04256	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.06	0.04256	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.08	0.04256	76%-100% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.06	0.04256	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.05	0.04256	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.05	0.04593	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.07	0.04593	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.08	0.04593	76%-100% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.05	0.04593	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.05	0.04593	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	90.00	0.01	0.04755	76%-100% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	90.00	0.06	0.04755	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093100301	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.09	0.04664	76%-100% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.01	0.04664	76%-100% Below	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.08	0.04664	76%-100% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.06	0.04321	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.21	0.04321	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.06	0.04321	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	270.00	0.39	0.04321	200% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.12	0.04664	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.11	0.16054	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.11	0.16054	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.13	0.16054	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.13	0.16054	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.25	0.16054	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.26	0.16054	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.27	0.16054	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.27	0.16054	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.29	0.16054	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.31	0.16054	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.32	0.16054	76%-100% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	44.00	0.13	0.16054	10%-25% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.10	0.16784	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.10	0.16784	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.11	0.16784	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.11	0.16784	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.22	0.16784	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.25	0.16784	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.27	0.16784	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.27	0.16784	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.29	0.16784	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.32	0.16784	76%-100% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.10	0.16880	26%-50% Below	No	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.10	0.16880	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.22	0.16880	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.25	0.16880	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.25	0.16880	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.26	0.16880	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.26	0.16880	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.27	0.16880	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.27	0.16880	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.35	0.16880	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	44.00	0.10	0.16880	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.26	0.16627	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.27	0.16627	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.35	0.16627	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.35	0.16627	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.13	0.15681	10%-25% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.22	0.15681	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.26	0.15681	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.26	0.15681	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.27	0.15681	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093101042	MUIPIROCIN 2% OINTMENT	12	22.00	0.31	0.15681	76%-100% Above	Yes	No
00093102406	NEFAZODONE HCL 100 MG TABLET	1	120.00	1.07	1.21719	10%-25% Below	Yes	No
00093102406	NEFAZODONE HCL 100 MG TABLET	3	120.00	1.07	1.25107	10%-25% Below	Yes	No
00093102406	NEFAZODONE HCL 100 MG TABLET	4	120.00	1.07	1.26144	10%-25% Below	Yes	No
00093102406	NEFAZODONE HCL 100 MG TABLET	12	120.00	1.07	1.18900	10%-25% Below	Yes	No
00093106101	SOTALOL 80 MG TABLET	1	60.00	0.12	0.06872	51%-75% Above	No	No
00093106101	SOTALOL 80 MG TABLET	2	60.00	0.12	0.07363	51%-75% Above	No	No
00093106101	SOTALOL 80 MG TABLET	2	180.00	0.05	0.07363	26%-50% Below	Yes	No
00093106101	SOTALOL 80 MG TABLET	2	180.00	0.08	0.07363	10%-25% Above	Yes	No
00093106101	SOTALOL 80 MG TABLET	3	60.00	0.12	0.07571	51%-75% Above	No	No
00093117410	PENICILLIN VK 500 MG TABLET	2	20.00	0.07	0.09899	26%-50% Below	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	2	28.00	0.07	0.09899	26%-50% Below	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	3	28.00	0.07	0.10947	26%-50% Below	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	3	29.00	0.07	0.10947	26%-50% Below	No	No
00093117410	PENICILLIN VK 500 MG TABLET	4	14.00	0.16	0.10725	26%-50% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	4	28.00	0.36	0.10725	200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	12	20.00	0.20	0.08407	101%-200% Above	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	4	6.00	0.65	0.88722	26%-50% Below	No	No
00093171501	WARFARIN SODIUM 3 MG TABLET	2	90.00	0.16	0.09220	51%-75% Above	Yes	No
00093172110	WARFARIN SODIUM 5 MG TABLET	1	30.00	0.21	0.09383	101%-200% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	2	30.00	0.21	0.09694	101%-200% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	3	30.00	0.21	0.09585	101%-200% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	12	30.00	0.21	0.09393	101%-200% Above	No	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	0.54	0.30075	76%-100% Above	No	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	2	15.00	0.83	0.32488	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	4	15.00	0.48	0.33826	26%-50% Above	No	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	0.33	0.21875	26%-50% Above	No	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	4	45.00	0.22	0.25514	10%-25% Below	Yes	No
00093202694	AZITHROMYCIN 200 MG/5 ML SUSP	12	22.50	0.00	0.22049	76%-100% Below	No	No
00093202723	AZITHROMYCIN 100 MG/5 ML SUSP	12	30.00	0.50	0.35458	26%-50% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	1	180.00	0.15	0.11885	26%-50% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	2	60.00	0.15	0.12783	10%-25% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	3	60.00	0.06	0.13438	51%-75% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	4	60.00	0.06	0.13784	51%-75% Below	No	No
00093216568	NALOXONE HCL 4 MG NASAL SPRAY	1	2.00	12.16	34.27000	51%-75% Below	Yes	No
00093217901	LIOETHYRONINE SOD 5 MCG TAB	1	90.00	0.30	0.20819	26%-50% Above	No	No
00093217901	LIOETHYRONINE SOD 5 MCG TAB	2	45.00	0.30	0.23050	26%-50% Above	Yes	No
00093217901	LIOETHYRONINE SOD 5 MCG TAB	3	180.00	0.28	0.24253	10%-25% Above	Yes	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	2	30.00	0.03	0.04730	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	2	120.00	0.02	0.04730	51%-75% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	2	120.00	0.02	0.04730	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	3	60.00	0.02	0.04876	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	4	28.00	0.12	0.04917	101%-200% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	1	9.00	0.02	0.04472	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	1	30.00	0.03	0.04472	10%-25% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	1	60.00	0.03	0.04472	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	2	20.00	0.02	0.04730	51%-75% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	2	120.00	0.02	0.04730	51%-75% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	2	180.00	0.02	0.04730	51%-75% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	3	120.00	0.03	0.04876	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	15.00	0.12	0.04917	101%-200% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	28.00	0.03	0.04917	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	28.00	0.03	0.04917	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	180.00	0.12	0.04917	101%-200% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	4	180.00	0.12	0.04917	101%-200% Above	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	12	30.00	0.04	0.04530	10%-25% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	12	60.00	0.09	0.04530	76%-100% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	12	120.00	0.02	0.04530	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	12	180.00	0.02	0.04530	26%-50% Below	Yes	No
00093220310	METOCLOPRAMIDE 10 MG TABLET	1	90.00	0.02	0.04472	51%-75% Below	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	1	40.00	0.03	0.03905	10%-25% Below	Yes	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	1	90.00	0.02	0.03905	26%-50% Below	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	2	2.00	0.19	0.04175	200% Above	Yes	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	2	15.00	0.07	0.04175	51%-75% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	3	40.00	0.03	0.04372	10%-25% Below	Yes	No
00093220405	METOCLOPRAMIDE 5 MG TABLET	2	90.00	0.01	0.04175	51%-75% Below	No	No
00093220405	METOCLOPRAMIDE 5 MG TABLET	3	90.00	0.02	0.04372	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	1	180.00	0.08	0.16605	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	2	120.00	0.08	0.17224	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	2	120.00	0.15	0.17224	10%-25% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	2	180.00	0.06	0.17224	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	2	180.00	0.06	0.17224	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	3	60.00	0.15	0.17750	10%-25% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	3	120.00	0.15	0.17750	10%-25% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	3	180.00	0.06	0.17750	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093221001	SUCRALFATE 1 GM TABLET	3	360.00	0.15	0.17750	10%-25% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	12	180.00	0.07	0.16521	51%-75% Below	Yes	No
00093221005	SUCRALFATE 1 GM TABLET	1	60.00	0.15	0.16605	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	1	180.00	0.08	0.16605	26%-50% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	2	60.00	0.06	0.17224	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	2	120.00	0.08	0.17224	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	3	120.00	0.08	0.17750	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	4	30.00	0.15	0.17648	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	4	60.00	0.16	0.17648	10%-25% Below	No	No
00093221098	SUCRALFATE 1 GM TABLET	1	56.00	0.08	0.16605	51%-75% Below	No	No
00093221098	SUCRALFATE 1 GM TABLET	1	120.00	0.08	0.16605	26%-50% Below	No	No
00093223801	CEPHALEXIN 250 MG TABLET	3	14.00	1.07	0.93514	10%-25% Above	No	No
00093224001	CEPHALEXIN 500 MG TABLET	2	14.00	1.02	2.09559	51%-75% Below	No	No
00093224001	CEPHALEXIN 500 MG TABLET	2	14.00	5.00	2.09559	101%-200% Above	No	No
00093224001	CEPHALEXIN 500 MG TABLET	2	30.00	2.82	2.09559	26%-50% Above	No	No
00093224001	CEPHALEXIN 500 MG TABLET	3	3.00	1.63	1.94860	10%-25% Below	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	4.00	0.28	0.11713	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	14.00	0.14	0.11713	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	20.00	0.21	0.11713	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	28.00	0.22	0.11713	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	32.00	0.14	0.11713	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	4.00	0.28	0.13074	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	20.00	0.25	0.13074	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	21.00	0.20	0.13074	26%-50% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	21.00	0.20	0.13074	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093226301	AMOXICILLIN 500 MG TABLET	2	21.00	0.21	0.13074	51%-75% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	4.00	0.06	0.13110	51%-75% Below	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	21.00	0.20	0.13110	51%-75% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	30.00	0.16	0.13110	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	60.00	0.19	0.13110	26%-50% Above	No	No
00093226301	AMOXICILLIN 500 MG TABLET	4	21.00	0.24	0.13921	51%-75% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	21.00	0.26	0.13921	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	12	20.00	0.27	0.11807	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	12	21.00	0.23	0.11807	76%-100% Above	Yes	No
00093226801	AMOXICILLIN 250 MG TAB CHEW	12	40.00	0.37	0.28778	26%-50% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.21	0.28982	26%-50% Below	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	1	20.00	0.51	0.28982	76%-100% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.21	0.31954	26%-50% Below	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.22	0.31954	26%-50% Below	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.42	0.31954	26%-50% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.22	0.33062	26%-50% Below	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.41	0.33062	10%-25% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.42	0.33062	26%-50% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.53	0.33062	51%-75% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	4	21.00	0.22	0.33090	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.20	0.29656	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.23	0.29656	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.35	0.29656	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.29656	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.29656	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.38	0.29656	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.23	0.29656	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.29656	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.20	0.32240	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.45	0.32240	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.20	0.32240	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.44	0.32240	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.18	0.34183	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.39	0.34183	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.49	0.34183	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.40	0.34183	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.44	0.34183	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.45	0.32907	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.49	0.32907	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.36	0.27322	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.41	0.27322	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.23	0.27322	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.40	0.27322	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	30.00	0.43	0.27322	51%-75% Above	No	No
00093227973	AMOX-CLAV 400-57 MG/5 ML SUSP	1	200.00	0.08	0.05778	26%-50% Above	No	No
00093310705	AMOXICILLIN 250 MG CAPSULE	1	60.00	0.04	0.08044	26%-50% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	2	60.00	0.03	0.08178	51%-75% Below	Yes	No
00093310705	AMOXICILLIN 250 MG CAPSULE	3	60.00	0.03	0.07872	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	14.00	0.07	0.08158	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093310905	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.07	0.08158	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	16.00	0.05	0.08158	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.05	0.08158	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.05	0.08158	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.05	0.08158	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.07	0.08158	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.06	0.08158	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08158	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.17	0.08158	101%-200% Above	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	22.00	0.06	0.08158	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	24.00	0.07	0.08158	10%-25% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	25.00	0.06	0.08158	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	26.00	0.05	0.08158	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.06	0.08158	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.06	0.08158	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.07	0.08158	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.06	0.08158	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	4.00	0.05	0.08742	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	15.00	0.04	0.08742	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.05	0.08742	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.07	0.08742	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.04	0.08742	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.06	0.08742	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08742	10%-25% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	22.00	0.06	0.08742	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093310905	AMOXICILLIN 500 MG CAPSULE	2	28.00	0.06	0.08742	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.06	0.08742	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	40.00	0.04	0.08742	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	12.00	0.08	0.09188	10%-25% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	15.00	0.04	0.09188	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.05	0.09188	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.04	0.09188	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.06	0.09188	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.06	0.09188	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.09188	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.18	0.09188	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	28.00	0.04	0.09188	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	30.00	0.04	0.09188	51%-75% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	40.00	0.06	0.09188	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	42.00	0.06	0.09188	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	4.00	0.18	0.09093	76%-100% Above	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.07	0.09093	10%-25% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.09093	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.18	0.09093	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	24.00	0.07	0.09093	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	26.00	0.18	0.09093	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	30.00	0.06	0.09093	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	30.00	0.18	0.09093	76%-100% Above	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	30.00	0.18	0.09093	76%-100% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	4.00	0.16	0.08279	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093310905	AMOXICILLIN 500 MG CAPSULE	12	14.00	0.05	0.08279	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	14.00	0.07	0.08279	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.05	0.08279	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.07	0.08279	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.07	0.08279	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.07	0.08279	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.05	0.08279	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.07	0.08279	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	22.00	0.06	0.08279	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	30.00	0.05	0.08279	26%-50% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	30.00	0.05	0.08279	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	30.00	0.06	0.08279	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	40.00	0.06	0.08279	10%-25% Below	Yes	No
00093310953	AMOXICILLIN 500 MG CAPSULE	3	4.00	0.05	0.09188	51%-75% Below	No	No
00093312501	DICLOXACILLIN 500 MG CAPSULE	2	40.00	0.68	0.81903	10%-25% Below	No	No
00093312501	DICLOXACILLIN 500 MG CAPSULE	2	56.00	0.46	0.81903	26%-50% Below	No	No
00093312501	DICLOXACILLIN 500 MG CAPSULE	3	40.00	0.68	0.88542	10%-25% Below	Yes	No
00093314501	CEPHALEXIN 250 MG CAPSULE	3	15.00	0.13	0.09951	26%-50% Above	No	No
00093314501	CEPHALEXIN 250 MG CAPSULE	4	28.00	0.11	0.09910	10%-25% Above	No	No
00093314505	CEPHALEXIN 250 MG CAPSULE	1	15.00	0.10	0.08421	10%-25% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.06	0.10819	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.06	0.10819	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.10	0.10819	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.12	0.10819	10%-25% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	15.00	0.13	0.10819	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093314705	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.06	0.10819	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	21.00	0.06	0.10819	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.06	0.10819	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.06	0.10819	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.07	0.10819	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	6.00	0.14	0.12140	10%-25% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.06	0.12140	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.06	0.12140	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.08	0.12140	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.09	0.12140	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.04	0.12140	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.05	0.12140	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.06	0.12140	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.08	0.12140	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.08	0.12140	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.06	0.12140	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.10	0.12140	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	30.00	0.06	0.12140	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	30.00	0.10	0.12140	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.09	0.12140	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	6.00	0.06	0.12860	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	10.00	0.06	0.12860	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.08	0.12860	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.09	0.12860	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.10	0.12860	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093314705	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.06	0.12860	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.09	0.12860	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.11	0.12860	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.11	0.12860	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.34	0.12860	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.06	0.12860	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.06	0.12860	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.08	0.12860	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.08	0.12860	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	30.00	0.34	0.12860	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	40.00	0.04	0.12860	51%-75% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	40.00	0.34	0.12860	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.07	0.12868	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.09	0.12868	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	30.00	0.34	0.12868	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	6.00	0.13	0.10778	10%-25% Above	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	12.00	0.29	0.10778	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	14.00	0.06	0.10778	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	20.00	0.28	0.10778	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.14	0.10778	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	30.00	0.28	0.10778	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	40.00	0.28	0.10778	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	168.00	0.05	0.10778	51%-75% Below	No	No
00093319601	CEFADROXIL 500 MG CAPSULE	3	28.00	0.13	0.29548	51%-75% Below	No	No
00093319601	CEFADROXIL 500 MG CAPSULE	12	10.00	0.15	0.25989	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093321205	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	60.00	0.02	0.02920	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	60.00	0.02	0.02920	10%-25% Below	Yes	No
00093321205	CLONAZEPAM 1 MG TABLET	3	14.00	0.07	0.03013	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.03013	51%-75% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	60.00	0.07	0.03013	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	60.00	0.16	0.03013	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	4	30.00	0.16	0.02994	200% Above	No	No
00093321992	KETOCONAZOLE 2% CREAM	2	60.00	0.50	0.16707	101%-200% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	12	60.00	0.25	0.15620	51%-75% Above	Yes	No
00093321992	KETOCONAZOLE 2% CREAM	12	60.00	0.53	0.15620	200% Above	Yes	No
00093323401	SULFASALAZINE 500 MG TABLET	3	540.00	0.09	0.18481	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	12.00	0.04	0.02332	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	14.00	0.02	0.02332	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	16.00	0.02	0.02332	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	21.00	0.02	0.02332	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	21.00	0.02	0.02332	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	21.00	0.03	0.02332	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	28.00	0.02	0.02332	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	30.00	0.02	0.02332	26%-50% Below	No	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	30.00	0.03	0.02332	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	60.00	0.02	0.02332	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	60.00	0.02	0.02332	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	84.00	0.02	0.02332	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	90.00	0.02	0.02332	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093330105	TRAMADOL HCL 50 MG TABLET	1	90.00	0.02	0.02332	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	180.00	0.02	0.02332	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	8.00	0.09	0.02473	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	10.00	0.02	0.02473	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	12.00	0.01	0.02473	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	12.00	0.02	0.02473	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	12.00	0.04	0.02473	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	20.00	0.01	0.02473	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	20.00	0.03	0.02473	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	26.00	0.02	0.02473	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	30.00	0.01	0.02473	26%-50% Below	No	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	56.00	0.02	0.02473	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	60.00	0.02	0.02473	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	90.00	0.01	0.02473	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	90.00	0.02	0.02473	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	7.00	0.06	0.02594	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	12.00	0.06	0.02594	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	14.00	0.01	0.02594	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	16.00	0.01	0.02594	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	21.00	0.03	0.02594	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	30.00	0.01	0.02594	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	30.00	0.02	0.02594	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	39.00	0.01	0.02594	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	42.00	0.01	0.02594	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	48.00	0.02	0.02594	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093330105	TRAMADOL HCL 50 MG TABLET	3	60.00	0.01	0.02594	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	60.00	0.02	0.02594	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	90.00	0.02	0.02594	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	90.00	0.10	0.02594	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	7.00	0.10	0.02596	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	9.00	0.10	0.02596	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	10.00	0.10	0.02596	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	12.00	0.04	0.02596	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	12.00	0.10	0.02596	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	14.00	0.04	0.02596	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	20.00	0.10	0.02596	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	24.00	0.10	0.02596	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	30.00	0.10	0.02596	200% Above	No	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	60.00	0.10	0.02596	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	84.00	0.10	0.02596	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	15.00	0.02	0.02546	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	20.00	0.03	0.02546	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	20.00	0.03	0.02546	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	28.00	0.02	0.02546	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	30.00	0.02	0.02546	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	90.00	0.02	0.02546	10%-25% Below	Yes	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	3	15.00	0.07	0.02186	200% Above	No	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	12	20.00	0.01	0.01908	26%-50% Below	No	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.01	0.01908	26%-50% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01757	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342201	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	51%-75% Below	No	No
00093342201	CYCLOBENZAPRINE 10 MG TABLET	4	12.00	0.18	0.01758	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	12.00	0.01	0.01624	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	12.00	0.06	0.01624	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	15.00	0.03	0.01624	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	20.00	0.01	0.01624	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	20.00	0.01	0.01624	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	20.00	0.02	0.01624	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01624	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01624	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01624	26%-50% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01624	26%-50% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.03	0.01624	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.03	0.01624	76%-100% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01624	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01624	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.03	0.01757	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.01	0.01757	51%-75% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.01	0.01757	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	21.00	0.01	0.01757	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01757	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01757	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01757	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01757	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.03	0.01757	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	60.00	0.01	0.01757	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	10.00	0.01	0.01774	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	12.00	0.01	0.01774	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	14.00	0.01	0.01774	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	15.00	0.01	0.01774	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	15.00	0.03	0.01774	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	15.00	0.18	0.01774	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.01	0.01774	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.01	0.01774	51%-75% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.01	0.01774	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.03	0.01774	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	40.00	0.01	0.01774	51%-75% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.01	0.01774	51%-75% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.01	0.01774	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.01	0.01774	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.18	0.01774	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	10.00	0.04	0.01758	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.03	0.01758	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.18	0.01758	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.02	0.01758	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.18	0.01758	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.01	0.01758	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.18	0.01758	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.18	0.01758	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.01	0.01758	10%-25% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	15.00	0.01	0.01633	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	15.00	0.05	0.01633	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	16.00	0.01	0.01633	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	20.00	0.03	0.01633	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.01	0.01633	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.02	0.01633	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.03	0.01633	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.12	0.01633	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	40.00	0.01	0.01633	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	60.00	0.01	0.01633	26%-50% Below	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	60.00	0.01	0.01633	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	60.00	0.01	0.01633	10%-25% Below	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	3.00	0.22	0.04287	200% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	30.00	0.03	0.04287	26%-50% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	45.00	0.02	0.04287	51%-75% Below	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	2	30.00	0.02	0.04110	51%-75% Below	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	4	30.00	0.03	0.04385	26%-50% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	1	60.00	0.02	0.04209	51%-75% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	2	60.00	0.02	0.04658	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342601	LORAZEPAM 1 MG TABLET	3	14.00	0.06	0.04949	10%-25% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	12	60.00	0.02	0.04211	26%-50% Below	No	No
00093342605	LORAZEPAM 1 MG TABLET	3	30.00	0.02	0.04949	51%-75% Below	No	No
00093342605	LORAZEPAM 1 MG TABLET	4	4.00	0.13	0.04960	101%-200% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	4	60.00	0.13	0.04960	101%-200% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	1	90.00	0.02	0.04209	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	2	90.00	0.02	0.04658	26%-50% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	1	42.50	0.70	0.42725	51%-75% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	1	42.50	1.60	0.42725	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	1	42.50	2.31	0.42725	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	2	42.50	0.35	0.46010	10%-25% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	3	42.50	0.25	0.49081	26%-50% Below	No	No
00093354143	ESTRADIOL 0.01% CREAM	3	42.50	0.59	0.49081	10%-25% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	3	42.50	1.75	0.49081	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	3	42.50	2.10	0.49081	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	4	42.50	0.58	0.48817	10%-25% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	12	42.50	2.72	0.42505	200% Above	No	No
00093372755	DICLOFENAC EPOLAMINE 1.3% PTCH	1	30.00	2.75	4.58180	26%-50% Below	No	No
00093405953	CEFADROXIL 1 GM TABLET	3	20.00	6.27	3.56151	76%-100% Above	Yes	No
00093406701	PRAZOSIN 1 MG CAPSULE	1	30.00	0.24	0.09874	101%-200% Above	No	No
00093406801	PRAZOSIN 2 MG CAPSULE	1	180.00	0.36	0.08890	200% Above	No	No
00093412773	PENICILLIN VK 250 MG/5 ML SOLN	1	200.00	0.09	0.05495	51%-75% Above	No	No
00093412773	PENICILLIN VK 250 MG/5 ML SOLN	2	200.00	0.09	0.06048	51%-75% Above	No	No
00093412773	PENICILLIN VK 250 MG/5 ML SOLN	3	200.00	0.09	0.06027	51%-75% Above	No	No
00093412773	PENICILLIN VK 250 MG/5 ML SOLN	4	200.00	0.09	0.06046	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093412773	PENICILLIN VK 250 MG/5 ML SOLN	12	200.00	0.09	0.05625	51%-75% Above	No	No
00093413664	CEFDINIR 125 MG/5 ML SUSP	3	60.00	0.27	0.13867	76%-100% Above	No	No
00093413673	CEFDINIR 125 MG/5 ML SUSP	3	100.00	0.25	0.11238	101%-200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.52	0.13830	200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.67	0.13268	200% Above	No	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.15	0.12629	10%-25% Above	No	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.15	0.13443	10%-25% Above	No	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.54	0.13443	200% Above	No	No
00093413773	CEFDINIR 250 MG/5 ML SUSP	4	100.00	0.51	0.13701	200% Above	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	1	400.00	0.03	0.02365	26%-50% Above	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	2	200.00	0.05	0.02497	101%-200% Above	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	3	100.00	0.01	0.02481	26%-50% Below	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	4	100.00	0.01	0.02498	26%-50% Below	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	1	150.00	0.03	0.02239	10%-25% Above	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	2	300.00	0.02	0.02433	26%-50% Below	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	3	150.00	0.01	0.02521	51%-75% Below	No	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	12	150.00	0.03	0.02232	10%-25% Above	Yes	No
00093416073	AMOXICILLIN 200 MG/5 ML SUSP	12	200.00	0.02	0.04019	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.05	0.03180	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.04	0.03180	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.05	0.03180	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.07	0.03180	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.08	0.03180	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	300.00	0.04	0.03180	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.05	0.03366	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.08	0.03366	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	175.00	0.05	0.03366	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03366	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.05	0.03366	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.05	0.03366	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.07	0.03366	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.08	0.03366	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.08	0.03366	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	250.00	0.06	0.03366	76%-100% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	0.05	0.03366	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	0.05	0.03366	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.05	0.03373	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.08	0.03373	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.04	0.03373	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.05	0.03373	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.07	0.03373	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.07	0.03373	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.08	0.03373	101%-200% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	300.00	0.05	0.03373	51%-75% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.02	0.03375	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.05	0.03139	26%-50% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.06	0.03139	76%-100% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.06	0.03139	76%-100% Above	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.08	0.03139	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.08	0.03139	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.01	0.03139	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.02	0.03139	10%-25% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.06	0.03139	76%-100% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.07	0.03139	101%-200% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	300.00	0.06	0.03139	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	75.00	0.05	0.03735	26%-50% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.05	0.03735	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.07	0.03735	76%-100% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.08	0.03735	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.08	0.03735	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.08	0.03735	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	75.00	0.05	0.03875	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.05	0.03875	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.06	0.03875	26%-50% Above	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.05	0.03866	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.08	0.03866	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.08	0.03866	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.05	0.03863	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.01	0.03779	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.03	0.03779	10%-25% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.05	0.03779	10%-25% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.06	0.03779	26%-50% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.08	0.03779	101%-200% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.08	0.03779	101%-200% Above	Yes	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.10	0.07165	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.11	0.07165	51%-75% Above	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.05	0.07967	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	12	200.00	0.05	0.07236	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	12	400.00	0.11	0.07236	51%-75% Above	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.09	0.05663	51%-75% Above	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.05	0.05910	10%-25% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.08	0.05910	26%-50% Above	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	0.08	0.05821	26%-50% Above	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	12	200.00	0.07	0.05212	26%-50% Above	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	2	90.00	0.17	1.38780	76%-100% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	3	30.00	1.60	1.43488	10%-25% Above	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	4	30.00	2.16	1.46762	26%-50% Above	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	12	90.00	0.02	1.40666	76%-100% Below	No	No
00093500356	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-12.5	3	30.00	1.57	1.11681	26%-50% Above	No	No
00093500356	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-12.5	4	30.00	2.46	1.18661	101%-200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	1	30.00	0.01	0.02562	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	1	30.00	0.08	0.02562	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02562	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02562	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	1	90.00	0.07	0.02562	101%-200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	1	90.00	0.11	0.02562	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02726	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	2	30.00	0.07	0.02726	101%-200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	2	90.00	0.01	0.02726	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	2	90.00	0.07	0.02726	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093505698	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02830	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	3	30.00	0.06	0.02830	101%-200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02830	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	4	30.00	0.01	0.02791	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02791	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	4	90.00	0.38	0.02791	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	12	30.00	0.01	0.02573	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	12	90.00	0.01	0.02573	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	12	90.00	0.08	0.02573	200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	30.00	0.10	0.07532	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	30.00	0.19	0.07532	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	90.00	0.01	0.07532	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	90.00	0.10	0.07532	26%-50% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	30.00	0.19	0.08222	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	90.00	0.01	0.08222	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	90.00	0.16	0.08222	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	3	90.00	0.14	0.08492	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	3	90.00	0.15	0.08492	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	3	90.00	0.26	0.08492	200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	30.00	0.17	0.08502	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	30.00	0.19	0.08502	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	90.00	0.01	0.08502	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	90.00	0.14	0.08502	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093505798	ATORVASTATIN 80 MG TABLET	12	90.00	0.11	0.07506	51%-75% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	30.00	0.10	0.04591	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	30.00	0.14	0.04591	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	30.00	0.17	0.04591	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	60.00	0.10	0.04591	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.02	0.04591	51%-75% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.10	0.04591	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04591	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.14	0.04591	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.16	0.04591	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	30.00	0.14	0.04677	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	30.00	0.17	0.04677	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	51%-75% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04677	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04677	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	90.00	0.15	0.04677	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	30.00	0.08	0.04768	51%-75% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	30.00	0.14	0.04768	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	30.00	0.17	0.04768	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.01	0.04768	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.04768	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.04768	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.13	0.04768	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	30.00	0.01	0.04653	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	30.00	0.24	0.04653	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	30.00	0.17	0.04678	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	90.00	0.01	0.04678	76%-100% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	90.00	0.10	0.04678	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	90.00	0.15	0.04678	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	30.00	0.02	0.03178	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03178	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	30.00	0.10	0.03178	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	30.00	0.17	0.03178	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	90.00	0.02	0.03178	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	90.00	0.10	0.03178	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	90.00	0.14	0.03178	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.03400	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	30.00	0.14	0.03400	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.03400	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.03496	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093505998	ATORVASTATIN 20 MG TABLET	3	30.00	0.14	0.03496	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.03496	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	90.00	0.55	0.03496	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.03419	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	90.00	0.14	0.03419	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	12	30.00	0.01	0.03166	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	12	30.00	0.17	0.03166	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	12	90.00	0.10	0.03166	200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	1	30.00	0.15	0.02756	200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.15	0.02999	200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	2	90.00	0.01	0.02999	51%-75% Below	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	3	120.00	0.08	0.03191	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	1	30.00	0.15	0.02756	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.15	0.02756	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	2	30.00	0.14	0.02999	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.14	0.02999	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	3	30.00	0.14	0.03191	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	12	30.00	0.18	0.02797	200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	12	60.00	0.06	0.02797	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.06	0.03964	51%-75% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	12	60.00	0.06	0.03948	51%-75% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.05	0.03948	26%-50% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.05	0.03948	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093506110	HYDROXYZINE HCL 25 MG TABLET	1	15.00	0.08	0.03964	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.04	0.03964	10%-25% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.07	0.03964	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.02	0.04398	26%-50% Below	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.07	0.04398	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	120.00	0.18	0.04398	200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.05	0.03948	26%-50% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	12	60.00	0.05	0.03948	26%-50% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.03	0.03948	26%-50% Below	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	12	240.00	0.05	0.03948	26%-50% Above	No	No
00093532862	JUNEL FE 24 TABLET	1	84.00	0.11	0.19057	26%-50% Below	No	No
00093532862	JUNEL FE 24 TABLET	4	28.00	0.30	0.22182	26%-50% Above	No	No
00093532862	JUNEL FE 24 TABLET	4	84.00	0.11	0.22182	26%-50% Below	No	No
00093553756	ESZOPICLONE 1 MG TABLET	3	30.00	0.55	0.13331	200% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	2	30.00	0.34	0.09574	200% Above	No	No
00093553801	ESZOPICLONE 2 MG TABLET	2	30.00	0.60	0.09574	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	1	30.00	0.34	0.09029	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	1	30.00	0.40	0.09029	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	1	30.00	0.50	0.09029	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	1	30.00	1.24	0.09029	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	1	90.00	0.50	0.09029	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	2	30.00	0.34	0.09492	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	3	30.00	0.31	0.10287	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	4	30.00	0.44	0.09985	200% Above	No	No
00093553901	ESZOPICLONE 3 MG TABLET	12	30.00	1.25	0.09870	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093645056	ESOMEPRA MAG CAP 20MG DR	2	30.00	0.25	.		No	No
00093645198	ESOMEPRazole MAG DR 40 MG CAP	1	30.00	1.22	0.12959	200% Above	No	No
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.40	0.82371	51%-75% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.08	0.05872	26%-50% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	60.00	0.05	0.05872	10%-25% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	60.00	0.54	0.05872	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.09	0.05872	51%-75% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.17	0.05872	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.08	0.06602	10%-25% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.08	0.06602	10%-25% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.19	0.06602	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.22	0.06815	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.22	0.06758	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.22	0.06758	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.55	0.05938	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.09	0.05938	51%-75% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	1	30.00	0.03	0.05581	26%-50% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	1	30.00	0.11	0.05581	76%-100% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.03	0.05581	26%-50% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.11	0.05581	76%-100% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.01	0.06083	76%-100% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.09	0.06083	51%-75% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.01	0.06083	76%-100% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.09	0.06083	51%-75% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	3	30.00	0.01	0.06502	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093720110	PRAVASTATIN SODIUM 20 MG TAB	3	30.00	0.08	0.06502	26%-50% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.08	0.06502	26%-50% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.26	0.06502	200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	0.26	0.06658	200% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.01	0.06658	76%-100% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	12	30.00	0.11	0.05565	76%-100% Above	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.01	0.05565	76%-100% Below	No	No
00093720110	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.03	0.05565	51%-75% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	1	30.00	0.00	0.05581	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	1	30.00	0.03	0.05581	51%-75% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	1	30.00	0.11	0.05581	76%-100% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.09	0.05581	51%-75% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.10	0.05581	76%-100% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.11	0.05581	76%-100% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.11	0.05581	76%-100% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.03	0.06083	51%-75% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.03	0.06083	26%-50% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.05	0.06083	10%-25% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.09	0.06083	51%-75% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.00	0.06083	76%-100% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.05	0.06083	10%-25% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.08	0.06083	26%-50% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.09	0.06083	51%-75% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.09	0.06083	51%-75% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	3	30.00	0.03	0.06502	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093720198	PRAVASTATIN SODIUM 20 MG TAB	3	30.00	0.05	0.06502	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	3	30.00	0.05	0.06502	10%-25% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.08	0.06502	26%-50% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	0.05	0.06658	26%-50% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	0.05	0.06658	10%-25% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.26	0.06658	200% Above	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.26	0.06658	200% Above	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	12	30.00	0.03	0.05565	51%-75% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.03	0.05565	26%-50% Below	No	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.05	0.05565	10%-25% Below	Yes	No
00093720198	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.10	0.05565	76%-100% Above	Yes	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	1	30.00	0.04	0.07702	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	1	30.00	0.15	0.07702	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	0.04	0.08403	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	0.13	0.08403	51%-75% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.13	0.08403	51%-75% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	0.04	0.08818	51%-75% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	0.05	0.08818	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.12	0.08818	26%-50% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.01	0.08709	76%-100% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.29	0.08709	200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	12	30.00	0.04	0.07609	26%-50% Below	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	12	30.00	0.15	0.07609	101%-200% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	0.15	0.07609	101%-200% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	1	30.00	0.00	0.07702	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093720298	PRAVASTATIN SODIUM 40 MG TAB	1	30.00	0.06	0.07702	26%-50% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	1	54.00	0.06	0.07702	26%-50% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.00	0.07702	76%-100% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.13	0.07702	51%-75% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.13	0.07702	51%-75% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.14	0.07702	76%-100% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.15	0.07702	76%-100% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	0.06	0.08403	26%-50% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	0.07	0.08403	10%-25% Below	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.06	0.08403	26%-50% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.12	0.08403	26%-50% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.13	0.08403	51%-75% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.13	0.08403	51%-75% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	0.06	0.08818	26%-50% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.06	0.08818	26%-50% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.29	0.08818	200% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	4	30.00	0.06	0.08709	26%-50% Below	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.29	0.08709	200% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.29	0.08709	200% Above	Yes	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	12	30.00	0.33	0.07609	200% Above	No	No
00093720298	PRAVASTATIN SODIUM 40 MG TAB	12	77.00	0.06	0.07609	10%-25% Below	Yes	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	1	30.00	0.15	0.06800	101%-200% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	3	30.00	0.15	0.07523	101%-200% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	4	30.00	0.15	0.07639	76%-100% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	11	30.00	0.39	0.05870	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093727156	PIOGLITAZONE HCL 15 MG TABLET	12	30.00	0.39	0.07005	200% Above	No	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	1	90.00	0.08	0.06800	10%-25% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	1	90.00	0.09	0.06800	26%-50% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	3	90.00	0.28	0.07523	200% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	0.28	0.07639	200% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	12	90.00	0.08	0.07005	10%-25% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.12	0.09641	10%-25% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.13	0.09641	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.16	0.10348	51%-75% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	3	90.00	0.09	0.10569	10%-25% Below	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	0.28	0.10333	101%-200% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	12	16.00	0.13	0.09642	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	12	30.00	0.16	0.09642	51%-75% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	1	90.00	0.14	0.11374	10%-25% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	3	90.00	0.11	0.13394	10%-25% Below	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	4	90.00	0.29	0.13372	101%-200% Above	Yes	No
00093729501	CARVEDILOL 12.5 MG TABLET	3	180.00	0.03	0.02196	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.14	0.08920	51%-75% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	0.12	0.09748	10%-25% Above	No	No
00093736710	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.17	0.06902	101%-200% Above	No	No
00093747243	RIZATRIPTAN 10 MG TABLET	2	9.00	1.32	0.36943	200% Above	Yes	No
00093747243	RIZATRIPTAN 10 MG TABLET	2	12.00	0.62	0.36943	51%-75% Above	Yes	No
00093747243	RIZATRIPTAN 10 MG TABLET	3	9.00	0.62	0.39946	51%-75% Above	Yes	No
00093762056	LETROZOLE 2.5 MG TABLET	3	10.00	0.16	0.13983	10%-25% Above	No	No
00093767902	ETONOGESTREL-EE VAGINAL RING	1	3.00	54.04	48.83910	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093767902	ETONOGESTREL-EE VAGINAL RING	12	1.00	63.65	49.58895	26%-50% Above	Yes	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.12	0.07483	51%-75% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.10	0.06095	51%-75% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.11	0.06095	51%-75% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.12	0.06847	76%-100% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.31	0.06095	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.10	0.06228	51%-75% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.16	0.06228	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.16	0.05920	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.12	0.05912	101%-200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.24	0.05912	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.31	0.05912	200% Above	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	2	30.00	30.45	0.56882	200% Above	Yes	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	3	30.00	30.45	0.60321	200% Above	Yes	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	12	30.00	0.47	0.52267	10%-25% Below	Yes	No
00093803501	GLYBURIDE MICRO 3 MG TABLET	3	90.00	0.08	0.14752	26%-50% Below	No	No
00093807316	KELNOR 1-50 TABLET	1	84.00	0.40	0.50628	10%-25% Below	No	No
00093807316	KELNOR 1-50 TABLET	4	84.00	0.67	0.50158	26%-50% Above	No	No
00093811956	FAMCICLOVIR 500 MG TABLET	1	14.00	1.06	0.70654	26%-50% Above	No	No
00093811956	FAMCICLOVIR 500 MG TABLET	3	21.00	1.50	0.82808	76%-100% Above	No	No
00093834301	GLYBURIDE 2.5 MG TABLET	2	45.00	0.10	0.07594	26%-50% Above	Yes	No
00093834301	GLYBURIDE 2.5 MG TABLET	12	90.00	0.10	0.06713	51%-75% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	1	90.00	0.09	0.05446	51%-75% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	1	120.00	0.13	0.05446	101%-200% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	2	60.00	0.11	0.05552	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093834401	GLYBURIDE 5 MG TABLET	3	120.00	0.10	0.05596	76%-100% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	4	60.00	0.18	0.05834	200% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	4	90.00	0.09	0.05834	51%-75% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	1	90.00	0.11	0.05446	76%-100% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	3	180.00	0.10	0.05596	76%-100% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	4	180.00	0.18	0.05834	200% Above	No	No
00093901865	CYCLOSPORINE MODIFIED 25 MG	2	30.00	0.20	0.44996	51%-75% Below	No	No
00093901965	CYCLOSPORINE MODIFIED 50 MG	1	60.00	1.07	0.93552	10%-25% Above	No	No
00093902065	CYCLOSPORINE MODIFIED 100 MG	1	60.00	0.79	1.41627	26%-50% Below	No	No
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	3	30.00	0.25	0.07323	200% Above	No	No
00093929167	CLONAZEPAM 0.25 MG ODT	3	30.00	0.37	0.49862	10%-25% Below	No	No
00093929167	CLONAZEPAM 0.25 MG ODT	3	30.00	0.65	0.49862	26%-50% Above	No	No
00093929367	CLONAZEPAM 1 MG ODT	1	60.00	0.44	0.50923	10%-25% Below	Yes	No
00093929367	CLONAZEPAM 1 MG ODT	2	60.00	0.44	0.52855	10%-25% Below	Yes	No
00093929367	CLONAZEPAM 1 MG ODT	3	60.00	0.44	0.60288	26%-50% Below	Yes	No
00093929367	CLONAZEPAM 1 MG ODT	4	60.00	0.44	0.63268	26%-50% Below	Yes	No
00096070737	DRYSOL SOL 20%	3	37.50	0.20	.		Yes	No
00096070737	DRYSOL SOL 20%	3	37.50	0.20	.		No	No
00096070760	DRYSOL SOL 20%	2	60.00	0.19	.		No	No
00113030602	GS CLEARLAX POWDER	1	238.00	0.01	0.02465	26%-50% Below	No	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	3.95	0.64928	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.98	0.69411	26%-50% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	3.95	0.69411	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.98	0.68971	26%-50% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	3.95	0.68971	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.98	0.63922	51%-75% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	3.95	0.63922	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	3.95	0.61772	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.67969	26%-50% Below	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.95	0.71123	200% Above	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.92	0.69996	26%-50% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	3.03	0.69996	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	3.95	0.69996	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	3.03	0.68677	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	4.93	0.68677	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.92	0.61752	26%-50% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	12	60.00	0.92	0.61752	26%-50% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.27	0.73253	51%-75% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	1.08	0.73253	26%-50% Above	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	0.27	0.75366	51%-75% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	0.96	0.75366	26%-50% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	0.27	0.70525	51%-75% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	1.08	0.70525	51%-75% Above	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	3.95	0.70525	200% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	0.16	0.60523	51%-75% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	1.08	0.60523	76%-100% Above	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	1.08	0.69015	51%-75% Above	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	4.02	0.69015	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.50	0.59466	10%-25% Below	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.97	0.59466	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	3.95	0.59466	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	4.02	0.59466	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.95	0.58820	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	3	7.00	3.95	0.63305	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.97	0.63305	51%-75% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.03	0.63305	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	4.02	0.63305	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	3	60.00	3.95	0.63305	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.03	0.58801	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	4.02	0.59149	200% Above	No	No
00115164301	NITROFURANTOIN MCR 50 MG CAP	2	60.00	0.10	0.18687	26%-50% Below	No	No
00115164301	NITROFURANTOIN MCR 50 MG CAP	3	90.00	0.22	0.19391	10%-25% Above	No	No
00115164301	NITROFURANTOIN MCR 50 MG CAP	12	90.00	0.22	0.18767	10%-25% Above	No	No
00115164501	NITROFURANTOIN MCR 100 MG CAP	4	30.00	0.83	0.26358	200% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	1	2.00	7.50	98.67298	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	1	2.00	10.00	98.67298	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	1	2.00	55.00	98.67298	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	1	2.00	138.33	98.67298	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	2.50	106.32709	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	7.50	106.32709	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	49.05	106.32709	51%-75% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	55.00	106.32709	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	82.76	106.32709	10%-25% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	140.80	106.32709	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	7.50	110.04652	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	55.00	110.04652	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	57.99	110.04652	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	138.33	110.04652	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	197.51	110.04652	76%-100% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	55.00	110.19759	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	74.48	110.19759	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	123.81	110.19759	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	138.33	110.19759	10%-25% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	142.91	110.19759	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	12	2.00	55.00	98.09752	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	12	2.00	125.00	98.09752	26%-50% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	1	2.00	80.30	102.58302	10%-25% Below	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	2	2.00	138.33	112.07695	10%-25% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	2	2.00	143.27	112.07695	26%-50% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	3	2.00	138.33	117.38902	10%-25% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	3	2.00	140.80	117.38902	10%-25% Above	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	3	4.00	86.45	117.38902	26%-50% Below	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	4	4.00	55.00	117.93961	51%-75% Below	Yes	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	12	2.00	140.80	100.76418	26%-50% Above	No	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	1	30.00	3.14	1.63378	76%-100% Above	No	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	2	30.00	2.66	1.82128	26%-50% Above	No	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	3	30.00	2.43	2.00712	10%-25% Above	No	No
00115170901	DEXMETHYLPHENIDATE ER 25 MG CP	4	30.00	2.99	2.17641	26%-50% Above	No	No
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	1	30.00	0.48	1.11127	51%-75% Below	Yes	No
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	2	30.00	0.61	1.18985	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	3	30.00	0.61	1.28185	51%-75% Below	Yes	No
00115173601	METHYLPHENIDATE ER(CD) 10 MG CP	12	30.00	0.43	1.07687	51%-75% Below	Yes	No
00115173801	METHYLPHENIDATE ER(CD) 30 MG CP	1	30.00	1.04	1.40692	26%-50% Below	Yes	No
00115173801	METHYLPHENIDATE ER(CD) 30 MG CP	3	30.00	1.04	1.77206	26%-50% Below	Yes	No
00115175701	CYPROHEPTADINE 4 MG TABLET	2	20.00	0.06	0.07397	10%-25% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	2	30.00	0.04	0.07397	51%-75% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	3	30.00	0.04	0.08105	51%-75% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	3	120.00	0.04	0.08105	51%-75% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	4	30.00	0.24	0.08111	101%-200% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	30.00	0.04	0.06095	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	60.00	0.03	0.06095	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	90.00	0.03	0.06095	51%-75% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.03	0.06426	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.04	0.06426	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.06	0.06426	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	60.00	0.03	0.06426	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	30.00	0.03	0.06523	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	60.00	0.03	0.06523	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	70.00	0.03	0.06523	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	90.00	0.02	0.06523	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	90.00	0.06	0.06523	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	270.00	0.03	0.06523	26%-50% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	270.00	0.03	0.06523	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	60.00	0.12	0.06261	76%-100% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	12	60.00	0.04	0.05983	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115180302	HYDROXYZINE PAM 25 MG CAP	1	90.00	0.02	0.06095	51%-75% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	2	90.00	0.02	0.06426	51%-75% Below	No	No
00115180302	HYDROXYZINE PAM 25 MG CAP	12	90.00	0.03	0.05983	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	1	60.00	0.04	0.07545	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	2	90.00	0.07	0.07940	10%-25% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	3	20.00	0.06	0.08184	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	3	30.00	0.04	0.08184	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	4	15.00	0.07	0.08158	10%-25% Below	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	1	30.00	0.39	0.25075	51%-75% Above	Yes	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	1	360.00	0.46	0.25075	76%-100% Above	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	1	540.00	0.39	0.25075	51%-75% Above	Yes	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	2	90.00	0.39	0.27136	26%-50% Above	Yes	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	4	360.00	0.35	0.26561	26%-50% Above	No	No
00115441101	DANTROLENE SODIUM 25 MG CAP	1	270.00	0.26	0.38846	26%-50% Below	Yes	No
00115521116	COLESTIPOL HCL 1 GM TABLET	3	180.00	0.35	0.71660	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	4	180.00	0.50	0.71909	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	1	30.00	0.21	0.35372	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	1	90.00	0.25	0.35372	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	2	30.00	0.21	0.37916	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	2	60.00	0.19	0.37916	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	2	90.00	0.19	0.37916	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	3	30.00	0.19	0.40299	51%-75% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	3	45.00	0.30	0.40299	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	3	180.00	0.32	0.40299	10%-25% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	4	30.00	0.30	0.40119	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115703301	FLUDROCORTISONE 0.1 MG TABLET	12	30.00	0.25	0.35495	26%-50% Below	No	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	1	30.00	0.50	1.24769	51%-75% Below	No	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	1	30.00	0.94	1.24769	10%-25% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	0.50	1.25135	51%-75% Below	No	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	0.94	1.25135	10%-25% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	4	30.00	0.58	1.25075	51%-75% Below	No	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	12	30.00	0.94	1.24458	10%-25% Below	Yes	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	2.22	1.40740	51%-75% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	2.79	1.40740	76%-100% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	2.03	1.57856	26%-50% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	0.70	1.58059	51%-75% Below	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	2.31	1.58059	26%-50% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	2.79	1.58059	76%-100% Above	No	No
00115993178	LEVALBUTEROL 0.63 MG/3 ML SOL	1	75.00	0.34	0.26602	26%-50% Above	No	No
00115993278	LEVALBUTEROL 1.25 MG/3 ML SOL	3	75.00	0.20	0.26590	10%-25% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.01	0.00700	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00739	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00739	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00739	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00739	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.01	0.00739	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.01	0.00739	10%-25% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	76%-100% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.01	0.00764	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.01	0.00764	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.01	0.00764	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00756	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00756	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00756	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.01	0.00756	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.01	0.00756	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.01	0.00756	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00699	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00699	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00699	26%-50% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	1	200.00	0.01	0.02420	51%-75% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	2	473.00	0.01	0.02450	51%-75% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	2	1350.00	0.01	0.02450	51%-75% Below	No	No
00121064616	AMANTADINE 50 MG/5 ML SOLUTION	1	150.00	0.03	0.05882	51%-75% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	15.00	0.08	0.10628	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	18.00	0.08	0.10628	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	18.00	0.09	0.10628	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.08	0.10628	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.09	0.10628	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.10	0.10628	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	30.00	0.08	0.10628	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	35.00	0.08	0.10628	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	40.00	0.08	0.10628	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	45.00	0.09	0.10628	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	50.00	0.08	0.10628	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	20.00	0.06	0.11147	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	0.08	0.11147	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	0.08	0.11147	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	30.00	0.07	0.11147	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	30.00	0.08	0.11147	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	40.00	0.08	0.11147	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	45.00	0.08	0.11147	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.07	0.11147	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.08	0.11147	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	15.00	0.07	0.11657	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	15.00	0.10	0.11657	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	15.00	0.14	0.11657	10%-25% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	19.00	0.15	0.11657	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	20.00	0.10	0.11657	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	0.07	0.11657	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	25.20	0.07	0.11657	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	30.00	0.07	0.11657	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	30.00	0.09	0.11657	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	35.00	0.07	0.11657	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	35.00	0.09	0.11657	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	40.00	0.07	0.11657	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	50.00	0.07	0.11657	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	50.00	0.08	0.11657	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	55.00	0.07	0.11657	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	70.00	0.07	0.11657	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	100.00	0.07	0.11657	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	20.00	0.09	0.11604	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	20.00	0.15	0.11604	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	30.00	0.15	0.11604	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	35.00	0.10	0.11604	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	40.00	0.15	0.11604	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	75.00	0.06	0.11604	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	15.00	0.09	0.10868	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	20.00	0.09	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	25.00	0.10	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	30.00	0.09	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	36.00	0.10	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	40.00	0.09	0.10868	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	50.00	0.08	0.10868	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	50.00	0.08	0.10868	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	60.00	0.09	0.10868	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	1	118.00	0.04	0.05221	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	1	120.00	0.04	0.05221	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	1	236.00	0.04	0.05221	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	1	240.00	0.04	0.05221	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	2	120.00	0.04	0.05820	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	3	120.00	0.04	0.06236	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	12	120.00	0.04	0.05334	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	12	120.00	0.04	0.05334	26%-50% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	1	120.00	0.05	0.03274	26%-50% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	1	120.00	0.05	0.03274	26%-50% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	1	280.00	0.05	0.03274	26%-50% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	2	120.00	0.05	0.03337	26%-50% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	4	120.00	0.06	0.03336	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	4	150.00	0.06	0.03336	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	4	180.00	0.06	0.03336	51%-75% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	4	180.00	0.06	0.03336	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	4	240.00	0.06	0.03336	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	12	100.00	0.04	0.03283	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	12	350.00	0.04	0.03283	10%-25% Above	No	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	12	60.00	0.04	0.14607	51%-75% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	3	100.00	0.06	0.06967	10%-25% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	3	224.00	0.03	0.06967	51%-75% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	4	200.00	0.04	0.06368	26%-50% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	150.00	0.01	0.02420	51%-75% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	150.00	0.01	0.02420	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	473.00	0.01	0.02420	51%-75% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	900.00	0.01	0.02420	51%-75% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	946.00	0.01	0.02420	51%-75% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	2	100.00	0.01	0.02450	51%-75% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	2	200.00	0.01	0.02450	51%-75% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	4	150.00	0.01	0.02462	51%-75% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	4	237.00	0.01	0.02462	51%-75% Below	Yes	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	2	300.00	0.01	0.01382	26%-50% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	12	90.00	0.00	0.01398	51%-75% Below	No	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	1	12.50	0.03	0.14115	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	1	118.00	0.04	0.14115	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	1	150.00	0.04	0.14115	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	60.00	0.05	0.14587	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	118.00	0.04	0.14587	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	150.00	0.03	0.14587	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	150.00	0.03	0.14570	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	150.00	0.05	0.14570	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	450.00	0.04	0.14570	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	75.00	0.05	0.14554	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	100.00	0.05	0.14554	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	150.00	0.04	0.14554	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	150.00	0.05	0.14554	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	12	118.00	0.02	0.13146	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	12	150.00	0.04	0.13146	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	12	150.00	0.08	0.13146	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	20.00	0.30	0.59063	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	30.00	0.27	0.59063	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	60.00	0.20	0.59063	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	65.00	0.21	0.59063	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	12.00	0.30	0.61974	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	15.00	0.33	0.61974	26%-50% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	17.00	0.28	0.61974	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	30.00	0.30	0.61974	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	45.00	0.22	0.61974	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.30	0.61974	26%-50% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	75.00	0.30	0.61974	26%-50% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	0.30	0.63403	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	30.00	0.19	0.63403	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	31.10	0.16	0.63403	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	37.50	0.25	0.63403	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	50.00	0.30	0.63403	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	100.00	0.15	0.63403	76%-100% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	120.00	0.30	0.63403	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	12.00	0.28	0.63109	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	15.00	0.30	0.63109	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	25.00	0.30	0.63109	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	30.00	0.30	0.63109	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	50.00	0.30	0.63109	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	80.00	0.09	0.63109	76%-100% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	12	11.00	0.29	0.58370	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	12	15.00	0.27	0.58370	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	12	50.00	0.20	0.58370	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	12	70.00	0.14	0.58370	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	12	75.00	0.20	0.58370	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	12	100.00	0.20	0.58370	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	1	20.00	0.21	0.60812	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	1	50.00	0.21	0.60812	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2	53.00	0.30	0.63833	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2	60.00	0.25	0.63833	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2	120.00	0.09	0.63833	76%-100% Below	Yes	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	3	13.00	0.30	0.67101	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	3	13.00	0.34	0.67101	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	3	50.00	0.26	0.67101	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	12	30.00	0.21	0.62670	51%-75% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	160.00	0.05	0.09227	26%-50% Below	No	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	1	100.00	0.06	0.09307	26%-50% Below	No	No
00121104516	NYSTATIN 100,000 UNIT/ML SUSP	2	120.00	0.03	0.06694	51%-75% Below	No	No
00143122701	DICYCLOMINE 20 MG TABLET	1	10.00	0.12	0.08916	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	30.00	0.16	0.08916	51%-75% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	30.00	0.17	0.08916	76%-100% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	56.00	0.12	0.08916	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	90.00	0.12	0.08916	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	90.00	0.12	0.08916	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	120.00	0.12	0.08916	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	120.00	0.12	0.08916	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143122701	DICYCLOMINE 20 MG TABLET	2	30.00	0.15	0.08997	51%-75% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	2	30.00	0.16	0.08997	51%-75% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	2	60.00	0.16	0.08997	76%-100% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	2	90.00	0.11	0.08997	10%-25% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	2	90.00	0.12	0.08997	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	2	120.00	0.10	0.08997	10%-25% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	3	6.00	0.19	0.08697	101%-200% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	3	20.00	0.12	0.08697	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	3	30.00	0.16	0.08697	76%-100% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	3	56.00	0.12	0.08697	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	3	90.00	0.12	0.08697	26%-50% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	4	20.00	0.16	0.08330	76%-100% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	4	20.00	0.21	0.08330	101%-200% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	12	20.00	0.15	0.09153	51%-75% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	12	90.00	0.12	0.09153	26%-50% Above	Yes	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	1.12	0.10787	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.95	0.11790	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	2	60.00	0.95	0.11790	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.69	0.12859	200% Above	Yes	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	4	60.00	0.33	0.12859	101%-200% Above	Yes	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	12	60.00	0.25	0.10670	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	12	60.00	1.12	0.10670	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.95	0.10787	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.69	0.12511	200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	4	2.00	0.69	0.12859	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	12	28.00	0.03	0.10670	51%-75% Below	No	No
00143900501	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	1.44	3.57832	51%-75% Below	No	No
00143914402	LIRAGLUTIDE 2-PAK 18 MG/3 ML	3	6.00	58.86	68.05679	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.23	0.29656	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.20	0.29656	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.23	0.29656	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.18	0.32240	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.38	0.32240	10%-25% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.20	0.32240	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.37	0.32240	10%-25% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.44	0.32240	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.41	0.34183	10%-25% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.44	0.34183	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.38	0.32907	10%-25% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.49	0.32907	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.49	0.32907	26%-50% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.36	0.27322	26%-50% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	1	20.00	0.10	0.15313	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	3	20.00	0.09	0.16872	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	12	10.00	0.10	0.15465	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	12	14.00	0.10	0.15465	26%-50% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	12	20.00	0.10	0.15465	26%-50% Below	No	No
00143929001	ESTRADIOL VALERATE 100 MG/5 ML	2	5.00	14.88	20.64950	26%-50% Below	Yes	No
00143951910	METHOTREXATE 50 MG/2 ML VIAL	1	8.00	1.01	1.46891	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	3	10.00	0.53	3.00416	76%-100% Below	No	No
00143962010	CYANOCOBALAMIN 10,000 MCG/10 ML	1	10.00	0.50	0.92914	26%-50% Below	No	No
00143962010	CYANOCOBALAMIN 10,000 MCG/10 ML	3	10.00	0.53	0.88719	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.89	1.73711	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.97	1.73711	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	2.00	0.89	1.73711	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.89	1.84641	51%-75% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	2.32	1.84641	10%-25% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	1.41	1.84641	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	1.56	1.84641	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	0.89	1.84641	51%-75% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	1.52	1.84641	10%-25% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	1.00	7.85	12.23459	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	2.00	5.93	12.23459	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	3.00	5.93	12.23459	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	3.00	7.85	12.23459	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	4.00	5.93	12.23459	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	4.00	6.67	12.23459	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	6.00	5.93	12.23459	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	6.00	6.67	12.23459	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	6.00	7.48	12.23459	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	7.00	6.14	12.23459	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	10.00	5.93	12.23459	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	10.00	6.14	12.23459	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	1.00	5.93	13.03302	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143965901	TESTOSTERONE CYP 200 MG/ML	2	1.00	9.36	13.03302	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	2.00	5.93	13.03302	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.08	13.03302	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.67	13.03302	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	3.00	5.93	13.03302	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	4.00	5.93	13.03302	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.67	13.03302	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	6.00	6.07	13.03302	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	10.00	5.93	13.03302	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	12.00	4.93	13.03302	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	12.00	5.93	13.03302	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	12.00	6.67	13.03302	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	1.00	5.93	13.01273	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	2.00	5.01	13.01273	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	2.00	5.93	13.01273	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.08	13.01273	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	3.00	5.93	13.01273	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	3.00	6.07	13.01273	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	4.00	5.93	13.01273	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.07	13.01273	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.14	13.01273	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	6.00	5.93	13.01273	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	10.00	6.14	13.01273	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	2.00	5.93	12.99474	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	3.00	5.93	12.99474	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143965901	TESTOSTERONE CYP 200 MG/ML	4	4.00	5.93	12.99474	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	6.00	5.93	12.99474	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	9.00	5.93	12.99474	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.00	4.95	12.37528	51%-75% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.00	5.93	12.37528	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.00	7.85	12.37528	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	4.00	7.85	12.37528	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	5.00	5.93	12.37528	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	5.00	7.85	12.37528	26%-50% Below	No	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	1	2.00	3.02	3.41972	10%-25% Below	No	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	1	10.00	5.93	3.41972	51%-75% Above	Yes	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	2	2.00	2.75	3.57832	10%-25% Below	No	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	1.99	3.57832	26%-50% Below	Yes	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	2.75	3.81684	26%-50% Below	Yes	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	5.93	3.81684	51%-75% Above	No	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	6.16	3.81684	51%-75% Above	No	No
00143972601	TESTOSTERONE CYP 2,000 MG/10 ML	4	10.00	5.93	3.82627	51%-75% Above	No	No
00143975001	TESTOSTERON ENAN 1,000 MG/5 ML	2	5.00	9.42	12.49953	10%-25% Below	Yes	No
00143975001	TESTOSTERON ENAN 1,000 MG/5 ML	4	5.00	9.42	13.45959	26%-50% Below	Yes	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	1	30.00	0.62	0.13591	200% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	3	30.00	0.57	0.16322	200% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	4	30.00	0.47	0.16620	101%-200% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	12	30.00	0.73	0.13678	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.26	0.10693	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.35	0.10693	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	1.07	0.10693	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	1.26	0.10693	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.35	0.11870	101%-200% Above	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.97	0.11870	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	1.07	0.11870	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	1.07	0.11870	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	60.00	1.07	0.11870	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	1.07	0.12632	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.97	0.12632	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	30.00	0.97	0.12632	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	180.00	0.97	0.12632	200% Above	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	0.45	0.12629	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	28.00	0.45	0.12629	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	30.00	0.45	0.12629	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	60.00	0.45	0.12629	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.25	0.10669	101%-200% Above	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	28.00	0.53	0.10669	200% Above	Yes	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	30.00	1.26	0.10669	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	60.00	1.26	0.10669	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.04	0.10693	51%-75% Below	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	1	60.00	0.08	0.10693	10%-25% Below	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	12	10.00	0.14	0.10669	26%-50% Above	No	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.05	0.06359	10%-25% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06359	10%-25% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06359	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06359	26%-50% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.04	0.06953	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.05	0.06953	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.08	0.06953	10%-25% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	0.04	0.07052	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.04	0.06265	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	150.00	0.05	0.07185	10%-25% Below	No	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	75.00	0.05	0.07345	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	150.00	0.05	0.07345	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	75.00	0.04	0.07328	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	75.00	0.08	0.07328	10%-25% Above	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.05	0.03180	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.05	0.03180	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.05	0.03366	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.07	0.03366	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.03	0.03366	10%-25% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.05	0.03366	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.05	0.03366	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.07	0.03366	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	0.02	0.03366	51%-75% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	0.05	0.03366	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.05	0.03373	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.06	0.03373	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.08	0.03373	101%-200% Above	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.05	0.03373	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.05	0.03373	51%-75% Above	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.08	0.03373	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.05	0.03375	26%-50% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.07	0.03375	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.08	0.03375	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.02	0.03375	26%-50% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.05	0.03375	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.08	0.03375	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.08	0.03375	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	250.00	0.05	0.03375	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.06	0.03139	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.07	0.03139	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.09	0.03139	101%-200% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.05	0.03139	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.05	0.03139	51%-75% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.06	0.03139	76%-100% Above	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.07	0.03139	101%-200% Above	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.05	0.04529	10%-25% Above	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	2	250.00	0.02	0.04529	51%-75% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	3	50.00	0.08	0.04612	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	75.00	0.05	0.03735	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.05	0.03735	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.06	0.03735	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.07	0.03735	76%-100% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.08	0.03735	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	225.00	0.05	0.03735	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	75.00	0.08	0.03875	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.03	0.03875	10%-25% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.05	0.03875	10%-25% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.06	0.03875	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.08	0.03875	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.05	0.03866	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.06	0.03866	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.08	0.03866	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.08	0.03866	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	225.00	0.05	0.03866	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.03	0.03863	10%-25% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.05	0.03863	10%-25% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.05	0.03863	26%-50% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.06	0.03863	51%-75% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.08	0.03863	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.08	0.03863	101%-200% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	225.00	0.04	0.03863	10%-25% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.03	0.03779	10%-25% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.08	0.03779	101%-200% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	1	300.00	0.03	0.02365	26%-50% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	2	100.00	0.05	0.02497	101%-200% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	3	200.00	0.05	0.02481	76%-100% Above	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	4	400.00	0.01	0.02498	26%-50% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	2	150.00	0.04	0.02433	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	3	150.00	0.01	0.02521	51%-75% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	12	300.00	0.04	0.02232	51%-75% Above	No	No
00143988980	AMOXICILLIN 250 MG/5 ML SUSP	1	80.00	0.04	0.02759	26%-50% Above	No	No
00143993905	AMOXICILLIN 500 MG CAPSULE	1	4.00	0.03	0.08158	51%-75% Below	No	No
00143993905	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.07	0.08158	10%-25% Below	No	No
00143993905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.06	0.09188	26%-50% Below	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	2	200.00	0.16	0.06104	101%-200% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	3	100.00	0.15	0.06288	101%-200% Above	Yes	No
00168000215	TRIAMCINOLONE 0.5% CREAM	1	15.00	0.25	0.21080	10%-25% Above	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	12	15.00	0.33	0.20589	51%-75% Above	No	No
00168000315	TRIAMCINOLONE 0.025% CREAM	3	30.00	0.14	0.12705	10%-25% Above	No	No
00168000380	TRIAMCINOLONE 0.025% CREAM	1	80.00	0.08	0.05260	26%-50% Above	No	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	1	15.00	0.04	0.11439	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	1	15.00	0.04	0.11439	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	1	15.00	0.05	0.11439	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	2	15.00	0.04	0.12388	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	2	30.00	0.05	0.12388	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	2	120.00	0.05	0.12388	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	3	15.00	0.04	0.12206	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	3	30.00	0.05	0.12206	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	12	30.00	0.05	0.11906	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	12	60.00	0.05	0.11906	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.03	0.05855	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.04	0.05855	26%-50% Below	No	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.04	0.05855	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00168000680	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.04	0.05855	10%-25% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	2	80.00	0.04	0.06419	26%-50% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	3	80.00	0.04	0.06737	26%-50% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	3	160.00	0.04	0.06737	26%-50% Below	No	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	4	80.00	0.04	0.06724	26%-50% Below	Yes	No
00168002031	HYDROCORTISONE 1% OINTMENT	2	56.70	0.06	0.13972	51%-75% Below	No	No
00168004015	BETAMETHASONE VA 0.1% CREAM	3	15.00	0.33	0.54268	26%-50% Below	No	No
00168005960	FLUOCINOLONE 0.01% SOLUTION	12	60.00	0.38	0.17673	101%-200% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	1	30.00	0.11	0.07188	26%-50% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	2	28.35	0.10	0.07830	10%-25% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	2	30.00	0.05	0.07830	26%-50% Below	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	2	30.00	0.10	0.07830	26%-50% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	3	30.00	0.10	0.08368	10%-25% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	3	30.00	0.12	0.08368	26%-50% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	4	30.00	0.18	0.08373	101%-200% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	12	60.00	0.08	0.07099	10%-25% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	1	30.00	0.33	0.21510	51%-75% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	1	30.00	0.60	0.21510	101%-200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	2	30.00	0.33	0.23948	26%-50% Above	Yes	No
00168009930	KETOCONAZOLE 2% CREAM	2	30.00	0.54	0.23948	101%-200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	2	30.00	0.60	0.23948	101%-200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	2	30.00	0.66	0.23948	101%-200% Above	Yes	No
00168009930	KETOCONAZOLE 2% CREAM	3	30.00	0.17	0.26518	26%-50% Below	No	No
00168009930	KETOCONAZOLE 2% CREAM	3	30.00	0.54	0.26518	101%-200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	3	60.00	0.17	0.26518	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00168009930	KETOCONAZOLE 2% CREAM	4	30.00	0.75	0.25753	101%-200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	12	30.00	0.50	0.21481	101%-200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	12	30.00	1.06	0.21481	200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	12	60.00	0.25	0.21481	10%-25% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	1	60.00	0.53	0.15335	200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	2	60.00	0.45	0.16707	101%-200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	3	60.00	0.41	0.17334	101%-200% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	4	60.00	0.33	0.17564	76%-100% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	1	28.35	0.09	0.07747	10%-25% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	1	28.35	0.17	0.07747	101%-200% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	1	28.35	0.19	0.07747	101%-200% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	2	28.35	0.13	0.08856	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	2	28.35	0.18	0.08856	101%-200% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	3	28.35	0.08	0.09924	10%-25% Below	No	No
00168016360	CLOBETASOL 0.05% CREAM	2	60.00	0.17	0.11227	26%-50% Above	No	No
00168020260	CLINDAMYCIN PH 1% GEL	1	60.00	0.33	0.12967	101%-200% Above	No	No
00168020437	LIDOCAINE 5% OINTMENT	2	35.44	0.07	0.17437	51%-75% Below	No	No
00168020437	LIDOCAINE 5% OINTMENT	2	35.44	0.08	0.17437	51%-75% Below	No	No
00168020437	LIDOCAINE 5% OINTMENT	12	35.44	0.08	0.17328	51%-75% Below	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.76	0.30150	101%-200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	2	30.00	0.58	0.27790	101%-200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	2	30.00	0.64	0.27790	101%-200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	4	15.00	0.33	0.24943	26%-50% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.54	0.21882	101%-200% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.33	0.20237	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	0.33	0.21350	51%-75% Above	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	12	40.00	0.99	1.31240	10%-25% Below	No	No
00168030160	CLOBETASOL EMOLLIENT 0.05% CRM	12	60.00	0.20	0.60229	51%-75% Below	No	No
00168032346	METRONIDAZOLE 0.75% CREAM	1	45.00	1.08	0.23615	200% Above	No	No
00168032346	METRONIDAZOLE 0.75% CREAM	2	45.00	0.44	0.24932	76%-100% Above	No	No
00168034646	TERCONAZOLE 0.4% CREAM	2	45.00	0.26	0.57789	51%-75% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	2	45.00	0.29	0.57789	26%-50% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	4	45.00	0.37	0.61077	26%-50% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	2	20.00	1.18	1.05328	10%-25% Above	Yes	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	0.10	0.28125	51%-75% Below	No	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.10	0.29421	51%-75% Below	No	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.15	0.29421	26%-50% Below	No	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.34	0.29421	10%-25% Above	No	No
00168035730	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	4	30.00	0.34	0.28630	10%-25% Above	Yes	No
00169266015	TRESIBA FLEXTOUCH 100 UNIT/ML	12	9.00	29.29	32.54753	10%-25% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	1	3.00	103.26	321.20299	51%-75% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	3	9.00	37.70	321.20299	76%-100% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	12	3.00	103.59	311.84756	51%-75% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	12	3.00	278.93	311.84756	10%-25% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	12	9.00	37.86	311.84756	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	1	3.00	41.17	321.21459	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	1	3.00	41.64	321.21459	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	2	3.00	41.17	321.21459	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	3	3.00	41.17	321.21459	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	4	3.00	41.17	321.21459	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	1	3.00	279.10	321.14061	10%-25% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	4	3.00	279.10	321.14061	10%-25% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	12	3.00	278.93	311.78700	10%-25% Below	No	No
00169477212	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN	12	9.00	267.31	311.78700	10%-25% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	2	15.00	2.97	8.94438	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	12	45.00	8.05	8.94519	10%-25% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.01	0.01100	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.02	0.01100	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01100	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01100	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.01	0.01100	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.03	0.01100	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.03	0.01100	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.02	0.01217	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.03	0.01217	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.03	0.01217	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.04	0.01217	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.04	0.01217	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	45.00	0.02	0.01217	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01217	10%-25% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	180.00	0.02	0.01217	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01281	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01281	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01281	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01281	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.04	0.01281	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.04	0.01281	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.04	0.01281	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.03	0.01281	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01277	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.04	0.01277	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.03	0.01277	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.04	0.01079	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.04	0.01079	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.00	0.01079	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.01	0.01079	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.01	0.01079	26%-50% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.01	0.01079	10%-25% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	101%-200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.03	0.01079	101%-200% Above	No	No
00172208960	HYDROCHLOROTHIAZIDE 50 MG TAB	2	90.00	0.03	0.03450	10%-25% Below	No	No
00172208980	HYDROCHLOROTHIAZIDE 50 MG TAB	2	45.00	0.03	0.03450	10%-25% Below	No	No
00172392560	DIAZEPAM 2 MG TABLET	1	10.00	0.05	0.02082	101%-200% Above	No	No
00172392560	DIAZEPAM 2 MG TABLET	2	2.00	0.01	0.02125	51%-75% Below	No	No
00172392570	DIAZEPAM 2 MG TABLET	1	28.00	0.02	0.02082	10%-25% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	1	30.00	0.02	0.02082	10%-25% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	1	40.00	0.01	0.02082	26%-50% Below	Yes	No
00172392570	DIAZEPAM 2 MG TABLET	1	60.00	0.01	0.02082	26%-50% Below	Yes	No
00172392570	DIAZEPAM 2 MG TABLET	2	2.00	0.17	0.02125	200% Above	Yes	No
00172392570	DIAZEPAM 2 MG TABLET	2	28.00	0.02	0.02125	10%-25% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	2	90.00	0.01	0.02125	26%-50% Below	Yes	No
00172392570	DIAZEPAM 2 MG TABLET	3	5.00	0.08	0.02200	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172392570	DIAZEPAM 2 MG TABLET	3	28.00	0.02	0.02200	10%-25% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	3	30.00	0.01	0.02200	26%-50% Below	No	No
00172392570	DIAZEPAM 2 MG TABLET	3	90.00	0.01	0.02200	26%-50% Below	Yes	No
00172392570	DIAZEPAM 2 MG TABLET	4	1.00	0.05	0.02211	101%-200% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	4	7.00	0.06	0.02211	101%-200% Above	No	No
00172392570	DIAZEPAM 2 MG TABLET	12	28.00	0.02	0.02086	10%-25% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	3	2.00	0.01	0.02795	76%-100% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	3	2.00	0.36	0.02795	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	1	2.00	0.02	0.02438	26%-50% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	1	2.00	0.19	0.02438	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	1	2.00	0.24	0.02438	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	1	30.00	0.01	0.02438	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	1	30.00	0.03	0.02438	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	1	90.00	0.01	0.02438	51%-75% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	2	1.00	0.46	0.02667	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	2	2.00	0.19	0.02667	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	2	2.00	0.22	0.02667	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	2	4.00	0.10	0.02667	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	2	10.00	0.00	0.02667	76%-100% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	2	10.00	0.05	0.02667	51%-75% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	2	30.00	0.01	0.02667	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	2	45.00	0.01	0.02667	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	2	90.00	0.01	0.02667	26%-50% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	3	1.00	0.01	0.02795	51%-75% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	3	1.00	0.46	0.02795	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172392670	DIAZEPAM 5 MG TABLET	3	2.00	0.02	0.02795	26%-50% Below	No	No
00172392670	DIAZEPAM 5 MG TABLET	3	4.00	0.12	0.02795	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	3	30.00	0.02	0.02795	10%-25% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	3	90.00	0.01	0.02795	51%-75% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	4	1.00	0.46	0.02847	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	2.00	0.09	0.02847	101%-200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	4	10.00	0.09	0.02847	101%-200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	4	45.00	0.08	0.02847	101%-200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	90.00	0.08	0.02847	101%-200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	12	2.00	0.19	0.02466	200% Above	Yes	No
00172392680	DIAZEPAM 5 MG TABLET	3	2.00	0.01	0.02795	76%-100% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	1	2.00	0.02	0.02791	26%-50% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	1	45.00	0.01	0.02791	51%-75% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	1.00	0.46	0.02924	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	1.00	0.71	0.02924	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	45.00	0.01	0.02924	51%-75% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	3	5.00	0.10	0.03115	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	3	45.00	0.16	0.03115	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	4	1.00	0.01	0.03030	51%-75% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	12	45.00	0.08	0.02748	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	1	90.00	0.02	0.02791	26%-50% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	2	1.00	0.01	0.02924	51%-75% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	2	90.00	0.02	0.02924	26%-50% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	3	1.00	0.36	0.03115	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	4	30.00	0.16	0.03030	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172392770	DIAZEPAM 10 MG TABLET	12	5.00	0.01	0.02748	26%-50% Below	No	No
00172392770	DIAZEPAM 10 MG TABLET	12	90.00	0.02	0.02748	26%-50% Below	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	12	90.00	0.04	0.02748	26%-50% Above	No	No
00172392780	DIAZEPAM 10 MG TABLET	2	90.00	0.01	0.02924	51%-75% Below	No	No
00172392780	DIAZEPAM 10 MG TABLET	3	1.00	0.01	0.03115	51%-75% Below	No	No
00172409660	BACLOFEN 10 MG TABLET	1	30.00	0.02	0.03351	26%-50% Below	No	No
00172409660	BACLOFEN 10 MG TABLET	1	90.00	0.02	0.03351	26%-50% Below	No	No
00172409680	BACLOFEN 10 MG TABLET	2	45.00	0.02	0.03547	51%-75% Below	No	No
00172409680	BACLOFEN 10 MG TABLET	3	40.00	0.02	0.03805	51%-75% Below	No	No
00172409680	BACLOFEN 10 MG TABLET	12	45.00	0.02	0.03422	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	1	20.00	0.02	0.02934	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	1	60.00	0.05	0.02934	51%-75% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	1	90.00	0.03	0.02934	10%-25% Above	Yes	No
00172572860	FAMOTIDINE 20 MG TABLET	1	180.00	0.02	0.02934	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	1	180.00	0.02	0.02934	10%-25% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	2	30.00	0.02	0.03188	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	3	60.00	0.02	0.03313	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	3	60.00	0.07	0.03313	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	4	60.00	0.17	0.03173	200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	4	180.00	0.17	0.03173	200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	12	60.00	0.26	0.02888	200% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	1	60.00	0.01	0.02934	51%-75% Below	No	No
00172572870	FAMOTIDINE 20 MG TABLET	1	180.00	0.02	0.02934	10%-25% Below	No	No
00172572870	FAMOTIDINE 20 MG TABLET	3	60.00	0.01	0.03313	51%-75% Below	No	No
00172572870	FAMOTIDINE 20 MG TABLET	4	60.00	0.01	0.03173	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172572870	FAMOTIDINE 20 MG TABLET	12	60.00	0.01	0.02888	51%-75% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	1	60.00	0.05	0.02934	51%-75% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	1	120.00	0.04	0.02934	51%-75% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03188	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	2	120.00	0.04	0.03188	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	3	60.00	0.04	0.03313	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	3	120.00	0.04	0.03313	10%-25% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	4	60.00	0.04	0.03173	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	4	120.00	0.04	0.03173	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	12	30.00	0.02	0.02888	10%-25% Below	No	No
00172572880	FAMOTIDINE 20 MG TABLET	12	60.00	0.03	0.02888	10%-25% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	12	120.00	0.04	0.02888	51%-75% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	12	180.00	0.02	0.02888	10%-25% Below	No	No
00172572960	FAMOTIDINE 40 MG TABLET	1	30.00	0.08	0.05152	26%-50% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	1	30.00	0.13	0.05152	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	1	60.00	0.50	0.05152	200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05417	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	2	60.00	0.12	0.05417	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	2	90.00	0.12	0.05417	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	10%-25% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	26%-50% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	30.00	0.13	0.05597	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	30.00	0.14	0.05597	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	90.00	0.07	0.05597	26%-50% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05508	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172572960	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05508	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	90.00	0.12	0.05508	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	90.00	0.23	0.05508	200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	12	5.00	0.50	0.05230	200% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	2	60.00	0.08	0.05417	26%-50% Above	No	No
00172572970	FAMOTIDINE 40 MG TABLET	12	60.00	0.09	0.05230	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.55	0.28445	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.55	0.28445	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.35	0.28445	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.36	0.28445	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.53	0.28445	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.53	0.28445	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.56	0.28445	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.56	0.28445	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	20.00	0.52	0.28445	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.35	0.30818	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.55	0.30818	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.55	0.30818	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.35	0.30818	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.53	0.30818	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.53	0.30818	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.55	0.30818	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.56	0.30818	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	6.00	0.58	0.32693	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.58	0.32693	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.53	0.32693	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.54	0.32693	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	20.00	0.50	0.32693	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	0.55	0.32751	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	0.56	0.32751	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	12	6.00	0.36	0.28685	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	0.36	0.28685	10%-25% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	0.57	0.28685	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	0.53	0.28685	76%-100% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	12	30.00	0.33	0.28685	10%-25% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	2	30.00	0.50	0.16290	200% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	4	90.00	0.32	0.17499	76%-100% Above	No	No
00185012901	BUMETANIDE 1 MG TABLET	12	45.00	0.44	0.14527	200% Above	No	No
00185013001	BUMETANIDE 2 MG TABLET	1	30.00	0.50	0.23788	101%-200% Above	No	No
00185013001	BUMETANIDE 2 MG TABLET	2	30.00	0.50	0.25396	76%-100% Above	No	No
00185013001	BUMETANIDE 2 MG TABLET	2	60.00	0.17	0.25396	26%-50% Below	No	No
00185013001	BUMETANIDE 2 MG TABLET	3	30.00	0.50	0.26737	76%-100% Above	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.66	0.20841	200% Above	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.66	0.24610	101%-200% Above	Yes	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.50	0.19511	101%-200% Above	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.77	0.19511	200% Above	Yes	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.50	0.25350	76%-100% Above	Yes	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.42	0.26257	51%-75% Above	Yes	No
00185032501	BENAZEPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	30.00	0.72	0.18169	200% Above	No	No
00185032501	BENAZEPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	30.00	0.66	0.23070	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185032501	BENAZEPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	30.00	0.50	0.18421	101%-200% Above	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	1	30.00	0.05	0.06095	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.03	0.06426	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	2	90.00	0.03	0.06426	26%-50% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.05	0.06261	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	4	90.00	0.12	0.06261	76%-100% Above	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	12	30.00	0.05	0.05983	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	1	30.00	0.03	0.06095	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	1	180.00	0.03	0.06095	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.03	0.06426	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	3	30.00	0.03	0.06523	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	3	60.00	0.03	0.06523	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.12	0.06261	76%-100% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	12	30.00	0.03	0.05983	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	12	60.00	0.03	0.05983	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	12	90.00	0.03	0.05983	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	2	30.00	0.05	0.07940	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	4	90.00	0.11	0.08158	26%-50% Above	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	12	120.00	0.04	0.07548	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	1	30.00	0.04	0.07545	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	2	30.00	0.02	0.07940	51%-75% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	2	30.00	0.04	0.07940	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	3	90.00	0.04	0.08184	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	3	90.00	0.04	0.08184	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	3	180.00	0.04	0.08184	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185067605	HYDROXYZINE PAM 50 MG CAP	12	30.00	0.05	0.07548	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.21968	10%-25% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.18	0.24512	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.19	0.24512	10%-25% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.22	0.24512	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	90.00	0.17	0.24512	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.17	0.27075	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.24	0.27075	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.24	0.27075	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.17	0.27075	26%-50% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.21	0.28393	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.23	0.28393	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.24	0.28393	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.24	0.28393	10%-25% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.08	0.28393	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.22	0.28393	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.22	0.28393	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.24	0.28393	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	75.00	0.24	0.28393	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.19	0.22490	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.19	0.22490	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.14	0.22490	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.18	0.33707	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.17	0.33707	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.33707	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.19	0.32905	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.22	0.32905	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	12.00	0.19	0.33907	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.28	0.33907	10%-25% Below	Yes	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.28	0.33907	10%-25% Below	Yes	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.18	0.34027	26%-50% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.22	0.34027	26%-50% Below	No	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	60.00	0.27	0.23526	10%-25% Above	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	75.00	0.18	0.23526	10%-25% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	75.00	0.23	0.26988	10%-25% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.17	0.26782	26%-50% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.22	0.28638	10%-25% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.18	0.28638	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.22	0.28638	10%-25% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.19	0.29620	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.17	0.32049	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.27	0.32049	10%-25% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	45.00	0.27	0.32049	10%-25% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.23	0.32610	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	0.22	0.29474	26%-50% Below	No	No
00193658621	MICROLET LNC COLORED	4	100.00	0.09	.		Yes	No
00228141003	LAMOTRIGINE ER 25 MG TABLET	1	30.00	0.72	0.38484	76%-100% Above	Yes	No
00228141003	LAMOTRIGINE ER 25 MG TABLET	2	30.00	0.72	0.41691	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228142203	LAMOTRIGINE ER 100 MG TABLET	2	30.00	0.80	0.71183	10%-25% Above	Yes	No
00228158003	LAMOTRIGINE ER 300 MG TABLET	3	90.00	1.85	1.56991	10%-25% Above	Yes	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.02	0.02002	10%-25% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	3	45.00	0.01	0.02389	51%-75% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.02	0.02444	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	12	45.00	0.01	0.02002	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.02	0.02002	10%-25% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.02	0.02002	10%-25% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	20.00	0.03	0.02206	10%-25% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.01	0.02206	51%-75% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.03	0.02206	26%-50% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.02	0.02206	10%-25% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	20.00	0.03	0.02389	10%-25% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.01	0.02389	51%-75% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.02	0.02389	10%-25% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.02	0.02389	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	90.00	0.02	0.02389	26%-50% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.02	0.02444	10%-25% Below	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.03	0.02444	10%-25% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.02	0.02002	10%-25% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.03	0.02002	26%-50% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	12	60.00	0.02	0.02002	10%-25% Below	Yes	No
00228202796	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.02	0.02002	10%-25% Below	No	No
00228202796	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.01	0.02389	51%-75% Below	No	No
00228202796	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.02	0.02389	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228202796	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.02	0.02444	26%-50% Below	No	No
00228202796	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.01	0.02002	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.01	0.02017	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.03	0.02017	10%-25% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.01	0.02017	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.01	0.02017	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02017	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	180.00	0.01	0.02017	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.01	0.02157	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.01	0.02157	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.02	0.02157	10%-25% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.01	0.02157	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.01	0.02270	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.01	0.02270	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.02	0.02270	10%-25% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.01	0.02270	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.16	0.02311	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.16	0.02311	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.01	0.02038	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	12	90.00	0.01	0.02038	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	15.00	0.03	0.02017	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	20.00	0.03	0.02017	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.01	0.02017	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.03	0.02017	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	45.00	0.01	0.02017	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.01	0.02017	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.02	0.02017	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	75.00	0.02	0.02017	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02017	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02017	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.02	0.02017	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	1.00	0.61	0.02157	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	10.00	0.01	0.02157	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.01	0.02157	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.01	0.02157	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.03	0.02157	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.03	0.02157	51%-75% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	45.00	0.01	0.02157	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.01	0.02157	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.02	0.02157	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.01	0.02270	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.03	0.02270	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	45.00	0.01	0.02270	51%-75% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.02	0.02270	26%-50% Below	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.02	0.02270	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	75.00	0.02	0.02270	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.02	0.02270	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.03	0.02311	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.16	0.02311	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	45.00	0.16	0.02311	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.02	0.02311	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.16	0.02311	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.02	0.02311	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.02	0.02038	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.01	0.02038	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.02	0.02038	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	90.00	0.02	0.02038	10%-25% Below	Yes	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.02	0.02157	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	3	20.00	0.01	0.02270	51%-75% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.01	0.02270	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.16	0.02311	200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.01	0.02038	26%-50% Below	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	4	75.00	0.13	0.02625	200% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	4	90.00	0.13	0.02625	200% Above	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	1	60.00	0.02	0.02374	10%-25% Below	Yes	No
00228203150	ALPRAZOLAM 1 MG TABLET	1	90.00	0.02	0.02374	10%-25% Below	Yes	No
00228203196	ALPRAZOLAM 1 MG TABLET	1	30.00	0.02	0.02374	10%-25% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	1	61.00	0.02	0.02374	10%-25% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	2	61.00	0.02	0.02510	10%-25% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	4	30.00	0.02	0.02625	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	12	60.00	0.01	0.02389	51%-75% Below	No	No
00228203910	ALPRAZOLAM 2 MG TABLET	3	110.00	0.04	0.04873	10%-25% Below	Yes	No
00228203910	ALPRAZOLAM 2 MG TABLET	4	60.00	0.15	0.04872	200% Above	No	No
00228206910	OXAZEPAM 15 MG CAPSULE	2	30.00	0.81	1.07687	10%-25% Below	Yes	No
00228207650	TEMAZEPAM 15 MG CAPSULE	1	30.00	0.04	0.06287	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228207650	TEMAZEPAM 15 MG CAPSULE	2	30.00	0.04	0.06986	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	12	30.00	0.04	0.06369	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.06	0.07862	10%-25% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.06	0.08886	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	12	30.00	0.04	0.07933	26%-50% Below	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	12	30.00	0.06	0.07933	10%-25% Below	No	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	1	180.00	0.01	0.02305	51%-75% Below	Yes	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.01	0.02583	51%-75% Below	No	No
00228212710	CLONIDINE HCL 0.1 MG TABLET	3	180.00	0.01	0.02583	51%-75% Below	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	1	90.00	0.01	0.02305	26%-50% Below	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	1	90.00	0.02	0.02305	26%-50% Below	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.02	0.02583	26%-50% Below	Yes	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	4	15.00	0.09	0.02563	200% Above	No	No
00228212810	CLONIDINE HCL 0.2 MG TABLET	2	90.00	0.02	0.03382	26%-50% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	1	30.00	0.02	0.03180	26%-50% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	1	90.00	0.02	0.03180	26%-50% Below	No	No
00228212850	CLONIDINE HCL 0.2 MG TABLET	2	90.00	0.02	0.03382	26%-50% Below	No	No
00228255106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.08	0.09276	10%-25% Below	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	3	30.00	0.13	0.10604	10%-25% Above	No	No
00228262011	ISOSORBIDE MONONIT 20 MG TAB	3	60.00	0.50	0.19212	101%-200% Above	No	No
00228262011	ISOSORBIDE MONONIT 20 MG TAB	4	60.00	0.50	0.19212	101%-200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	2	30.00	0.67	0.17398	200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	2	90.00	0.67	0.17398	200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	0.67	0.18385	200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	4	90.00	0.01	0.17854	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228277811	PROPRANOLOL ER 60 MG CAPSULE	12	30.00	0.67	0.16475	200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	12	90.00	0.02	0.16475	76%-100% Below	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	3	90.00	0.72	0.21399	200% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	12	30.00	0.50	0.17950	101%-200% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	1	30.00	0.17	0.18646	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	2	30.00	0.17	0.19652	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	2	30.00	0.97	0.19652	200% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	3	30.00	0.17	0.20649	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	3	30.00	0.89	0.20649	200% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	4	30.00	0.17	0.21947	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	4	30.00	0.76	0.21947	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.21	0.04258	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.24	0.04258	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.24	0.04258	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.20	0.04813	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.21	0.04813	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.24	0.04813	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.19	0.04813	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.24	0.04813	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.21	0.05030	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.21	0.05030	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.19	0.05030	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.21	0.05030	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.15	0.05053	101%-200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.15	0.05053	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	0.19	0.04193	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	0.21	0.04193	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.17	0.04193	200% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.19	0.04193	200% Above	No	No
00228284803	FLUVOXAMINE ER 100 MG CAPSULE	1	60.00	2.56	4.92971	26%-50% Below	No	No
00228284803	FLUVOXAMINE ER 100 MG CAPSULE	3	30.00	0.33	5.56508	76%-100% Below	No	No
00228284803	FLUVOXAMINE ER 100 MG CAPSULE	3	90.00	1.08	5.56508	76%-100% Below	No	No
00228284903	FLUVOXAMINE ER 150 MG CAPSULE	3	180.00	1.16	5.50769	76%-100% Below	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	1	30.00	0.31	0.18254	51%-75% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	2	30.00	0.28	0.19234	26%-50% Above	No	No
00228285111	GUANFACINE HCL ER 2 MG TABLET	12	30.00	0.50	0.17898	101%-200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.95	0.63695	26%-50% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.95	0.66278	26%-50% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.95	0.60837	51%-75% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	4.02	0.60837	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.95	0.67969	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	1	60.00	0.92	0.67969	26%-50% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.92	0.71123	26%-50% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.95	0.71123	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	2	60.00	0.92	0.71123	26%-50% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.69996	26%-50% Below	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	3.95	0.69996	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	3.95	0.68677	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	4	60.00	0.92	0.68677	26%-50% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.50	0.61752	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	4.02	0.61752	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	1	14.00	3.95	0.59466	200% Above	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.97	0.59466	51%-75% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.97	0.58820	51%-75% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.95	0.58820	200% Above	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.95	0.58820	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	2	60.00	3.95	0.58820	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	3	15.00	3.95	0.63305	200% Above	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.97	0.63305	51%-75% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.95	0.63305	200% Above	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.95	0.63305	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.97	0.58801	51%-75% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.95	0.58801	200% Above	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.95	0.58801	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.33	0.59149	26%-50% Below	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.97	0.59149	51%-75% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	4.02	0.59149	200% Above	Yes	No
00228306211	DEXTROAMP-AMPHET ER 5 MG CAP	1	30.00	0.50	0.65737	10%-25% Below	No	No
00228306211	DEXTROAMP-AMPHET ER 5 MG CAP	3	30.00	0.50	0.55521	10%-25% Below	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	7.00	2.13	0.68971	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	23.00	0.98	0.68971	26%-50% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.33	0.68971	51%-75% Below	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.50	0.68971	26%-50% Below	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.98	0.68971	26%-50% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	60.00	4.02	0.68971	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.50	0.63922	10%-25% Below	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.98	0.63922	51%-75% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.33	0.61772	26%-50% Below	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.98	0.61772	51%-75% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	3.95	0.61772	200% Above	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.34	0.65046	26%-50% Below	No	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.98	0.65046	51%-75% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.96	0.73253	26%-50% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	3.95	0.75366	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	5.29	0.70525	200% Above	No	No
00228331503	DOXEPIN HCL 3 MG TABLET	1	30.00	4.93	2.62660	76%-100% Above	Yes	No
00228331503	DOXEPIN HCL 3 MG TABLET	2	30.00	4.49	2.64289	51%-75% Above	Yes	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	1	30.00	0.33	0.23976	26%-50% Above	No	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	1	60.00	0.38	0.23976	51%-75% Above	No	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	2	30.00	0.33	0.27961	10%-25% Above	No	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	3	30.00	0.67	0.30610	101%-200% Above	No	No
00228424106	CLONIDINE HCL ER 0.1 MG TABLET	12	30.00	0.48	0.25284	76%-100% Above	No	No
00234057508	HIBICLENS SOL 4%	3	236.00	0.07	.		Yes	No
00245010810	FERROUS SULF TAB 325MG EC	1	90.00	0.29	.		Yes	No
00245010810	FERROUS SULF TAB 325MG EC	2	30.00	0.07	.		No	No
00245010811	FERROUS SULF TAB 325MG EC	2	60.00	0.11	.		No	No
00245010811	FERROUS SULF TAB 325MG EC	2	90.00	0.16	.		No	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	1	60.00	0.24	0.08207	101%-200% Above	Yes	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	2	60.00	0.20	0.08994	101%-200% Above	Yes	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	2	90.00	0.17	0.08994	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00245021111	MIDODRINE HCL 2.5 MG TABLET	4	60.00	0.29	0.09260	200% Above	No	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	12	60.00	0.24	0.08289	101%-200% Above	Yes	No
00245021111	MIDODRINE HCL 2.5 MG TABLET	12	270.00	0.24	0.08289	101%-200% Above	Yes	No
00245021211	MIDODRINE HCL 5 MG TABLET	1	30.00	0.28	0.12633	101%-200% Above	Yes	No
00245021211	MIDODRINE HCL 5 MG TABLET	2	90.00	0.20	0.13658	26%-50% Above	Yes	No
00245021211	MIDODRINE HCL 5 MG TABLET	3	90.00	0.20	0.14494	26%-50% Above	Yes	No
00245021311	MIDODRINE HCL 10 MG TABLET	3	90.00	0.32	0.21576	26%-50% Above	Yes	No
00245021311	MIDODRINE HCL 10 MG TABLET	3	270.00	0.18	0.21576	10%-25% Below	No	No
00245057501	ISOTRETINOIN 40 MG CAPSULE	12	60.00	1.31	16.85601	76%-100% Below	Yes	No
00245531615	KLOR-CON 10 MEQ TABLET	1	180.00	0.04	0.16949	51%-75% Below	No	No
00245531711	KLOR-CON M10 TABLET	4	90.00	0.26	0.14633	51%-75% Above	Yes	No
00245531790	KLOR-CON M10 TABLET	3	180.00	0.12	0.15169	10%-25% Below	Yes	No
00245531911	KLOR-CON M20 TABLET	1	90.00	0.11	0.06584	51%-75% Above	Yes	No
00245531915	KLOR-CON M20 TABLET	2	6.00	0.10	0.06603	26%-50% Above	No	No
00245531915	KLOR-CON M20 TABLET	3	10.00	0.26	0.06603	200% Above	No	No
00245531990	KLOR-CON M20 TABLET	1	180.00	0.17	0.06584	101%-200% Above	Yes	No
00245531990	KLOR-CON M20 TABLET	4	180.00	0.22	0.06576	200% Above	Yes	No
00245532630	KLOR-CON-EF 25 MEQ TAB EFF	3	90.00	0.88	0.66536	26%-50% Above	Yes	No
00254302802	LUBIPROSTONE 8 MCG CAPSULE	3	60.00	2.76	0.74983	200% Above	No	No
00254302902	LUBIPROSTONE 24 MCG CAPSULE	2	180.00	1.08	0.80819	26%-50% Above	Yes	No
00299382230	ORACEA CAP 40MG	1	30.00	28.76	.		No	No
00299382230	ORACEA CAP 40MG	3	30.00	28.76	.		No	No
00299382345	SOOLANTRA CRE 1%	1	45.00	15.39	.		Yes	No
00299382345	SOOLANTRA CRE 1%	2	45.00	15.36	.		No	No
00299382345	SOOLANTRA CRE 1%	3	45.00	15.39	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00299382345	SOOLANTRA CRE 1%	12	45.00	15.39	.		No	No
00299593545	AKLIEF CRE 0.005%	1	45.00	15.00	.		No	No
00299593545	AKLIEF CRE 0.005%	1	45.00	15.58	.		No	No
00299593545	AKLIEF CRE 0.005%	1	45.00	15.61	.		No	No
00299593545	AKLIEF CRE 0.005%	3	45.00	15.00	.		No	No
00299593545	AKLIEF CRE 0.005%	3	45.00	15.58	.		No	No
00299594530	TWYNEO CRE 0.1-3%	1	90.00	15.55	.		Yes	No
00299594530	TWYNEO CRE 0.1-3%	3	30.00	15.53	.		No	No
00299594530	TWYNEO CRE 0.1-3%	4	30.00	15.53	.		No	No
00299594530	TWYNEO CRE 0.1-3%	12	30.00	13.49	.		No	No
00310461612	BREZTRI AEROSPHERE INHALER	1	10.70	11.78	59.55744	76%-100% Below	No	No
00310461612	BREZTRI AEROSPHERE INHALER	2	10.70	11.78	59.55744	76%-100% Below	No	No
00310461612	BREZTRI AEROSPHERE INHALER	12	10.70	11.91	57.82332	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	10.20	0.49	18.47056	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	10.20	10.19	18.47056	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	10.20	10.19	18.47056	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	10.20	11.33	18.47056	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	30.60	1.31	18.47056	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	30.60	11.33	18.47056	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	3.68	18.97562	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	10.19	18.97562	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	30.60	10.19	18.97562	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	10.20	0.07	19.49120	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	10.20	3.94	19.49120	76%-100% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	10.20	6.49	19.49120	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	30.60	0.01	19.49120	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	30.60	3.94	19.49120	76%-100% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	10.20	10.44	19.25157	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	10.20	12.06	19.25157	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	10.20	13.27	19.25157	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	30.60	13.27	19.25157	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	30.60	13.27	19.25157	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	1	10.20	3.66	15.71421	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	1	10.20	8.67	15.71421	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	0.98	16.28815	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	8.67	16.28815	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	8.67	16.28815	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	13.97	16.28815	10%-25% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	3.66	16.75554	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	8.67	16.75554	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	8.67	16.75554	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	8.96	16.75554	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	13.97	16.75554	10%-25% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	4	10.20	8.96	16.63294	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	4	10.20	10.46	16.63294	26%-50% Below	No	No
00363013830	SENNA TAB 8.6MG	1	30.00	0.02	.		No	No
00363048144	NICOTINE GUM 4MG	12	100.00	0.05	.		No	No
00363331126	ALLERGY RELF SOL 1MG/ML	1	200.00	0.03	.		No	No
00363331126	ALLERGY RELF SOL 1MG/ML	2	150.00	0.06	.		No	No
00378001401	METHOTREXATE 2.5 MG TABLET	1	72.00	0.42	0.15507	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378001401	METHOTREXATE 2.5 MG TABLET	3	72.00	0.57	0.16106	200% Above	Yes	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.04	0.01563	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	1	120.00	0.03	0.01563	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.03	0.01563	76%-100% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.04	0.01563	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	76%-100% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.03	0.01677	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.02	0.01677	10%-25% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.03	0.01791	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.03	0.01776	26%-50% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.03	0.01555	51%-75% Above	No	No
00378003210	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.03	0.02142	10%-25% Above	No	No
00378003210	METOPROLOL TARTRATE 50 MG TAB	2	180.00	0.03	0.02142	10%-25% Above	No	No
00378004710	METOPROLOL TARTRATE 100 MG TAB	3	60.00	0.04	0.02885	26%-50% Above	No	No
00378004710	METOPROLOL TARTRATE 100 MG TAB	12	180.00	0.08	0.02531	200% Above	No	No
00378005301	CIMETIDINE 200 MG TABLET	12	180.00	0.15	0.25578	26%-50% Below	No	No
00378013701	ALLOPURINOL 100 MG TABLET	2	90.00	0.02	0.04114	26%-50% Below	No	No
00378013710	ALLOPURINOL 100 MG TABLET	1	10.00	0.09	0.03813	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	1	30.00	0.08	0.03813	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	1	30.00	0.09	0.03813	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	1	90.00	0.08	0.03813	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	1	90.00	0.09	0.03813	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	2	10.00	0.08	0.04114	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	2	30.00	0.07	0.04114	51%-75% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.04114	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378013710	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.04114	76%-100% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	3	30.00	0.07	0.04351	51%-75% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	4	10.00	0.18	0.04294	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	4	30.00	0.18	0.04294	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	12	30.00	0.09	0.03940	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	12	30.00	0.20	0.03940	200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	1	30.00	0.15	0.06305	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	2	30.00	0.13	0.06601	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	2	30.00	0.15	0.06601	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	3	30.00	0.13	0.06897	76%-100% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	12	90.00	0.08	0.06173	26%-50% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	3	30.00	0.07	0.02404	101%-200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	12	90.00	0.42	0.07682	200% Above	No	No
00378027101	DIAZEPAM 2 MG TABLET	2	30.00	0.01	0.02125	51%-75% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	3	30.00	0.01	0.02200	26%-50% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	3	120.00	0.01	0.02200	26%-50% Below	No	No
00378027101	DIAZEPAM 2 MG TABLET	4	2.00	0.05	0.02211	101%-200% Above	No	No
00378027101	DIAZEPAM 2 MG TABLET	12	30.00	0.01	0.02086	51%-75% Below	No	No
00378027493	TAMOXIFEN 20 MG TABLET	1	60.00	0.46	0.24833	76%-100% Above	No	No
00378027493	TAMOXIFEN 20 MG TABLET	3	90.00	0.46	0.34457	26%-50% Above	No	No
00378034501	DIAZEPAM 5 MG TABLET	1	10.00	0.05	0.02438	76%-100% Above	No	No
00378034501	DIAZEPAM 5 MG TABLET	2	2.00	0.02	0.02667	26%-50% Below	No	No
00378034501	DIAZEPAM 5 MG TABLET	3	2.00	0.01	0.02795	76%-100% Below	No	No
00378034501	DIAZEPAM 5 MG TABLET	4	3.00	0.08	0.02847	101%-200% Above	No	No
00378034501	DIAZEPAM 5 MG TABLET	4	4.00	0.09	0.02847	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378034501	DIAZEPAM 5 MG TABLET	12	45.00	0.02	0.02466	10%-25% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	1	3.00	0.01	0.02438	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	1	6.00	0.07	0.02438	101%-200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	1	15.00	0.01	0.02438	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	1	60.00	0.01	0.02438	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	2	1.00	0.01	0.02667	51%-75% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	2	90.00	0.01	0.02667	26%-50% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	3	90.00	0.01	0.02795	51%-75% Below	No	No
00378034505	DIAZEPAM 5 MG TABLET	4	90.00	0.08	0.02847	101%-200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	12	90.00	0.01	0.02466	26%-50% Below	No	No
00378043401	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.66	1.31053	26%-50% Below	No	No
00378047705	DIAZEPAM 10 MG TABLET	1	60.00	0.01	0.02791	51%-75% Below	No	No
00378047705	DIAZEPAM 10 MG TABLET	2	2.00	0.16	0.02924	200% Above	No	No
00378047705	DIAZEPAM 10 MG TABLET	3	1.00	0.61	0.03115	200% Above	No	No
00378047705	DIAZEPAM 10 MG TABLET	3	60.00	0.01	0.03115	51%-75% Below	No	No
00378064010	PREDNISONE 5 MG TABLET	3	30.00	0.09	0.04819	76%-100% Above	Yes	No
00378064110	PREDNISONE 10 MG TABLET	1	18.00	0.11	0.04773	101%-200% Above	Yes	No
00378064210	PREDNISONE 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	Yes	No
00378075701	ATENOLOL 100 MG TABLET	1	45.00	0.02	0.03689	51%-75% Below	No	No
00378075701	ATENOLOL 100 MG TABLET	3	45.00	0.02	0.04099	51%-75% Below	No	No
00378075701	ATENOLOL 100 MG TABLET	4	45.00	0.02	0.04102	51%-75% Below	No	No
00378075701	ATENOLOL 100 MG TABLET	12	45.00	0.02	0.03581	51%-75% Below	No	No
00378087299	CLONIDINE 0.2 MG/DAY PATCH	3	4.00	3.74	9.32324	51%-75% Below	No	No
00378087299	CLONIDINE 0.2 MG/DAY PATCH	4	4.00	23.32	9.45568	101%-200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	2	10.00	0.84	0.25658	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378113401	KETOROLAC 10 MG TABLET	3	20.00	0.50	0.29265	51%-75% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	3	20.00	0.68	0.29265	101%-200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	4	12.00	0.73	0.29173	101%-200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	4	20.00	0.64	0.29173	101%-200% Above	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	2	180.00	1.35	0.50173	101%-200% Above	No	No
00378140396	RIZATRIPTAN 5 MG TABLET	4	9.00	1.62	0.45410	200% Above	No	No
00378140496	RIZATRIPTAN 10 MG TABLET	1	9.00	1.33	0.34665	200% Above	No	No
00378140496	RIZATRIPTAN 10 MG TABLET	1	12.00	0.80	0.34665	101%-200% Above	No	No
00378140496	RIZATRIPTAN 10 MG TABLET	2	30.00	0.50	0.36943	26%-50% Above	No	No
00378140496	RIZATRIPTAN 10 MG TABLET	12	10.00	1.23	0.35528	200% Above	No	No
00378140496	RIZATRIPTAN 10 MG TABLET	12	27.00	1.23	0.35528	200% Above	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	1	30.00	0.32	0.48075	26%-50% Below	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	2	30.00	0.29	0.51847	26%-50% Below	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	3	30.00	1.68	0.51492	200% Above	No	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	4	60.00	0.63	0.50989	10%-25% Above	Yes	No
00378172293	AMLODIPINE-VALSARTAN 10-160 MG	4	90.00	0.45	0.50989	10%-25% Below	Yes	No
00378172393	AMLODIPINE-VALSARTAN 5-320 MG	2	90.00	0.50	0.57055	10%-25% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	1	30.00	0.00	0.59569	76%-100% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	1	30.00	0.34	0.59569	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	1	30.00	0.67	0.59569	10%-25% Above	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	1	90.00	0.39	0.59569	26%-50% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	2	30.00	0.33	0.64755	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	2	90.00	0.30	0.64755	51%-75% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	3	30.00	0.33	0.65635	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	3	30.00	0.51	0.65635	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 114

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	4	90.00	0.51	0.65224	10%-25% Below	Yes	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	12	30.00	0.39	0.59244	26%-50% Below	No	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.05	0.04300	10%-25% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.04	0.04300	10%-25% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.05	0.04300	10%-25% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	1	105.00	0.03	0.04300	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.05	0.04343	10%-25% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	2	50.00	0.02	0.04343	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	2	60.00	0.02	0.04343	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.02	0.04343	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.02	0.04343	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	3	7.00	0.08	0.04513	76%-100% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.02	0.04513	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.05	0.04513	10%-25% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.04	0.04513	10%-25% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.24	0.04423	200% Above	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.03	0.04342	26%-50% Below	Yes	No
00378180010	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.05	0.04342	10%-25% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.04	0.05075	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.02	0.05075	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.04	0.05075	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.04	0.05398	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	2	45.00	0.04	0.05398	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.02	0.05398	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378180310	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.05398	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.04	0.05398	10%-25% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.02	0.05750	51%-75% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.05750	26%-50% Below	No	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.04	0.05750	26%-50% Below	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.21	0.05881	200% Above	Yes	No
00378180310	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.04	0.05170	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.05079	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.05079	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.04	0.05079	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.04	0.05079	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.05	0.05079	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.03	0.05432	26%-50% Below	No	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	2	45.00	0.04	0.05432	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	51%-75% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.04	0.05432	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.04	0.05779	10%-25% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.03	0.05334	26%-50% Below	Yes	No
00378180510	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.04	0.05334	10%-25% Below	Yes	No
00378180710	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.36	0.06733	200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05386	51%-75% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05386	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05386	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.04	0.05386	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378180910	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.32	0.05929	200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.39	0.05929	200% Above	Yes	No
00378180910	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.05	0.05509	10%-25% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.04	0.07192	51%-75% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	2	45.00	0.03	0.07192	51%-75% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.06	0.07351	10%-25% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.04	0.07351	26%-50% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.06	0.07351	10%-25% Below	Yes	No
00378181110	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.04	0.06916	26%-50% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.04	0.07712	26%-50% Below	Yes	No
00378181377	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.05	0.07712	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.04	0.07130	26%-50% Below	No	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.06	0.07130	10%-25% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.05	0.07130	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.05	0.07130	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	2	30.00	0.04	0.07890	26%-50% Below	No	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	2	90.00	0.04	0.07890	51%-75% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	2	90.00	0.04	0.07890	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.04	0.08267	51%-75% Below	No	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.08267	51%-75% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.08267	51%-75% Below	No	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.08267	51%-75% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.06	0.08267	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378181510	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.38	0.08036	200% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.38	0.08036	200% Above	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.05	0.07092	26%-50% Below	Yes	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.06	0.07092	10%-25% Below	No	No
00378181510	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.06	0.07092	10%-25% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.04	0.08637	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	2	90.00	0.04	0.09185	51%-75% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	2	90.00	0.05	0.09185	26%-50% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.05	0.09462	26%-50% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.05	0.09462	26%-50% Below	Yes	No
00378181710	LEVOTHYROXINE 175 MCG TABLET	4	90.00	0.43	0.09381	200% Above	Yes	No
00378181910	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.06	0.10149	26%-50% Below	Yes	No
00378181977	LEVOTHYROXINE 200 MCG TABLET	1	90.00	0.06	0.08973	26%-50% Below	Yes	No
00378182377	LEVOTHYROXINE 137 MCG TABLET	1	30.00	0.04	0.07306	26%-50% Below	Yes	No
00378292177	TELMISARTAN 40 MG TABLET	4	14.00	0.31	0.21861	26%-50% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	2	30.00	0.23	0.09590	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	2	30.00	0.26	0.13525	76%-100% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	3	30.00	0.24	0.13841	51%-75% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	1	30.00	0.31	0.12478	101%-200% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	2	30.00	0.26	0.13525	76%-100% Above	No	No
00378306677	FENOFIBRATE 145 MG TABLET	12	90.00	0.07	0.12293	26%-50% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	1	3.00	14.82	36.73665	51%-75% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	1	3.00	14.82	36.73665	51%-75% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	1	3.00	17.46	36.73665	51%-75% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	1	3.00	19.73	36.73665	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378334053	XULANE 150-35 MCG/DAY PATCH	1	3.00	29.01	36.73665	10%-25% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	1	6.00	17.46	36.73665	51%-75% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	2	3.00	14.82	35.78717	51%-75% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	2	3.00	29.01	35.78717	10%-25% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	3	3.00	14.63	35.87329	51%-75% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	3	3.00	29.01	35.87329	10%-25% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	3	9.00	19.67	35.87329	26%-50% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	4	3.00	28.50	34.94818	10%-25% Below	Yes	No
00378334053	XULANE 150-35 MCG/DAY PATCH	12	3.00	29.01	37.11492	10%-25% Below	Yes	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	1	4.00	7.16	11.15345	26%-50% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	2	4.00	6.52	11.85044	26%-50% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	3	4.00	6.52	12.14079	26%-50% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	12	4.00	5.44	11.00223	26%-50% Below	No	No
00378343393	ARMODAFINIL 250 MG TABLET	12	30.00	0.50	0.69998	26%-50% Below	No	No
00378363701	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06134	26%-50% Below	No	No
00378363701	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.02	0.06211	51%-75% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.05	0.06323	10%-25% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.04	0.06323	26%-50% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.04	0.06110	26%-50% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	30.00	0.01	0.02562	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	30.00	0.07	0.02562	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	30.00	0.08	0.02562	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	30.00	0.10	0.02562	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395005	ATORVASTATIN 10 MG TABLET	1	30.00	0.12	0.02562	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	90.00	0.00	0.02562	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	90.00	0.07	0.02562	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02726	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	30.00	0.06	0.02726	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	30.00	0.07	0.02726	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	30.00	0.10	0.02726	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	30.00	0.12	0.02726	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	90.00	0.07	0.02726	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02830	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	30.00	0.06	0.02830	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	30.00	0.12	0.02830	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	30.00	0.38	0.02830	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	90.00	0.02	0.02830	10%-25% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	90.00	0.38	0.02830	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	30.00	0.01	0.02791	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	30.00	0.01	0.02791	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	30.00	0.38	0.02791	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	90.00	0.10	0.02791	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	90.00	0.38	0.02791	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	12	30.00	0.01	0.02573	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	12	90.00	0.01	0.02573	76%-100% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	12	90.00	0.08	0.02573	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	12	90.00	0.10	0.02573	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395077	ATORVASTATIN 10 MG TABLET	1	90.00	0.07	0.02562	101%-200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	1	90.00	0.08	0.02562	200% Above	Yes	No
00378395077	ATORVASTATIN 10 MG TABLET	4	90.00	0.38	0.02791	200% Above	Yes	No
00378395105	ATORVASTATIN 20 MG TABLET	1	30.00	0.01	0.03178	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03178	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	30.00	0.10	0.03178	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03178	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	90.00	0.15	0.03178	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.03400	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	2	90.00	0.00	0.03400	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.03496	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.03419	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	4	30.00	0.55	0.03419	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.03419	76%-100% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	30.00	0.01	0.03166	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	30.00	0.10	0.03166	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	30.00	0.62	0.03166	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	90.00	0.59	0.03166	200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395177	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	3	90.00	0.12	0.03496	200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	3	90.00	0.14	0.03496	200% Above	Yes	No
00378395177	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	Yes	No
00378395205	ATORVASTATIN 40 MG TABLET	1	15.00	0.14	0.04591	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	28.00	0.10	0.04591	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	30.00	0.10	0.04591	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	30.00	0.17	0.04591	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	90.00	0.01	0.04591	51%-75% Below	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	90.00	0.10	0.04591	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04591	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04591	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	15.00	0.14	0.04677	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	28.00	0.08	0.04677	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	28.00	0.08	0.04768	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	30.00	0.08	0.04768	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	30.00	0.17	0.04768	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	45.00	0.08	0.04768	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	4	28.00	0.24	0.04653	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395205	ATORVASTATIN 40 MG TABLET	4	30.00	0.01	0.04653	51%-75% Below	No	No
00378395205	ATORVASTATIN 40 MG TABLET	4	30.00	0.17	0.04653	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	4	30.00	0.24	0.04653	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	4	90.00	0.15	0.04653	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	12	28.00	0.10	0.04678	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	12	30.00	0.10	0.04678	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	12	90.00	0.01	0.04678	51%-75% Below	No	No
00378395205	ATORVASTATIN 40 MG TABLET	12	90.00	0.59	0.04678	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	1	90.00	0.10	0.04591	101%-200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	1	90.00	0.15	0.04591	200% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	Yes	No
00378395277	ATORVASTATIN 40 MG TABLET	4	15.00	0.14	0.04653	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	Yes	No
00378395305	ATORVASTATIN 80 MG TABLET	1	30.00	0.10	0.07532	26%-50% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	1	30.00	0.11	0.07532	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	1	45.00	0.11	0.07532	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	1	90.00	0.14	0.07532	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	2	90.00	0.07	0.08222	10%-25% Below	No	No
00378395305	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	2	90.00	0.14	0.08222	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	3	30.00	0.03	0.08492	51%-75% Below	No	No
00378395305	ATORVASTATIN 80 MG TABLET	3	90.00	0.17	0.08492	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395305	ATORVASTATIN 80 MG TABLET	4	30.00	0.26	0.08502	200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	12	10.00	0.14	0.07506	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	12	90.00	0.59	0.07506	200% Above	No	No
00378395377	ATORVASTATIN 80 MG TABLET	1	30.00	0.02	0.07532	51%-75% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	1	90.00	0.16	0.07532	101%-200% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	2	30.00	0.03	0.08222	51%-75% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	2	90.00	0.11	0.08222	26%-50% Above	Yes	No
00378395377	ATORVASTATIN 80 MG TABLET	3	30.00	0.02	0.08492	51%-75% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	4	90.00	0.26	0.08502	200% Above	Yes	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.43	0.23463	76%-100% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	1	60.00	0.76	0.23463	200% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.16	0.24930	26%-50% Below	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.43	0.24930	51%-75% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	2	60.00	0.17	0.24930	26%-50% Below	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.18	0.24930	26%-50% Below	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	3	20.00	0.16	0.24832	26%-50% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.24	0.44748	26%-50% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.40	0.44748	10%-25% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	2	32.00	0.63	0.44748	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	2	60.00	0.36	0.44748	10%-25% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	3	14.00	0.37	0.44069	10%-25% Below	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	4	12.00	0.83	0.43151	76%-100% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	4	32.00	0.63	0.43151	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	12	45.00	1.34	0.43060	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	0.47	0.42457	10%-25% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	2	9.00	0.36	0.44748	10%-25% Below	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.36	0.44748	10%-25% Below	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	1.07	0.44069	101%-200% Above	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	2	10.00	1.55	2.02596	10%-25% Below	No	No
00378428885	ELETRIPTAN HBR 40 MG TABLET	3	12.00	2.32	2.07980	10%-25% Above	No	No
00378439077	FENOFIBRATE 40 MG TABLET	3	152.00	2.82	6.16286	51%-75% Below	Yes	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.07	0.09742	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.04	0.09742	51%-75% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	2	30.00	0.06	0.09927	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	2	30.00	0.07	0.09927	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	2	60.00	0.06	0.09927	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	2	60.00	0.06	0.09927	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	0.06	0.09927	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	0.06	0.09741	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	0.07	0.09741	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	3	60.00	0.06	0.09741	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	0.20	0.09622	101%-200% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	12	10.00	0.12	0.10167	10%-25% Above	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	12	60.00	0.06	0.10167	26%-50% Below	No	No
00378459301	METOPROLOL TARTRATE 37.5 MG TB	1	60.00	0.22	0.07657	101%-200% Above	No	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	1	24.00	4.40	5.92804	10%-25% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	1	24.00	4.55	6.25824	26%-50% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	3	24.00	4.71	6.66731	26%-50% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	4	24.00	5.27	6.65267	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	1.88	6.19621	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	3.10	6.19621	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	3.20	6.19621	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	24.00	4.97	6.19621	10%-25% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	64.00	4.97	6.19621	10%-25% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	8.00	3.20	6.86916	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	8.00	4.97	6.86916	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	1.88	7.12425	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	2.95	7.12425	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	3.24	7.12425	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	4.53	7.12425	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	4.58	7.12425	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	16.00	3.24	7.12425	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	24.00	2.95	7.12425	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	24.00	4.53	7.12425	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	64.00	4.53	7.12425	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	4	8.00	2.92	7.28171	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	4	8.00	2.95	7.28171	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	4	8.00	3.21	7.28171	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	4	8.00	4.58	7.28171	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	4	24.00	4.58	7.28171	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	12	8.00	3.49	6.07565	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	1	8.00	1.88	6.25824	51%-75% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	1	8.00	4.55	6.25824	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	1.88	6.67273	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	4.15	6.67273	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	3	8.00	1.88	6.66731	51%-75% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	3	8.00	4.15	6.66731	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	4	8.00	3.48	6.65267	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	4	8.00	4.71	6.65267	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	12	8.00	1.87	6.33428	51%-75% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	12	8.00	5.36	6.33428	10%-25% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	0.63	5.92804	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	3.19	5.92804	26%-50% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	24.00	1.88	5.92804	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	2.89	6.49680	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	3.17	6.49680	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	2.89	6.56038	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	3.17	6.56038	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	2.89	6.56038	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	4.01	6.56038	26%-50% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	3.17	6.71823	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	4.69	6.71823	26%-50% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	4.69	6.71823	26%-50% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	12	8.00	2.87	5.98844	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	12	8.00	3.19	5.98844	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	8.00	4.20	6.32083	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	24.00	1.88	6.32083	51%-75% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	8.00	3.83	6.78053	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	24.00	3.78	6.90669	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	12	8.00	4.95	6.44735	10%-25% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	1	8.00	6.92	5.92120	10%-25% Above	No	No
00378470577	SAXAGLIPTIN HCL 2.5 MG TABLET	2	90.00	2.83	4.46363	26%-50% Below	Yes	No
00378470593	SAXAGLIPTIN HCL 2.5 MG TABLET	1	60.00	2.83	4.23765	26%-50% Below	Yes	No
00378470593	SAXAGLIPTIN HCL 2.5 MG TABLET	2	90.00	1.72	4.46363	51%-75% Below	Yes	No
00378470593	SAXAGLIPTIN HCL 2.5 MG TABLET	3	60.00	2.83	4.76606	26%-50% Below	Yes	No
00378470593	SAXAGLIPTIN HCL 2.5 MG TABLET	3	180.00	1.72	4.76606	51%-75% Below	Yes	No
00378470677	SAXAGLIPTIN HCL 5 MG TABLET	3	90.00	2.83	5.86407	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	1	30.00	2.22	5.36912	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	1	90.00	1.88	5.36912	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	1	90.00	2.02	5.36912	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	1	90.00	2.83	5.36912	26%-50% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	2	30.00	0.50	5.75148	76%-100% Below	No	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	2	30.00	1.88	5.75148	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	2	90.00	1.88	5.75148	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	3	30.00	1.02	5.86407	76%-100% Below	No	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	3	30.00	2.37	5.86407	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	4	30.00	1.02	6.00181	76%-100% Below	No	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	4	90.00	2.37	6.00181	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	4	90.00	2.83	6.00181	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	12	30.00	2.22	5.15405	51%-75% Below	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	12	90.00	2.02	5.15405	51%-75% Below	Yes	No
00378505677	PITAVASTATIN 2 MG TABLET	3	90.00	8.05	1.49025	200% Above	No	No
00378518593	PRASUGREL 5 MG TABLET	2	90.00	1.73	0.33772	200% Above	Yes	No
00378518593	PRASUGREL 5 MG TABLET	12	90.00	2.04	0.31386	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378518693	PRASUGREL 10 MG TABLET	1	90.00	2.00	0.26224	200% Above	Yes	No
00378518693	PRASUGREL 10 MG TABLET	1	90.00	2.14	0.26224	200% Above	Yes	No
00378518693	PRASUGREL 10 MG TABLET	2	90.00	1.82	0.28505	200% Above	Yes	No
00378518693	PRASUGREL 10 MG TABLET	3	90.00	0.50	0.29526	51%-75% Above	Yes	No
00378524585	ALMOTRIPTAN MALATE 6.25 MG TAB	2	4.00	6.37	18.97092	51%-75% Below	No	No
00378581377	VALSARTAN 80 MG TABLET	2	90.00	0.42	0.12697	200% Above	No	No
00378581377	VALSARTAN 80 MG TABLET	3	120.00	0.38	0.13496	101%-200% Above	No	No
00378581377	VALSARTAN 80 MG TABLET	12	30.00	0.52	0.12225	200% Above	No	No
00378581477	VALSARTAN 160 MG TABLET	1	30.00	0.17	0.14772	10%-25% Above	No	No
00378581577	VALSARTAN 320 MG TABLET	1	30.00	0.00	0.19030	76%-100% Below	No	No
00378581577	VALSARTAN 320 MG TABLET	1	90.00	0.25	0.19030	26%-50% Above	No	No
00378612001	DILTIAZEM 12HR ER 120 MG CAP	3	180.00	0.28	2.51067	76%-100% Below	No	No
00378612001	DILTIAZEM 12HR ER 120 MG CAP	12	180.00	0.02	2.12337	76%-100% Below	No	No
00378617301	METOLAZONE 5 MG TABLET	1	5.00	1.25	0.21959	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.04	0.02246	51%-75% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	2	90.00	0.04	0.02365	26%-50% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	11	30.00	0.05	0.02135	101%-200% Above	No	No
00378623105	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.08	0.02246	200% Above	No	No
00378623105	CITALOPRAM HBR 10 MG TABLET	2	30.00	0.07	0.02365	101%-200% Above	No	No
00378623105	CITALOPRAM HBR 10 MG TABLET	2	30.00	0.07	0.02365	101%-200% Above	No	No
00378623105	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.06	0.02440	101%-200% Above	No	No
00378623105	CITALOPRAM HBR 10 MG TABLET	3	90.00	0.06	0.02440	101%-200% Above	No	No
00378623105	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.25	0.02462	200% Above	No	No
00378623105	CITALOPRAM HBR 10 MG TABLET	12	30.00	0.26	0.02243	200% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	1	180.00	0.01	0.02773	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378623201	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.04	0.03013	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.04	0.03196	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.04	0.03173	26%-50% Above	No	No
00378623201	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.02	0.02718	10%-25% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.02	0.02773	26%-50% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.07	0.03013	101%-200% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.02	0.03013	26%-50% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.07	0.03196	101%-200% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	3	45.00	0.01	0.03196	51%-75% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.03	0.03196	10%-25% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.03	0.03173	10%-25% Below	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	4	135.00	0.22	0.03173	200% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.27	0.02718	200% Above	No	No
00378623205	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.00	0.02718	76%-100% Below	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.04	0.03957	10%-25% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.05	0.03957	10%-25% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.05	0.04272	10%-25% Above	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.02	0.04433	51%-75% Below	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	4	30.00	0.02	0.04425	51%-75% Below	No	No
00378623301	CITALOPRAM HBR 40 MG TABLET	12	90.00	0.02	0.04004	26%-50% Below	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.04	0.03957	10%-25% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.06	0.03957	26%-50% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.06	0.03957	51%-75% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.01	0.03957	51%-75% Below	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.06	0.04272	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378623305	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.03	0.04272	10%-25% Below	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.06	0.04433	26%-50% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.03	0.04433	26%-50% Below	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.07	0.04433	51%-75% Above	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.01	0.04425	76%-100% Below	No	No
00378623305	CITALOPRAM HBR 40 MG TABLET	12	30.00	0.06	0.04004	26%-50% Above	No	No
00378632001	VERAPAMIL ER 120 MG CAPSULE	12	30.00	0.66	0.92992	26%-50% Below	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	1	30.00	0.17	0.13190	26%-50% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	30.00	0.13	0.15342	10%-25% Below	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	30.00	0.17	0.14989	10%-25% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	30.00	0.21	0.14989	26%-50% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	30.00	0.16	0.17942	10%-25% Below	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	4	30.00	0.30	0.18398	51%-75% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	4	90.00	0.28	0.18398	51%-75% Above	Yes	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	12	30.00	0.07	0.15482	51%-75% Below	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.32	0.14910	101%-200% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	90.00	0.32	0.17127	76%-100% Above	No	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	2	90.00	0.19	0.22100	10%-25% Below	Yes	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	1	30.00	0.27	0.20506	26%-50% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	1	30.00	0.28	0.20506	26%-50% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	2	30.00	0.28	0.22023	26%-50% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	2	90.00	0.00	0.22023	76%-100% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	30.00	0.21	0.23318	10%-25% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	0.21	0.23318	10%-25% Below	Yes	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	0.29	0.23318	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	4	90.00	0.29	0.23260	10%-25% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	12	30.00	0.16	0.21533	10%-25% Below	No	No
00378638001	VERAPAMIL ER 180 MG CAPSULE	4	90.00	1.13	1.01051	10%-25% Above	Yes	No
00378644001	VERAPAMIL ER 240 MG CAPSULE	1	30.00	0.50	1.05953	51%-75% Below	No	No
00378644001	VERAPAMIL ER 240 MG CAPSULE	2	30.00	0.50	1.08589	51%-75% Below	No	No
00378644001	VERAPAMIL ER 240 MG CAPSULE	3	90.00	0.17	1.17405	76%-100% Below	No	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	3	4.00	5.93	5.15755	10%-25% Above	Yes	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	3	6.00	5.93	5.15755	10%-25% Above	Yes	No
00378647099	SCOPOLAMINE 1 MG/3 DAY PATCH	3	8.00	2.94	5.15755	26%-50% Below	No	No
00378655053	LEVONOR-ETH ESTRAD 0.15-0.03	1	28.00	0.05	0.10016	26%-50% Below	No	No
00378655053	LEVONOR-ETH ESTRAD 0.15-0.03	12	28.00	0.04	0.09682	51%-75% Below	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.12	0.04207	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.09	0.04207	101%-200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.18	0.04207	200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	15.00	0.11	0.04529	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.10	0.04529	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	60.00	0.11	0.04529	101%-200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.09	0.04529	76%-100% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.18	0.04529	200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.18	0.04529	200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	3	7.00	0.14	0.04727	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	3	8.00	0.17	0.04727	200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	3	30.00	0.10	0.04727	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	3	90.00	0.17	0.04727	200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	4	30.00	0.10	0.04740	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.06	0.03549	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.07	0.03549	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.07	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03549	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03549	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.12	0.03549	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.12	0.03549	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.12	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.14	0.03549	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.07	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.06	0.03549	76%-100% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.06	0.03549	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.07	0.03549	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.07	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03549	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.12	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.12	0.03549	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	180.00	0.06	0.03549	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	180.00	0.07	0.03549	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	180.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	7.00	0.06	0.03674	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03674	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03674	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03674	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03674	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.13	0.03674	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.14	0.03674	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03674	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03674	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03674	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03674	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.12	0.03674	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	106.00	0.06	0.03674	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	7.00	0.14	0.03797	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	22.00	0.11	0.03797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.00	0.03797	76%-100% Below	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03797	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03797	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.12	0.03797	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.14	0.03797	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.23	0.03797	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.06	0.03797	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	83.00	0.06	0.03797	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.08	0.03797	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03797	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03797	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.23	0.03797	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.10	0.03766	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03766	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.12	0.03766	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.13	0.03766	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.14	0.03766	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.23	0.03766	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03766	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03766	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03766	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03766	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.12	0.03766	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.23	0.03766	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.07	0.04069	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.04069	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.12	0.04069	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.12	0.04069	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.14	0.04069	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.07	0.04069	51%-75% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.07	0.04069	76%-100% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.07	0.04069	76%-100% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.09	0.04069	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.09	0.04069	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.10	0.04069	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.11	0.04069	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.11	0.04069	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.06	0.03549	76%-100% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.07	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.12	0.03549	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.13	0.03549	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.06	0.03549	76%-100% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.07	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.12	0.03549	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	180.00	0.56	0.03549	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03674	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.13	0.03674	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.14	0.03674	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03674	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03674	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.07	0.03797	76%-100% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03797	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.12	0.03797	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.23	0.03797	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.08	0.03797	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03797	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03797	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	180.00	0.06	0.03797	26%-50% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.23	0.03766	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03766	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.23	0.03766	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.57	0.04069	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.53	0.04069	200% Above	No	No
00378685677	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	0.67	4.88566	76%-100% Below	No	No
00378685677	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	1.48	4.26195	51%-75% Below	No	No
00378685677	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	1.15	5.35557	76%-100% Below	No	No
00378685777	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.33	4.68536	76%-100% Below	No	No
00378685777	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	1.15	4.76157	51%-75% Below	No	No
00378685877	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	0.67	5.11443	76%-100% Below	No	No
00378685877	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	1.15	4.84969	76%-100% Below	No	No
00378686077	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	7.86	5.66960	26%-50% Above	No	No
00378686077	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	7.86	5.74826	26%-50% Above	No	No
00378686077	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	7.86	5.49417	26%-50% Above	No	No
00378698501	SOD CHLORIDE NEB 0.9% 3ML	2	300.00	0.08	.		Yes	No
00378698501	SOD CHLORIDE NEB 0.9% 3ML	3	60.00	0.11	.		No	No
00378698501	SOD CHLORIDE NEB 0.9% 3ML	4	60.00	0.12	.		No	No
00378698601	SOD CHLORIDE NEB 0.9% 5ML	4	500.00	0.05	.		No	No
00378700210	PAROXETINE HCL 20 MG TABLET	1	45.00	0.12	0.06719	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	1	75.00	0.17	0.19040	10%-25% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	2	75.00	0.10	0.19279	26%-50% Below	No	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	2	150.00	0.08	0.19279	51%-75% Below	No	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	3	75.00	0.10	0.19929	26%-50% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	3	75.00	0.13	0.19929	26%-50% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	4	75.00	0.13	0.19998	26%-50% Below	No	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	4	75.00	0.13	0.19998	26%-50% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	4	225.00	0.13	0.19998	26%-50% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	1	30.00	0.01	0.01323	26%-50% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	1	60.00	0.02	0.01323	51%-75% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	2	15.00	0.01	0.01368	26%-50% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	2	30.00	0.01	0.01368	26%-50% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01368	51%-75% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	2	180.00	0.02	0.01368	26%-50% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	3	30.00	0.01	0.01391	26%-50% Below	No	No
00378718505	METFORMIN HCL 500 MG TABLET	3	60.00	0.07	0.01391	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	3	180.00	0.07	0.01391	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	4	60.00	0.07	0.01388	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	12	15.00	0.08	0.01304	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	12	30.00	0.08	0.01304	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	12	60.00	0.08	0.01304	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	12	180.00	0.08	0.01304	200% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	1	30.00	0.02	0.02215	10%-25% Below	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.02	0.02215	10%-25% Below	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02215	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378727253	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.00	0.07878	76%-100% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.00	0.08614	76%-100% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.07	0.08614	10%-25% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	2	84.00	0.00	0.08614	76%-100% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.05	0.09016	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.06	0.09016	26%-50% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.07	0.09016	10%-25% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	3	84.00	0.07	0.09016	10%-25% Below	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	4	28.00	0.13	0.09017	26%-50% Above	No	No
00378727253	NORETHINDRONE 0.35 MG TABLET	12	84.00	0.13	0.07728	51%-75% Above	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	0.09	0.16929	26%-50% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	2	21.00	0.09	0.17309	26%-50% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	3	21.00	0.09	0.16611	26%-50% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	3	21.00	0.09	0.16611	26%-50% Below	No	No
00378728053	NORETHIND-ETH ESTRAD 1-0.02 MG	4	21.00	0.09	0.17102	26%-50% Below	No	No
00378728153	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	1	91.00	0.49	0.14191	200% Above	Yes	No
00378728153	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	3	91.00	0.45	0.17285	101%-200% Above	Yes	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	1	28.00	0.06	0.12524	51%-75% Below	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	1	28.00	0.33	0.12524	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	1	28.00	0.39	0.12524	200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	1	84.00	0.39	0.12524	200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	2	28.00	0.33	0.12925	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	2	84.00	0.33	0.12925	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	3	28.00	0.30	0.14667	101%-200% Above	No	No
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	4	28.00	0.13	0.14775	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378728353	NORETH-EE-FE 1-0.02(21)-75 TAB	12	28.00	0.39	0.12469	200% Above	No	No
00378728490	LEVONOR-E ESTRAD 0.1-0.02-0.01	2	91.00	0.07	0.21055	51%-75% Below	No	No
00378728753	LEVONOR-ETH ESTRAD 0.1-0.02 MG	3	28.00	0.01	0.15091	76%-100% Below	No	No
00378729553	ESTRADIOL-NORETH 1-0.5 MG TAB	1	84.00	1.62	0.56978	101%-200% Above	Yes	No
00378729953	DROSPIRENONE-EE 3-0.02 MG TAB	3	84.00	0.08	0.15950	26%-50% Below	No	No
00378730053	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.09	0.19107	51%-75% Below	No	No
00378730053	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.15	0.19107	10%-25% Below	No	No
00378730053	DROSPIRENONE-EE 3-0.03 MG TAB	4	28.00	0.15	0.18047	10%-25% Below	No	No
00378730353	NORETH-EE-FE 1 MG/20-30-35 MCG	2	28.00	0.91	1.05920	10%-25% Below	No	No
00378730353	NORETH-EE-FE 1 MG/20-30-35 MCG	3	28.00	0.91	1.09639	10%-25% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	2	10.30	0.07	20.13435	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	0.01	23.17608	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	1.46	23.17608	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	1.94	23.17608	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	13.27	23.17608	26%-50% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	30.90	0.97	23.17608	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	4	10.30	13.27	23.11964	26%-50% Below	No	No
00378797052	IPRATROPIUM BR 0.02% SOLN	3	250.00	0.03	0.09337	51%-75% Below	Yes	No
00378797093	IPRATROPIUM BR 0.02% SOLN	1	75.00	0.05	0.09445	51%-75% Below	No	No
00378797093	IPRATROPIUM BR 0.02% SOLN	2	75.00	0.05	0.09651	51%-75% Below	No	No
00378797093	IPRATROPIUM BR 0.02% SOLN	3	75.00	0.05	0.10030	51%-75% Below	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.12	0.08920	26%-50% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.14	0.08920	51%-75% Above	No	No
00378803077	LANSOPRAZOLE DR 30 MG CAPSULE	3	10.00	0.26	0.10416	101%-200% Above	No	No
00378803093	LANSOPRAZOLE DR 30 MG CAPSULE	1	60.00	0.12	0.08920	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378803093	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	0.26	0.10565	101%-200% Above	No	No
00378808615	TRETINOIN 0.025% GEL	2	15.00	1.18	3.14255	51%-75% Below	No	No
00378808615	TRETINOIN 0.025% GEL	4	15.00	1.94	3.21364	26%-50% Below	No	No
00378808645	TRETINOIN 0.025% GEL	4	45.00	1.56	2.42366	26%-50% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.05918	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	225.00	0.04	0.06023	26%-50% Below	Yes	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	150.00	0.07	0.06102	10%-25% Above	Yes	No
00378827055	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.05917	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	360.00	0.03	0.05699	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.05773	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	360.00	0.03	0.05773	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	180.00	0.07	0.05816	10%-25% Above	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.03	0.05649	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.04	0.05649	26%-50% Below	No	No
00378876593	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	4	30.00	0.23	1.88584	76%-100% Below	No	No
00378876693	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	12	30.00	0.00	2.85901	76%-100% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	30.00	4.20	2.20343	76%-100% Above	Yes	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	84.00	0.00	2.20343	76%-100% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	60.00	0.25	2.18676	76%-100% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	84.00	0.07	2.18676	76%-100% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	30.00	0.50	2.11995	76%-100% Below	No	No
00378910493	NITROGLYCERIN 0.2 MG/HR PATCH	2	90.00	0.38	0.60873	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	1	60.00	0.53	1.06164	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	1	60.00	0.71	1.06164	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	1	60.00	0.71	1.06164	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378932032	WIXELA 100-50 INHUB	1	60.00	0.84	1.06164	10%-25% Below	No	No
00378932032	WIXELA 100-50 INHUB	1	60.00	0.84	1.06164	10%-25% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	2	60.00	0.65	1.14212	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	2	60.00	0.71	1.14212	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	2	120.00	0.71	1.14212	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	2	180.00	0.65	1.14212	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	3	60.00	0.25	1.19577	76%-100% Below	No	No
00378932032	WIXELA 100-50 INHUB	3	60.00	0.63	1.19577	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	3	60.00	0.65	1.19577	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	3	60.00	0.65	1.19577	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	3	60.00	1.07	1.19577	10%-25% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	3	180.00	1.07	1.19577	10%-25% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	4	60.00	0.63	1.19012	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	4	60.00	0.74	1.19012	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	12	60.00	0.17	1.05611	76%-100% Below	No	No
00378932032	WIXELA 100-50 INHUB	12	60.00	0.84	1.05611	10%-25% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	12	60.00	2.10	1.05611	76%-100% Above	No	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.25	1.31435	76%-100% Below	No	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.33	1.31435	51%-75% Below	No	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.72	1.31435	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.89	1.31435	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	1	60.00	1.04	1.31435	10%-25% Below	No	No
00378932132	WIXELA 250-50 INHUB	1	180.00	1.00	1.31435	10%-25% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	2	60.00	0.01	1.39797	76%-100% Below	No	No
00378932132	WIXELA 250-50 INHUB	2	60.00	0.66	1.39797	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378932132	WIXELA 250-50 INHUB	2	60.00	0.81	1.39797	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	2	60.00	0.81	1.39797	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	2	60.00	0.89	1.39797	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	3	60.00	0.74	1.44730	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	3	60.00	0.81	1.44730	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	3	60.00	0.90	1.44730	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	3	180.00	0.81	1.44730	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	4	60.00	0.90	1.42553	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	4	60.00	0.90	1.42553	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	4	180.00	0.90	1.42553	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	12	60.00	1.04	1.31640	10%-25% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	1	60.00	0.17	1.80244	76%-100% Below	No	No
00378932232	WIXELA 500-50 INHUB	1	60.00	1.21	1.80244	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	2	60.00	0.90	1.87220	51%-75% Below	No	No
00378932232	WIXELA 500-50 INHUB	2	60.00	1.21	1.87220	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	2	180.00	1.11	1.87220	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	3	60.00	1.11	1.90959	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	12	60.00	3.43	1.77998	76%-100% Above	No	No
00378932232	WIXELA 500-50 INHUB	12	180.00	1.30	1.77998	26%-50% Below	Yes	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	4.00	0.07	0.12377	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.06	0.12377	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.06	0.12377	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	16.00	0.20	0.12377	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.06	0.12377	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.07	0.12377	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	28.00	0.06	0.12377	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	28.00	0.07	0.12377	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.07	0.12377	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	40.00	0.17	0.12377	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	70.00	0.07	0.12377	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.20	0.12132	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.06	0.12132	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	0.06	0.12132	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	60.00	0.06	0.12132	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	60.00	0.16	0.12132	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	60.00	0.17	0.12132	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	6.00	0.23	0.12126	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	6.00	0.30	0.12126	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.21	0.12126	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.06	0.12126	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.06	0.12126	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	16.00	0.20	0.12126	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	0.06	0.12126	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	0.18	0.12126	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	60.00	0.06	0.12126	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	60.00	0.16	0.12126	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	6.00	0.33	0.12538	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.21	0.12538	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.32	0.12538	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	14.00	0.22	0.12538	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	0.32	0.12538	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.32	0.12538	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	0.32	0.12538	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	60.00	0.16	0.12538	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	5.00	0.25	0.12482	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	6.00	0.23	0.12482	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	8.00	0.07	0.12482	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.01	0.12482	76%-100% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.07	0.12482	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.21	0.12482	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	24.00	0.07	0.12482	26%-50% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	40.00	0.19	0.12482	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	5.00	0.25	0.12377	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.07	0.12377	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.23	0.12377	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.07	0.12377	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.22	0.12377	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.21	0.12377	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.07	0.12377	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	24.00	0.07	0.12377	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	40.00	0.07	0.12377	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.06	0.12132	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.23	0.12132	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.06	0.12132	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.06	0.12132	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	13.00	0.06	0.12132	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	15.00	0.06	0.12132	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	15.00	0.22	0.12132	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.06	0.12132	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.19	0.12132	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	0.06	0.12132	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	0.06	0.12132	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	60.00	0.19	0.12132	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	120.00	0.06	0.12132	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.23	0.12126	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.06	0.12126	51%-75% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.06	0.12126	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.07	0.12126	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.19	0.12126	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.24	0.12126	76%-100% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	16.00	0.06	0.12126	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	16.00	0.21	0.12126	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	0.06	0.12126	26%-50% Below	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	60.00	0.19	0.12126	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	84.00	0.17	0.12126	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.32	0.12538	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.32	0.12538	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	0.32	0.12538	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	16.00	0.32	0.12538	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.32	0.12538	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	84.00	0.17	0.12538	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.21	0.12482	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.20	0.12482	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.00	0.18	0.12482	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	40.00	0.17	0.12482	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	70.00	0.17	0.12482	26%-50% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	16.00	0.07	0.12377	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.06	0.12377	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	60.00	0.22	0.12377	51%-75% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	90.00	0.07	0.12377	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.06	0.12132	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	14.00	0.06	0.12132	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	16.00	0.18	0.12132	26%-50% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	25.00	0.06	0.12132	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	90.00	0.06	0.12132	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.06	0.12126	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.06	0.12126	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	45.00	0.19	0.12538	26%-50% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	60.00	0.19	0.12538	26%-50% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.19	0.12482	51%-75% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	30.00	0.07	0.12482	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	60.00	0.22	0.12482	51%-75% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	30.00	0.07	0.15360	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	75.00	0.07	0.15360	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	16.00	0.07	0.15504	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	25.00	0.08	0.15504	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	28.00	0.07	0.15504	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	30.00	0.07	0.16005	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	9	10.00	0.07	0.15399	51%-75% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	18.00	0.07	0.14998	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	30.00	0.07	0.14998	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	30.00	0.09	0.14998	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	12.00	0.07	0.15360	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	21.00	0.07	0.15360	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	10.00	0.11	0.15504	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	84.00	0.04	0.15504	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.11	0.16005	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	15.00	0.04	0.16005	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	75.00	0.07	0.16005	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	112.00	0.07	0.16005	51%-75% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	12.00	0.10	0.14998	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	12.00	0.10	0.15360	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	16.00	0.07	0.15360	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.07	0.15360	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	60.00	0.07	0.15360	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	60.00	0.07	0.15360	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	84.00	0.04	0.15360	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	120.00	0.07	0.15360	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	12.00	0.07	0.15504	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	15.00	0.13	0.15504	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	20.00	0.07	0.15504	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	28.00	0.08	0.15504	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	30.00	0.07	0.15504	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	60.00	0.07	0.15504	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	60.00	0.07	0.15504	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	75.00	0.07	0.15504	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.07	0.15504	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	8.00	0.07	0.16005	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.07	0.16005	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	16.00	0.07	0.16005	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	18.00	0.07	0.16005	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	60.00	0.07	0.16005	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	75.00	0.07	0.16005	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	0.07	0.16005	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	12.00	0.24	0.15741	51%-75% Above	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	30.00	0.24	0.15741	51%-75% Above	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	60.00	0.24	0.15741	51%-75% Above	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	0.24	0.15741	51%-75% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	12.00	0.13	0.15572	10%-25% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	24.00	0.06	0.15572	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.06	0.15572	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	21.00	0.06	0.15673	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	26.00	0.06	0.15673	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.06	0.15673	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	75.00	0.06	0.16136	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	30.00	0.18	0.15885	10%-25% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	75.00	0.18	0.15885	10%-25% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.18	0.15885	10%-25% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.08	0.15508	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	60.00	0.07	0.15572	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.07	0.15572	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.09	0.15572	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	112.00	0.07	0.15572	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.07	0.15572	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.08	0.15572	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	12.00	0.10	0.15673	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.06	0.15673	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.07	0.15673	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.07	0.15673	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.08	0.15673	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.08	0.15673	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	112.00	0.07	0.15673	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.07	0.15673	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.08	0.15673	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.06	0.16136	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.07	0.16136	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	84.00	0.06	0.16136	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.07	0.16136	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.08	0.16136	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.08	0.16136	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	112.00	0.07	0.16136	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.07	0.16136	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.08	0.16136	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	28.00	0.08	0.15885	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	60.00	0.07	0.15885	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	60.00	0.18	0.15885	10%-25% Above	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	84.00	0.18	0.15885	10%-25% Above	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.08	0.15885	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.08	0.15885	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	112.00	0.18	0.15885	10%-25% Above	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.08	0.15885	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	60.00	0.07	0.15508	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	90.00	0.11	0.15508	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	112.00	0.07	0.15508	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.08	0.15508	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	12.00	0.06	0.15572	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	56.00	0.06	0.15572	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	60.00	0.06	0.15572	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	84.00	0.06	0.15572	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.06	0.15572	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.08	0.15572	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.06	0.15572	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.06	0.15572	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	28.00	0.09	0.15673	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	56.00	0.05	0.15673	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.06	0.15673	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.06	0.15673	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	21.00	0.06	0.16136	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	56.00	0.04	0.16136	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.06	0.16136	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.06	0.16136	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	15.00	0.09	0.15885	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	56.00	0.18	0.15885	10%-25% Above	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.18	0.15885	10%-25% Above	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.18	0.15885	10%-25% Above	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	84.00	0.06	0.15508	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	90.00	0.06	0.15508	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.06	0.15508	51%-75% Below	No	No
00406012701	METHYLPHENIDATE ER 27 MG TAB	1	30.00	3.64	0.62425	200% Above	No	No
00406012701	METHYLPHENIDATE ER 27 MG TAB	2	30.00	3.64	0.66561	200% Above	No	No
00406012701	METHYLPHENIDATE ER 27 MG TAB	3	30.00	3.64	0.70515	200% Above	No	No
00406048301	ACETAMINOPHEN-COD #2 TABLET	3	28.00	0.10	0.28922	51%-75% Below	No	No
00406048301	ACETAMINOPHEN-COD #2 TABLET	4	20.00	0.16	0.29000	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	1	10.00	0.09	0.23697	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.18	0.23697	10%-25% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	1	14.00	0.18	0.23697	10%-25% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	1	16.00	0.12	0.23697	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	2	16.00	0.14	0.25045	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	2	20.00	0.13	0.25045	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	2	24.00	0.11	0.25045	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406048401	ACETAMINOPHEN-COD #3 TABLET	2	28.00	0.12	0.25045	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	2	30.00	0.14	0.25045	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	12.00	0.12	0.26399	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	12.00	0.17	0.26399	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	15.00	0.09	0.26399	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	15.00	0.16	0.26399	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	16.00	0.12	0.26399	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	20.00	0.09	0.26399	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	30.00	0.11	0.26399	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	12	8.00	0.09	0.23491	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	12	16.00	0.14	0.23491	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	12	16.00	0.18	0.23491	10%-25% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	12	24.00	0.14	0.23491	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	12	28.00	0.16	0.23491	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	1	5.00	0.14	0.23697	26%-50% Below	Yes	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	1	10.00	0.14	0.23697	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.09	0.23697	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	1	20.00	0.14	0.23697	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	1	120.00	0.14	0.23697	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	6.00	0.09	0.25045	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	10.00	0.09	0.25045	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	24.00	0.09	0.25045	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	30.00	0.09	0.25045	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	3	5.00	0.19	0.26399	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	3	30.00	0.09	0.26399	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406048410	ACETAMINOPHEN-COD #3 TABLET	3	120.00	0.09	0.26399	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	7.00	0.16	0.26016	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	8.00	0.23	0.26016	10%-25% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.23	0.26016	10%-25% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	21.00	0.23	0.26016	10%-25% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	90.00	0.23	0.26016	10%-25% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	120.00	0.23	0.26016	10%-25% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	12	20.00	0.14	0.23491	26%-50% Below	No	No
00406048501	ACETAMINOPHEN-COD #4 TABLET	12	30.00	0.21	0.40305	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	20.00	0.06	0.12752	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.10	0.12752	10%-25% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.06	0.13022	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.08	0.13022	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.06	0.13022	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.06	0.13022	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	25.00	0.07	0.13022	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	30.00	0.06	0.13022	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	9.00	0.06	0.13388	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	12.00	0.06	0.13388	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.07	0.13388	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.08	0.13388	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.09	0.13388	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.37	0.13388	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	21.00	0.37	0.13388	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	30.00	0.06	0.13388	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	40.00	0.06	0.13388	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	90.00	0.37	0.13388	101%-200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	12.00	0.11	0.12826	10%-25% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	35.00	0.07	0.12826	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	9.00	0.09	0.12407	10%-25% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	12.00	0.01	0.12407	76%-100% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	20.00	0.09	0.12407	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	30.00	0.06	0.12407	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	12.00	0.09	0.12752	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	28.00	0.06	0.12752	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.06	0.12752	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.06	0.12752	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.07	0.12752	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	120.00	0.06	0.12752	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	6.00	0.12	0.13022	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	9.00	0.09	0.13022	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	10.00	0.11	0.13022	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.08	0.13022	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.11	0.13022	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	18.00	0.06	0.13022	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.07	0.13022	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	5.00	0.06	0.13388	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.06	0.13388	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.08	0.13388	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	28.00	0.06	0.13388	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	30.00	0.06	0.13388	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	40.00	0.07	0.13388	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	12.00	0.04	0.12826	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	12.00	0.11	0.12826	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	18.00	0.08	0.12826	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	20.00	0.06	0.12826	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	20.00	0.37	0.12826	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	25.00	0.07	0.12826	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	30.00	0.37	0.12826	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	35.00	0.32	0.12407	101%-200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	50.00	0.06	0.12407	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	60.00	0.11	0.12407	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	28.00	0.08	0.20534	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	30.00	0.08	0.20534	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	28.00	0.10	0.22062	51%-75% Below	Yes	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	45.00	0.07	0.22062	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.08	0.22062	51%-75% Below	Yes	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	28.00	0.10	0.22992	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	90.00	0.10	0.22992	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	0.08	0.22992	51%-75% Below	Yes	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	90.00	0.10	0.22892	51%-75% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	20.00	0.27	0.22892	10%-25% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	28.00	0.12	0.22183	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	60.00	0.10	0.22183	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	70.00	0.12	0.22183	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	84.00	0.11	0.22183	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	90.00	0.11	0.22183	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	120.00	0.10	0.22183	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	120.00	0.11	0.22183	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	70.00	0.12	0.24460	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	120.00	0.10	0.24460	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	120.00	0.11	0.24460	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	60.00	0.10	0.27219	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	70.00	0.12	0.27219	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	90.00	0.11	0.27219	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	112.00	0.11	0.27219	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.10	0.27219	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.11	0.27219	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.19	0.27219	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	18.00	0.19	0.27865	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	60.00	0.10	0.27865	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	90.00	0.19	0.27865	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	120.00	0.10	0.21817	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	30.00	0.11	0.22183	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	5.00	0.17	0.24460	26%-50% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	12.00	0.13	0.27219	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	60.00	0.12	0.27865	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	60.00	0.13	0.21817	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	1	5.00	0.05	0.08665	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	1	12.00	0.11	0.08665	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	1	40.00	0.06	0.08665	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	10.00	0.11	0.09237	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	12.00	0.11	0.09237	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	40.00	0.05	0.09237	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	42.00	0.05	0.09237	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	60.00	0.05	0.09237	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	1.00	0.21	0.09085	101%-200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	6.00	0.16	0.09085	51%-75% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	10.00	0.21	0.09085	101%-200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	24.00	0.21	0.09085	101%-200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	12	10.00	0.05	0.08810	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	12	12.00	0.01	0.08810	76%-100% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	12	12.00	0.07	0.08810	10%-25% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	12	30.00	0.05	0.08810	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	12	40.00	0.00	0.08810	76%-100% Below	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.24	0.11628	101%-200% Above	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.28	0.11628	101%-200% Above	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	2	30.00	0.21	0.12374	51%-75% Above	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	2	30.00	0.24	0.12374	76%-100% Above	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	3	30.00	0.21	0.12941	51%-75% Above	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	1	28.00	0.18	0.15808	10%-25% Above	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	1	60.00	0.08	0.15808	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	1	90.00	0.06	0.15808	51%-75% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.37	0.16256	101%-200% Above	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	2	60.00	0.34	0.16256	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406114401	METHYLPHENIDATE 10 MG TABLET	3	90.00	0.06	0.16471	51%-75% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	4	30.00	0.21	0.15528	26%-50% Above	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	1	30.00	0.53	0.21496	101%-200% Above	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	1	90.00	0.53	0.21496	101%-200% Above	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	2	30.00	0.49	0.22548	101%-200% Above	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	2	90.00	0.49	0.22548	101%-200% Above	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	3	90.00	0.49	0.22966	101%-200% Above	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	4	30.00	0.26	0.20940	26%-50% Above	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	12	30.00	0.33	0.20753	51%-75% Above	No	No
00406117003	NALTREXONE 50 MG TABLET	2	15.00	0.50	1.00496	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	2	30.00	0.50	1.00496	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	2	90.00	0.51	1.00496	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	2	100.00	0.10	1.00496	76%-100% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	4	30.00	0.51	1.13490	51%-75% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	12	90.00	0.50	0.98488	26%-50% Below	No	No
00406181001	METHYLPHENIDATE ER(CD) 10 MG CP	3	30.00	0.61	1.28185	51%-75% Below	Yes	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	1	30.00	1.00	1.33433	10%-25% Below	Yes	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	12	30.00	0.90	1.26911	26%-50% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	1	30.00	0.33	1.40692	76%-100% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	2	30.00	0.33	1.59125	76%-100% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	2	30.00	0.64	1.59125	51%-75% Below	No	No
00406183001	METHYLPHENIDATE ER(CD) 30 MG CP	3	30.00	0.33	1.77206	76%-100% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	1	30.00	0.55	1.37770	51%-75% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	2	30.00	0.50	1.53282	51%-75% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	2	30.00	0.66	1.53282	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	3	30.00	0.77	1.70859	51%-75% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	1	18.00	0.07	0.14352	51%-75% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	1	90.00	0.08	0.14352	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	2	90.00	0.08	0.14270	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	3	12.00	0.13	0.15023	10%-25% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	3	90.00	0.08	0.15023	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	1	30.00	0.23	0.48457	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	3	30.00	0.25	0.50971	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	12	30.00	0.20	0.48171	51%-75% Below	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	6.46	4.50447	26%-50% Above	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.00	4.04	4.98479	10%-25% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	6.46	4.88566	26%-50% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	1	60.00	6.58	4.88566	26%-50% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	2.27	4.26195	26%-50% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	3	60.00	6.58	4.26195	51%-75% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	2.04	4.23122	51%-75% Below	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	6.46	4.23122	51%-75% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	4	60.00	6.58	4.23122	51%-75% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	6.46	4.84722	26%-50% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.33	4.68536	76%-100% Below	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	6.46	4.68536	26%-50% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	9.27	4.68536	76%-100% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	2.66	4.59237	26%-50% Below	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	6.46	4.59237	26%-50% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	6.46	4.38959	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	2.56	4.76157	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	2.67	5.11443	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	6.58	5.11443	26%-50% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	2.42	4.88006	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	6.46	4.88006	26%-50% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	2.67	4.77768	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	6.46	4.77768	26%-50% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	2.40	4.52741	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	6.46	4.52741	26%-50% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	9.27	4.84969	76%-100% Above	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	3.02	5.59938	26%-50% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	3.16	4.91264	26%-50% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	6.58	4.91264	26%-50% Above	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	2.84	4.81498	26%-50% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	2.06	5.74826	51%-75% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	2.27	5.74826	51%-75% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	2.04	5.49417	51%-75% Below	No	No
00406575501	METHADONE HCL 5 MG TABLET	1	60.00	0.08	0.16851	26%-50% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	30.00	0.61	0.70074	10%-25% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	90.00	0.61	0.70074	10%-25% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	8.00	0.63	0.73473	10%-25% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	30.00	0.27	0.73473	51%-75% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	30.00	0.55	0.73473	10%-25% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	90.00	0.61	0.73473	10%-25% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	30.00	0.25	0.75109	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	90.00	0.61	0.75109	10%-25% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	30.00	0.61	0.72791	10%-25% Below	No	No
00406833001	MORPHINE SULF ER 30 MG TABLET	1	60.00	0.19	0.38047	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	2	120.00	0.10	0.19790	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	12	120.00	0.09	0.18323	51%-75% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	30.00	0.18	0.24470	10%-25% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.15	0.24470	26%-50% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	30.00	0.17	0.28574	26%-50% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.15	0.28574	26%-50% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.17	0.28574	26%-50% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.16	0.27045	26%-50% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.23	0.27045	10%-25% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	30.00	0.18	0.23161	10%-25% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.16	0.23161	26%-50% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.18	0.23161	10%-25% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	60.00	0.23	0.26782	10%-25% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	12	30.00	0.18	0.22902	10%-25% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.20	0.21968	10%-25% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.19	0.21968	10%-25% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.20	0.24512	10%-25% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24512	10%-25% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	Yes	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.17	0.27075	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.18	0.33707	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.15	0.33707	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.33707	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.22	0.33707	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.23	0.32905	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.32905	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.19	0.32905	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.19	0.32905	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.22	0.32905	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.14	0.33907	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.24	0.33907	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.13	0.33601	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.15	0.34027	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.18	0.34027	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.18	0.34027	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.18	0.34027	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	56.00	0.22	0.28638	10%-25% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.18	0.28638	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.22	0.29620	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.17	0.32049	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.17	0.32049	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.23	0.32610	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	0.22	0.29474	26%-50% Below	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	4	30.00	3.50	0.52524	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.33	0.63695	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	3.43	0.63695	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	3.43	0.59443	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.34	0.66278	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	3.43	0.66278	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	3.50	0.66278	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	0.34	0.64928	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	3.43	0.64928	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.33	0.60837	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	3.50	0.60837	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.50	0.69411	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	3.43	0.69411	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	2	18.00	0.55	0.68971	10%-25% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.50	0.68971	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	2	90.00	3.50	0.68971	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.50	0.63922	10%-25% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	3.43	0.63922	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	3	72.00	0.42	0.63922	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.33	0.61772	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	3.43	0.61772	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.50	0.65046	10%-25% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.67969	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.50	0.71123	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.69996	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.50	0.68677	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	3.43	0.68677	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.50	0.61752	10%-25% Below	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.50	0.73253	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	1	60.00	0.17	0.73253	76%-100% Below	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	1	60.00	3.43	0.73253	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	1	90.00	3.43	0.73253	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	0.36	0.75366	51%-75% Below	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	0.50	0.75366	26%-50% Below	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	3.43	0.75366	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	3.50	0.75366	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	3.43	0.70525	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	3	60.00	3.43	0.70525	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	0.96	0.69015	26%-50% Above	Yes	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	12	60.00	3.50	0.69015	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.66	0.59466	10%-25% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.74	0.59466	10%-25% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	2	60.00	3.43	0.58820	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.74	0.63305	10%-25% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.43	0.63305	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	4.93	0.63305	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.33	0.58801	26%-50% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.50	0.58801	10%-25% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.43	0.58801	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.33	0.59149	26%-50% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.36	0.59149	26%-50% Below	No	No
00406895901	DEXTROAMPHETAMINE 10 MG TAB	2	180.00	0.21	0.46783	51%-75% Below	No	No
00406895901	DEXTROAMPHETAMINE 10 MG TAB	4	180.00	0.26	0.57557	51%-75% Below	No	No
00406896201	DEXTROAMPHETAMINE ER 15 MG CAP	2	30.00	1.99	1.15573	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406911276	FENTANYL 12 MCG/HR PATCH	12	10.00	0.00	9.11367	76%-100% Below	No	No
00406996101	TEMAZEPAM 15 MG CAPSULE	3	30.00	0.05	0.07422	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.05	0.08360	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.05	0.08886	26%-50% Below	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	2	10.00	2.28	4.88348	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	1	1.00	7.85	12.23459	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	1	2.00	4.95	12.23459	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	1	2.00	6.67	12.23459	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	1	2.00	7.85	12.23459	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	1	4.00	6.67	12.23459	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	1	4.00	9.36	12.23459	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	1	6.00	6.67	12.23459	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	1.00	6.67	13.03302	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	2.00	4.93	13.03302	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	2.00	4.95	13.03302	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.67	13.03302	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	2.00	7.50	13.03302	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	4.00	9.36	13.03302	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	6.00	6.67	13.03302	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	6.00	11.11	13.03302	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	10.00	6.07	13.03302	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	2.00	7.50	13.01273	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	2.00	11.46	13.01273	10%-25% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	24.00	6.07	13.01273	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	1.00	7.85	12.37528	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00409656201	TESTOSTERONE CYP 200 MG/ML	12	2.00	7.85	12.37528	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	4.00	7.85	12.37528	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	6.00	7.85	12.37528	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	12	10.00	7.85	12.37528	26%-50% Below	No	No
00409733201	CEFTRIAZONE 1 GM VIAL	12	1.00	1.15	1.64601	26%-50% Below	No	No
00456120130	LINZESS 145 MCG CAPSULE	1	30.00	0.01	18.16357	76%-100% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	1	20.00	0.45	0.75289	26%-50% Below	Yes	No
00472011720	TRETINOIN 0.025% CREAM	3	20.00	0.35	0.82225	51%-75% Below	No	No
00472011720	TRETINOIN 0.025% CREAM	3	20.00	0.45	0.82225	26%-50% Below	Yes	No
00472011720	TRETINOIN 0.025% CREAM	3	20.00	0.55	0.82225	26%-50% Below	No	No
00472011745	TRETINOIN 0.025% CREAM	1	45.00	0.38	0.71395	26%-50% Below	Yes	No
00472011745	TRETINOIN 0.025% CREAM	1	45.00	0.40	0.71395	26%-50% Below	No	No
00472011745	TRETINOIN 0.025% CREAM	1	45.00	0.61	0.71395	10%-25% Below	Yes	No
00472011745	TRETINOIN 0.025% CREAM	3	45.00	0.61	0.69388	10%-25% Below	Yes	No
00472011745	TRETINOIN 0.025% CREAM	12	45.00	0.38	0.71673	26%-50% Below	Yes	No
00472011745	TRETINOIN 0.025% CREAM	12	45.00	0.61	0.71673	10%-25% Below	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	1	30.00	0.36	0.22128	51%-75% Above	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	1	30.00	0.50	0.22128	101%-200% Above	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	2	30.00	0.50	0.22923	101%-200% Above	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	3	30.00	0.32	0.25080	26%-50% Above	No	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	3	30.00	0.32	0.25080	26%-50% Above	Yes	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	4	30.00	0.53	0.25369	101%-200% Above	Yes	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	1	15.00	0.64	0.30150	101%-200% Above	Yes	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	3	15.00	0.33	0.25496	26%-50% Above	Yes	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	3	15.00	0.58	0.25496	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	3	30.00	0.33	0.25496	26%-50% Above	Yes	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	3	30.00	0.58	0.25496	101%-200% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.11	0.20237	26%-50% Below	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	4	45.00	0.67	0.19993	200% Above	No	No
00472080304	DESONIDE 0.05% LOTION	1	118.00	1.23	0.55450	101%-200% Above	No	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	120.00	0.51	0.65519	10%-25% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	360.00	0.45	0.65519	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	360.00	1.24	0.65519	76%-100% Above	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	120.00	0.42	0.67402	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	120.00	1.24	0.67402	76%-100% Above	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	360.00	0.39	0.67402	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	360.00	0.42	0.67402	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	360.00	1.24	0.67402	76%-100% Above	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	120.00	0.39	0.66378	26%-50% Below	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	360.00	1.24	0.66378	76%-100% Above	Yes	No
00480012789	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	360.00	1.17	0.64035	76%-100% Above	Yes	No
00480123208	RISPERIDONE ER 25 MG VIAL	1	2.00	392.34	472.30813	10%-25% Below	No	No
00480123208	RISPERIDONE ER 25 MG VIAL	2	2.00	392.34	470.47542	10%-25% Below	No	No
00480123208	RISPERIDONE ER 25 MG VIAL	3	2.00	392.34	471.93175	10%-25% Below	No	No
00480204456	VILAZODONE HCL 20 MG TABLET	1	90.00	1.22	0.84646	26%-50% Above	Yes	No
00480235856	TOPIRAMATE ER 100 MG CAPSULE	1	60.00	9.97	13.07550	10%-25% Below	Yes	No
00480235856	TOPIRAMATE ER 100 MG CAPSULE	2	60.00	8.46	13.39054	26%-50% Below	Yes	No
00480235856	TOPIRAMATE ER 100 MG CAPSULE	3	60.00	7.71	14.21464	26%-50% Below	Yes	No
00480235856	TOPIRAMATE ER 100 MG CAPSULE	12	60.00	9.97	13.47877	26%-50% Below	Yes	No
00480315445	ADAPALENE-BNZYL PEROX 0.3-2.5%	1	45.00	0.34	0.65769	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00480363198	PITAVASTATIN 1 MG TABLET	1	30.00	1.26	1.64126	10%-25% Below	No	No
00480363398	PITAVASTATIN 4 MG TABLET	1	90.00	1.24	1.59512	10%-25% Below	No	No
00480363398	PITAVASTATIN 4 MG TABLET	3	90.00	0.01	1.65483	76%-100% Below	No	No
00480366720	LIRAGLUTIDE 2-PAK 18 MG/3 ML	2	6.00	16.73	69.78614	76%-100% Below	Yes	No
00480366720	LIRAGLUTIDE 2-PAK 18 MG/3 ML	12	6.00	16.73	73.54784	76%-100% Below	Yes	No
00480366722	LIRAGLUTIDE 3-PAK 18 MG/3 ML	3	9.00	35.49	67.73556	26%-50% Below	No	No
00480368301	DEXTROAMPH-AMPHET ER 12.5 MG CP	3	30.00	7.21	8.37487	10%-25% Below	No	No
00480727010	PRAVASTATIN SODIUM 80 MG TAB	12	30.00	0.06	0.14265	51%-75% Below	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	1	30.00	0.19	0.14162	26%-50% Above	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	2	90.00	0.07	0.15693	51%-75% Below	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	3	90.00	0.14	0.16524	10%-25% Below	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	4	30.00	0.74	0.16366	200% Above	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	4	90.00	0.07	0.16366	51%-75% Below	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	12	30.00	0.19	0.14265	26%-50% Above	No	No
00480727098	PRAVASTATIN SODIUM 80 MG TAB	12	30.00	0.51	0.14265	200% Above	No	No
00480869310	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.05	0.06194	10%-25% Below	No	No
00485008001	RYMED TABLET	1	6.00	0.29	0.21331	26%-50% Above	No	No
00485008001	RYMED TABLET	1	30.00	0.13	0.21331	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	90.00	0.05	0.09930	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	90.00	0.05	0.09930	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	270.00	0.04	0.09930	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	90.00	0.05	0.09841	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	1080.00	0.05	0.09841	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.05	0.09732	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.06	0.09732	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.07	0.09732	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	90.00	0.07	0.08741	10%-25% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	90.00	0.04	0.09492	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	90.00	0.05	0.09492	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	360.00	0.04	0.08924	51%-75% Below	No	No
00487900330	SOD CHLORIDE NEB 3%4MLX30	4	120.00	0.15	.		No	No
00487930103	SOD CHLORIDE NEB 0.9% 3ML	1	300.00	0.06	.		No	No
00487930103	SOD CHLORIDE NEB 0.9% 3ML	2	300.00	0.06	.		No	No
00487930133	SOD CHLORIDE NEB 0.9%	3	90.00	0.10	.		No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.05917	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	360.00	0.02	0.05917	51%-75% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.05776	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	360.00	0.07	0.05776	26%-50% Above	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	90.00	0.01	0.06036	76%-100% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.03	0.06036	51%-75% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	360.00	0.03	0.06036	51%-75% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.05962	51%-75% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.05962	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	360.00	0.03	0.05962	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.05917	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	0.03	0.05776	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	90.00	0.09	0.06036	51%-75% Above	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.05918	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.05918	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.05918	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	225.00	0.03	0.05918	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06023	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06023	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.04	0.06023	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06023	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06023	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06023	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06023	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.03	0.06138	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.03	0.06138	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.03	0.06138	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.07	0.06138	10%-25% Above	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	225.00	0.03	0.06138	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	375.00	0.03	0.06102	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.00	0.03	0.06054	26%-50% Below	No	No
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.09	0.05649	51%-75% Above	No	No
00487960130	BUDESONIDE 0.25 MG/2 ML SUSP	1	60.00	0.45	0.87118	26%-50% Below	No	No
00487960130	BUDESONIDE 0.25 MG/2 ML SUSP	2	120.00	0.45	0.87583	26%-50% Below	No	No
00487960130	BUDESONIDE 0.25 MG/2 ML SUSP	3	120.00	0.48	0.92834	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.25	0.82371	51%-75% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.40	0.82371	51%-75% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	1	120.00	0.40	0.82371	51%-75% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	2	120.00	0.13	0.91101	76%-100% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	2	120.00	0.17	0.91101	76%-100% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	2	120.00	0.40	0.91101	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	3	60.00	0.40	0.97783	51%-75% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	4	120.00	1.16	0.93988	10%-25% Above	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	12	60.00	0.37	0.73176	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	12	60.00	1.10	0.73176	26%-50% Above	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	12	120.00	0.40	0.73176	26%-50% Below	No	No
00487980125	IPRATROPIUM BR 0.02% SOLN	1	62.50	0.05	0.08916	26%-50% Below	No	No
00487980125	IPRATROPIUM BR 0.02% SOLN	2	62.50	0.05	0.08902	26%-50% Below	No	No
00487990130	ALBUTEROL 2.5 MG/0.5 ML SOL	1	30.00	0.39	0.45407	10%-25% Below	No	No
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	3	90.00	0.13	0.25962	26%-50% Below	No	No
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	12	90.00	0.08	0.26032	51%-75% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	1.15	1.60351	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.33	1.73711	76%-100% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.97	1.73711	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.33	1.84641	76%-100% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.89	1.84641	51%-75% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	1.23	1.84641	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	1.41	1.84641	10%-25% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	0.33	1.65534	76%-100% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	0.33	1.65534	76%-100% Below	No	No
00517003225	CYANOCOBALAMIN 10,000 MCG/10 ML	4	10.00	0.95	1.45414	26%-50% Below	No	No
00527058601	DICYCLOMINE 10 MG CAPSULE	3	60.00	0.10	0.08613	10%-25% Above	No	No
00527058601	DICYCLOMINE 10 MG CAPSULE	4	56.00	0.11	0.08625	26%-50% Above	No	No
00527076037	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	30.00	0.21	0.23526	10%-25% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.14	0.21968	26%-50% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.14	0.21968	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.19	0.21968	10%-25% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.14	0.24512	26%-50% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.14	0.27075	26%-50% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.14	0.27075	26%-50% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.13	0.28393	51%-75% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	90.00	0.24	0.28393	10%-25% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.14	0.22490	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.18	0.24470	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.18	0.27349	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.18	0.28574	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.18	0.27045	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	30.00	0.14	0.23161	26%-50% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.60	0.23161	101%-200% Above	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.22	0.33707	26%-50% Below	No	No
00527076537	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.22	0.34027	26%-50% Below	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	1	30.00	3.43	0.65737	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	3	30.00	3.43	0.55521	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	12	60.00	0.95	0.60155	51%-75% Above	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	3.43	0.63695	200% Above	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	4.94	0.63695	200% Above	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.34	0.66278	26%-50% Below	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	3.43	0.66278	200% Above	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.42	0.60837	26%-50% Below	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.33	0.69411	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.50	0.68971	26%-50% Below	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	3.43	0.68971	200% Above	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	3	60.00	0.34	0.63922	26%-50% Below	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	4.94	0.65046	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.67969	26%-50% Below	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.43	0.67969	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	2	14.00	1.36	0.71123	76%-100% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.50	0.71123	26%-50% Below	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	4.92	0.71123	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.69996	26%-50% Below	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	3.43	0.69996	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	3	90.00	0.17	0.69996	76%-100% Below	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	3.43	0.68677	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	12	15.00	4.93	0.61752	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.44	0.61752	26%-50% Below	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	1.76	0.61752	101%-200% Above	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.50	0.73253	26%-50% Below	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	3.43	0.73253	200% Above	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	0.50	0.75366	26%-50% Below	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	0.50	0.70525	26%-50% Below	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	3.43	0.70525	200% Above	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	3	60.00	0.17	0.70525	76%-100% Below	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	0.50	0.60523	10%-25% Below	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	0.50	0.69015	26%-50% Below	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	3.50	0.69015	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.50	0.59466	10%-25% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	3.43	0.59466	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	4.93	0.59466	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.50	0.58820	10%-25% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	2.64	0.58820	200% Above	Yes	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.43	0.58820	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.50	0.58820	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	4.93	0.58820	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.50	0.63305	10%-25% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.74	0.63305	10%-25% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.43	0.63305	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.43	0.58801	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.50	0.58801	200% Above	No	No
00527128201	DICYCLOMINE 20 MG TABLET	4	30.00	0.18	0.08330	101%-200% Above	No	No
00527128210	DICYCLOMINE 20 MG TABLET	2	40.00	0.18	0.10644	51%-75% Above	No	No
00527130101	PRIMIDONE 50 MG TABLET	1	270.00	0.15	0.11522	26%-50% Above	No	No
00527130101	PRIMIDONE 50 MG TABLET	4	270.00	0.17	0.12242	26%-50% Above	No	No
00527130105	PRIMIDONE 50 MG TABLET	4	30.00	0.17	0.12242	26%-50% Above	No	No
00527130105	PRIMIDONE 50 MG TABLET	12	30.00	0.15	0.11462	26%-50% Above	No	No
00527133501	DOXYCYCLINE MONO 50 MG TABLET	1	60.00	0.62	0.15810	200% Above	No	No
00527133850	DOXYCYCLINE MONO 100 MG TABLET	2	14.00	0.33	0.26452	10%-25% Above	No	No
00527143501	METAXALONE 800 MG TABLET	2	60.00	1.06	0.51631	101%-200% Above	No	No
00527143501	METAXALONE 800 MG TABLET	3	14.00	1.06	0.54021	76%-100% Above	No	No
00527143501	METAXALONE 800 MG TABLET	3	30.00	1.06	0.54021	76%-100% Above	No	No
00527143501	METAXALONE 800 MG TABLET	3	60.00	1.06	0.54021	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527143501	METAXALONE 800 MG TABLET	3	60.00	1.35	0.54021	101%-200% Above	No	No
00527147701	DIETHYLPROPION ER 75 MG TABLET	1	30.00	0.29	1.07144	51%-75% Below	No	No
00527147701	DIETHYLPROPION ER 75 MG TABLET	3	30.00	0.29	1.11873	51%-75% Below	No	No
00527147701	DIETHYLPROPION ER 75 MG TABLET	4	30.00	0.29	1.12618	51%-75% Below	No	No
00527155201	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	2	60.00	0.52	0.82130	26%-50% Below	No	No
00527155201	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	3	60.00	0.48	0.94189	26%-50% Below	No	No
00527169501	BUTALB-ACETAMINOPHEN-CAFF 50-325-40 TAB	12	48.00	0.09	0.13180	26%-50% Below	No	No
00527242632	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.11	0.08393	26%-50% Above	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	1	60.00	0.65	1.16750	26%-50% Below	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	2	60.00	0.65	1.21508	26%-50% Below	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	3	60.00	0.67	1.29791	26%-50% Below	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	4	60.00	0.71	1.22327	26%-50% Below	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.03	0.05750	26%-50% Below	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.03	0.05881	26%-50% Below	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	1	30.00	0.04	0.05079	10%-25% Below	No	No
00527328343	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.33	0.06719	200% Above	No	No
00527328443	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.03	0.05386	51%-75% Below	No	No
00527328446	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.03	0.05519	26%-50% Below	No	No
00527328943	LEVOTHYROXINE 175 MCG TABLET	3	35.00	0.05	0.09462	26%-50% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	1	30.00	0.06	0.08973	26%-50% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	2	30.00	0.04	0.09532	51%-75% Below	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	12	90.00	0.05	0.09085	26%-50% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	2	30.00	0.61	0.17398	200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	2	30.00	0.67	0.17398	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527411637	PROPRANOLOL ER 60 MG CAPSULE	2	90.00	0.61	0.17398	200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	0.61	0.18385	200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	4	90.00	0.53	0.17854	101%-200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	1	30.00	0.50	0.18131	101%-200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	1	30.00	0.79	0.18131	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	1	30.00	0.88	0.18131	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	2	30.00	0.72	0.19487	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	2	30.00	0.79	0.19487	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	3	30.00	0.50	0.21399	101%-200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	3	30.00	0.72	0.21399	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	4	30.00	0.50	0.20743	101%-200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	4	30.00	0.56	0.20743	101%-200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	12	30.00	0.88	0.17950	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	1	30.00	0.62	0.18646	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	2	30.00	0.62	0.19652	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	3	30.00	0.62	0.20649	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	4	30.00	0.62	0.21947	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	4	90.00	0.76	0.21947	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	12	30.00	0.50	0.19520	101%-200% Above	No	No
00527458037	METHYLPHENIDATE CD 20 MG CAP	1	26.00	0.70	1.33433	26%-50% Below	Yes	No
00527458037	METHYLPHENIDATE CD 20 MG CAP	3	20.00	1.29	1.87364	26%-50% Below	Yes	No
00527458237	METHYLPHENIDATE CD 40 MG CAP	1	30.00	0.77	1.37770	26%-50% Below	No	No
00527458237	METHYLPHENIDATE CD 40 MG CAP	3	30.00	0.83	1.70859	51%-75% Below	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.85	0.99337	10%-25% Below	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.78	1.15416	26%-50% Below	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.85	1.15416	26%-50% Below	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	3.80	1.17706	200% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.71	0.91545	76%-100% Above	No	No
00527466137	LISDEXAMFETAMINE 10 MG CAPSULE	2	30.00	1.84	4.21309	51%-75% Below	No	No
00527466137	LISDEXAMFETAMINE 10 MG CAPSULE	12	30.00	10.66	4.93496	101%-200% Above	No	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	7.44	4.50447	51%-75% Above	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	1.79	4.08974	51%-75% Below	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	7.44	4.08974	76%-100% Above	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	7.44	3.87585	76%-100% Above	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	7.44	4.13384	76%-100% Above	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.00	1.79	4.98479	51%-75% Below	Yes	No
00527466337	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	7.44	4.26195	51%-75% Above	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	1.79	4.84722	51%-75% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	7.44	4.84722	51%-75% Above	No	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	1.79	4.68536	51%-75% Below	Yes	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	7.44	4.68536	51%-75% Above	No	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	7.44	4.68536	51%-75% Above	Yes	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	7.44	5.11443	26%-50% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	7.44	4.88006	51%-75% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	7.44	4.77768	51%-75% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	7.57	4.52741	51%-75% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	2.76	4.84969	26%-50% Below	No	No
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	3.02	5.59938	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	7.57	5.59938	26%-50% Above	No	No
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	3.16	5.18947	26%-50% Below	No	No
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	7.57	5.18947	26%-50% Above	No	No
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	3.16	4.91264	26%-50% Below	No	No
00527466637	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	7.57	5.73967	26%-50% Above	No	No
00527512570	LACTULOSE 10 GM/15 ML SOLUTION	1	473.00	0.01	0.02420	51%-75% Below	No	No
00527512570	LACTULOSE 10 GM/15 ML SOLUTION	1	473.00	0.01	0.02420	51%-75% Below	No	No
00527512570	LACTULOSE 10 GM/15 ML SOLUTION	1	1350.00	0.01	0.02420	51%-75% Below	No	No
00527810637	DEXMETHYLPHENIDATE ER 5 MG CAP	2	30.00	2.36	1.11277	101%-200% Above	No	No
00527810637	DEXMETHYLPHENIDATE ER 5 MG CAP	4	30.00	1.96	1.11189	76%-100% Above	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	2.55	1.25135	101%-200% Above	No	No
00527811137	DEXMETHYLPHENIDATE ER 30 MG CP	1	30.00	0.92	1.23393	10%-25% Below	Yes	No
00527811137	DEXMETHYLPHENIDATE ER 30 MG CP	3	30.00	0.92	1.52036	26%-50% Below	Yes	No
00536100610	ALLER-CHLOR 4 MG TABLET	3	30.00	0.08	0.01784	200% Above	No	No
00536100901	FERROUS SULF TAB 325MG	1	15.00	0.13	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	1	30.00	0.02	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	1	90.00	0.13	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	1	180.00	0.02	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	4	90.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	12	30.00	0.00	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	12	90.00	0.00	.		Yes	No
00536105525	ACNE MEDICATION 5% GEL	1	60.00	0.13	0.21976	26%-50% Below	No	No
00536118365	FLUTICASONE PROP 50 MCG SPRAY	1	15.80	0.66	0.93738	26%-50% Below	No	No
00536118365	FLUTICASONE PROP 50 MCG SPRAY	3	15.80	0.66	0.94758	26%-50% Below	No	No
00536118399	FLUTICASONE PROP 50 MCG SPRAY	3	9.90	0.66	0.93442	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00536120207	LIDOCAINE PAIN RELIEF 4% PATCH	2	30.00	0.23	0.95140	76%-100% Below	No	No
00536121388	MUCUS RLF DM MAX ER 1200-60 MG	2	60.00	0.75	0.54096	26%-50% Above	No	No
00536123441	ASPIRIN EC 81 MG TABLET	3	90.00	0.01	0.01553	51%-75% Below	No	No
00536124701	SENEXON-S 50-8.6 MG TABLET	2	30.00	0.05	0.02887	51%-75% Above	Yes	No
00536131108	CHEST CONGEST RLF 400 MG TAB	1	40.00	0.01	0.06717	76%-100% Below	No	No
00536135301	VITAMIN D3 CAP 50MCG	1	39.00	0.05	.		No	No
00536135301	VITAMIN D3 CAP 50MCG	2	27.00	0.04	.		No	No
00536408501	PRENATAL TAB 28-0.8MG	3	60.00	0.04	.		No	No
00536589488	NICOTINE 7 MG/24HR PATCH	1	28.00	1.24	1.58056	10%-25% Below	No	No
00536589688	NICOTINE 21 MG/24HR PATCH	2	42.00	1.22	1.50810	10%-25% Below	Yes	No
00536589688	NICOTINE 21 MG/24HR PATCH	3	28.00	0.96	1.52938	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	10.26	21.87923	51%-75% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	11.44	21.87923	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	11.44	23.07346	26%-50% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	20.20	38.52283	26%-50% Below	No	No
00555007102	ISONIAZID 300 MG TABLET	1	12.00	0.16	0.22163	26%-50% Below	Yes	No
00555007102	ISONIAZID TAB 300MG	2	12.00	0.12	.		Yes	No
00555007102	ISONIAZID TAB 300MG	3	12.00	0.12	.		Yes	No
00555007102	ISONIAZID TAB 300MG	4	36.00	0.17	.		Yes	No
00555021110	NORETHINDRONE 5 MG TABLET	1	30.00	0.67	0.26456	101%-200% Above	No	No
00555021110	NORETHINDRONE 5 MG TABLET	1	30.00	0.82	0.26456	200% Above	No	No
00555021110	NORETHINDRONE 5 MG TABLET	1	30.00	0.97	0.26456	200% Above	No	No
00555021110	NORETHINDRONE 5 MG TABLET	3	30.00	0.75	0.32146	101%-200% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	2	90.00	0.11	0.39625	51%-75% Below	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	2	90.00	0.68	0.39625	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555032402	HYDROXYZINE PAM 100 MG CAP	4	30.00	0.67	0.41925	51%-75% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	1	25.00	1.41	0.15507	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	1	96.00	0.73	0.15507	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	2	40.00	0.62	0.15552	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	2	96.00	0.47	0.15552	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	3	30.00	0.67	0.16106	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	3	40.00	0.57	0.16106	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	3	120.00	0.57	0.16106	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	4	30.00	0.67	0.16170	200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	4	40.00	0.41	0.16170	101%-200% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	12	32.00	0.31	0.15834	76%-100% Above	No	No
00555060602	MEGESTROL 20 MG TABLET	1	30.00	0.08	0.16040	26%-50% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	3	30.00	0.09	0.18679	51%-75% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	4	30.00	0.12	0.18407	26%-50% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	12	30.00	0.09	0.15518	26%-50% Below	No	No
00555060702	MEGESTROL 40 MG TABLET	1	60.00	0.12	0.19276	26%-50% Below	No	No
00555060702	MEGESTROL 40 MG TABLET	3	60.00	0.12	0.20248	26%-50% Below	No	No
00555060702	MEGESTROL 40 MG TABLET	12	60.00	0.10	0.18950	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.17	0.24470	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.17	0.24470	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.18	0.24470	10%-25% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	90.00	0.14	0.24470	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	30.00	0.18	0.27349	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.17	0.27349	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.18	0.27349	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	90.00	0.13	0.27349	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	30.00	0.17	0.28574	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.17	0.28574	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.23	0.28574	10%-25% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	90.00	0.12	0.27045	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	90.00	0.21	0.23161	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	30.00	0.17	0.13760	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	42.00	0.17	0.13760	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	60.00	0.17	0.13760	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	90.00	0.17	0.13760	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	5.00	0.22	0.14944	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	10.00	0.22	0.14944	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	10.00	0.18	0.15912	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	30.00	0.14	0.15912	10%-25% Below	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	10.00	0.23	0.15779	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	20.00	0.23	0.15779	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	30.00	0.23	0.15779	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	90.00	0.23	0.15779	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	10.00	0.16	0.12926	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	10.00	0.18	0.12926	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	30.00	0.17	0.12926	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	60.00	0.11	0.12926	10%-25% Below	Yes	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	3	30.00	0.14	0.15912	10%-25% Below	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	12	30.00	0.17	0.12926	26%-50% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	2	30.00	0.08	0.10639	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	2	30.00	0.09	0.10639	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	3	30.00	0.08	0.11239	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	3	90.00	0.08	0.11239	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	4	90.00	0.09	0.11459	10%-25% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	1	90.00	0.11	0.12794	10%-25% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	2	90.00	0.12	0.13848	10%-25% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	4	20.00	0.22	0.14539	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	1	30.00	0.09	0.06144	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	1	30.00	0.11	0.06144	76%-100% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	1	90.00	0.09	0.06144	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	1	90.00	0.11	0.06144	76%-100% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	1	90.00	0.11	0.06144	76%-100% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	1	90.00	0.11	0.06144	76%-100% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	2	30.00	0.09	0.06622	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	2	30.00	0.09	0.06622	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	2	90.00	0.09	0.06622	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	2	90.00	0.11	0.06622	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	30.00	0.08	0.07036	10%-25% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	3	30.00	0.08	0.07036	10%-25% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	90.00	0.08	0.07036	10%-25% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	90.00	0.11	0.07036	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	30.00	0.22	0.06920	200% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	0.11	0.06920	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	0.11	0.06920	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	0.22	0.06920	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555088602	ESTRADIOL 1 MG TABLET	12	90.00	0.10	0.06241	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	12	90.00	0.11	0.06241	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	12	90.00	0.11	0.06241	76%-100% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	12	135.00	0.10	0.06241	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	1	30.00	0.11	0.06144	76%-100% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	2	90.00	0.09	0.06622	26%-50% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	4	90.00	0.22	0.06920	200% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	1	30.00	0.13	0.08025	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	1	30.00	0.15	0.08025	76%-100% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	1	60.00	0.15	0.08025	76%-100% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	1	90.00	0.13	0.08025	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	1	90.00	0.13	0.08025	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	1	90.00	0.14	0.08025	76%-100% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	1	180.00	0.13	0.08025	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	2	30.00	0.11	0.08802	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	2	30.00	0.13	0.08802	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	2	90.00	0.13	0.08802	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	2	90.00	0.14	0.08802	51%-75% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	3	30.00	0.11	0.09153	10%-25% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	3	90.00	0.11	0.09153	10%-25% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	3	90.00	0.14	0.09153	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	4	30.00	0.19	0.09171	101%-200% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	4	90.00	0.19	0.09171	101%-200% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	12	30.00	0.15	0.08234	76%-100% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	12	90.00	0.14	0.08234	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555088704	ESTRADIOL 2 MG TABLET	2	90.00	0.11	0.08802	26%-50% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	4	30.00	0.19	0.09171	101%-200% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	12	30.00	0.15	0.08234	76%-100% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	1	30.00	0.09	0.06242	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	1	90.00	0.08	0.06242	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	1	90.00	0.10	0.06242	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	1	90.00	0.11	0.06242	76%-100% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	30.00	0.08	0.06768	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	30.00	0.09	0.06768	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	90.00	0.08	0.06768	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	3	30.00	0.09	0.07209	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	4	90.00	0.10	0.07286	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	4	90.00	0.10	0.07286	26%-50% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	4	90.00	0.24	0.07286	200% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	30.00	0.09	0.06363	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	30.00	0.09	0.06363	26%-50% Above	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.23	0.26988	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.21968	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.21968	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.19	0.21968	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	90.00	0.19	0.21968	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.19	0.24512	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.19	0.24512	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.17	0.24512	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24512	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24512	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	90.00	0.19	0.24512	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.19	0.27075	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.20	0.27075	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.23	0.27075	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	45.00	0.17	0.27075	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.17	0.27075	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.19	0.27075	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.22	0.27075	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.17	0.28393	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.20	0.28393	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.23	0.28393	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.24	0.28393	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	90.00	0.24	0.28393	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	90.00	0.18	0.22490	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.19	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.19	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.19	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.20	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.21	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.22	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	45.00	0.21	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.17	0.33707	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.17	0.33707	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.22	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.22	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	76.00	0.22	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.10	0.33707	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.11	0.33707	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.19	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.21	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	120.00	0.22	0.33707	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.17	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.19	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.19	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.20	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.21	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.18	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.19	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.19	0.32905	26%-50% Below	Yes	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.19	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.22	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.24	0.32905	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	75.00	0.19	0.32905	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.11	0.32905	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.17	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.23	0.32905	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.17	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.19	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.19	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.20	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.21	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	26%-50% Below	Yes	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.19	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.20	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	75.00	0.19	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	90.00	0.11	0.33907	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	90.00	0.17	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	120.00	0.17	0.33907	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.18	0.33601	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.19	0.33601	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.21	0.33601	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.17	0.33601	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.17	0.33601	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.19	0.33601	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.19	0.33601	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.24	0.33601	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	180.00	0.18	0.33601	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.19	0.34027	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.22	0.34027	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	45.00	0.22	0.34027	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.15	0.34027	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.17	0.34027	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.18	0.34027	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.20	0.34027	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.22	0.34027	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.28	0.34027	10%-25% Below	Yes	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.11	0.34027	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.15	0.34027	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.17	0.34027	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.22	0.34027	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.22	0.34027	26%-50% Below	Yes	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.17	0.28638	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.19	0.28638	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.21	0.28638	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.22	0.28638	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.22	0.28638	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.17	0.28638	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.18	0.28638	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.19	0.28638	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.22	0.28638	10%-25% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.22	0.28638	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	20.00	0.19	0.29620	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.17	0.29620	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.19	0.29620	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.21	0.29620	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.17	0.29620	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.17	0.29620	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.18	0.29620	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.17	0.32049	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.21	0.32049	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.22	0.32049	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.17	0.32049	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.17	0.32049	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.22	0.32049	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.21	0.32610	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.17	0.32610	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.18	0.32610	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.23	0.32610	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	0.22	0.29474	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	0.22	0.29474	26%-50% Below	No	No
00555099702	FLUDROCORTISONE 0.1 MG TABLET	12	15.00	0.25	0.35495	26%-50% Below	No	No
00555105686	CLARAVIS 30 MG CAPSULE	1	60.00	0.25	2.15232	76%-100% Below	No	No
00555105686	CLARAVIS 30 MG CAPSULE	3	60.00	1.18	2.42474	51%-75% Below	No	No
00555105686	CLARAVIS 30 MG CAPSULE	4	60.00	1.28	2.49105	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	1	28.00	0.33	0.45936	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555900867	NORTREL 0.5-35-28 TABLET	2	28.00	0.33	0.50938	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	3	28.00	0.30	0.54785	26%-50% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	12	28.00	0.19	0.46498	51%-75% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	12	84.00	0.39	0.46498	10%-25% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	4	21.00	0.13	0.43275	51%-75% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	1	28.00	0.37	0.22599	51%-75% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	1	84.00	0.00	0.22599	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	2	28.00	0.32	0.23545	26%-50% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	3	28.00	0.29	0.23843	10%-25% Above	No	No
00555901058	NORTREL 1-35 28 TABLET	4	28.00	0.13	0.24033	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	4	84.00	0.00	0.24033	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	12	28.00	0.37	0.22073	51%-75% Above	No	No
00555901467	LESSINA-28 TABLET	1	28.00	0.18	0.14009	26%-50% Above	No	No
00555901467	LESSINA-28 TABLET	1	28.00	0.21	0.14009	51%-75% Above	No	No
00555901467	LESSINA-28 TABLET	2	28.00	0.17	0.14726	10%-25% Above	No	No
00555901467	LESSINA-28 TABLET	3	28.00	0.17	0.15091	10%-25% Above	No	No
00555901467	LESSINA-28 TABLET	4	28.00	0.11	0.15159	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	28.00	0.06	0.11180	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	28.00	0.21	0.11180	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.01	0.11180	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.18	0.11180	51%-75% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.21	0.11180	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.24	0.11180	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.25	0.11180	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	28.00	0.01	0.12083	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555901658	SPRINTEC 28 DAY TABLET	2	28.00	0.06	0.12083	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	28.00	0.16	0.12083	26%-50% Above	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	2	28.00	0.18	0.12083	26%-50% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	84.00	0.06	0.12083	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	84.00	0.16	0.12083	26%-50% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	84.00	0.18	0.12083	26%-50% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	112.00	0.18	0.12083	26%-50% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	28.00	0.06	0.12836	51%-75% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	28.00	0.16	0.12836	10%-25% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	28.00	0.25	0.12836	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	28.00	0.27	0.12836	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	84.00	0.01	0.12836	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	84.00	0.16	0.12836	10%-25% Above	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	0.07	0.13026	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	28.00	0.27	0.13026	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	84.00	0.27	0.13026	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.00	0.00	0.11128	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.00	0.06	0.11128	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.00	0.06	0.11128	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.00	0.21	0.11128	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	84.00	0.01	0.11128	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	1	28.00	0.00	0.12209	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	1	28.00	0.17	0.12209	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	1	84.00	0.20	0.12209	51%-75% Above	No	No
00555901858	TRI-SPRINTEC TABLET	2	28.00	0.01	0.12837	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555901858	TRI-SPRINTEC TABLET	2	28.00	0.07	0.12837	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	2	28.00	0.17	0.12837	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	2	84.00	0.01	0.12837	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	2	84.00	0.17	0.12837	26%-50% Above	No	No
00555901858	TRI-SPRINTEC TABLET	3	28.00	0.01	0.13969	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	3	28.00	0.07	0.13969	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	3	28.00	0.16	0.13969	10%-25% Above	No	No
00555901858	TRI-SPRINTEC TABLET	3	84.00	0.12	0.13969	10%-25% Below	Yes	No
00555901858	TRI-SPRINTEC TABLET	3	84.00	0.16	0.13969	10%-25% Above	No	No
00555901858	TRI-SPRINTEC TABLET	4	28.00	0.07	0.14147	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	12	28.00	0.01	0.12315	76%-100% Below	No	No
00555901858	TRI-SPRINTEC TABLET	12	28.00	0.15	0.12315	10%-25% Above	No	No
00555901858	TRI-SPRINTEC TABLET	12	28.00	0.20	0.12315	51%-75% Above	No	No
00555902058	PORTIA-28 TABLET	1	28.00	0.32	0.10016	200% Above	No	No
00555902058	PORTIA-28 TABLET	2	28.00	0.29	0.10957	101%-200% Above	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	1	84.00	0.01	0.16929	76%-100% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	3	84.00	0.09	0.16611	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	28.00	0.07	0.12524	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	28.00	0.10	0.12524	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	28.00	0.33	0.12524	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.10	0.12524	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.24	0.12524	76%-100% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.33	0.12524	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.33	0.12524	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.35	0.12524	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.39	0.12524	200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	28.00	0.07	0.12925	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	28.00	0.10	0.12925	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	28.00	0.33	0.12925	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.10	0.12925	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.30	0.12925	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.33	0.12925	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.44	0.12925	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	112.00	0.30	0.12925	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	0.07	0.14667	51%-75% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	0.10	0.14667	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	0.30	0.14667	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	84.00	0.10	0.14667	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	84.00	0.30	0.14667	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	112.00	0.30	0.14667	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	28.00	0.10	0.14775	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	28.00	0.13	0.14775	10%-25% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	28.00	0.13	0.14775	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.10	0.14775	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.13	0.14775	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.24	0.14775	51%-75% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	28.00	0.07	0.12469	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	28.00	0.10	0.12469	10%-25% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	28.00	0.39	0.12469	200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	84.00	0.07	0.12469	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	84.00	0.35	0.12469	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	84.00	0.39	0.12469	200% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	1	63.00	0.41	0.35739	10%-25% Above	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	3	63.00	0.41	0.36795	10%-25% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	28.00	0.00	0.14004	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	28.00	0.11	0.14004	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	28.00	0.29	0.14004	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	28.00	0.34	0.14004	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	84.00	0.34	0.14004	101%-200% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	28.00	0.11	0.14583	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	28.00	0.26	0.14583	76%-100% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	28.00	0.29	0.14583	76%-100% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	84.00	0.07	0.14583	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	84.00	0.11	0.14583	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	112.00	0.29	0.14583	76%-100% Above	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	28.00	0.09	0.14837	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	28.00	0.11	0.14837	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	28.00	0.26	0.14837	51%-75% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	84.00	0.09	0.14837	26%-50% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	84.00	0.11	0.14837	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	84.00	0.26	0.14837	51%-75% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	28.00	0.09	0.14744	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	28.00	0.11	0.14744	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	84.00	0.09	0.14744	26%-50% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	28.00	0.11	0.13805	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	28.00	0.11	0.13805	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	28.00	0.34	0.13805	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	84.00	0.34	0.13805	101%-200% Above	Yes	No
00555904358	APRI 28 DAY TABLET	1	28.00	0.01	0.12072	76%-100% Below	No	No
00555904358	APRI 28 DAY TABLET	1	84.00	0.09	0.12072	26%-50% Below	Yes	No
00555904358	APRI 28 DAY TABLET	1	84.00	0.24	0.12072	76%-100% Above	Yes	No
00555904358	APRI 28 DAY TABLET	2	84.00	0.01	0.13493	76%-100% Below	No	No
00555904358	APRI 28 DAY TABLET	3	84.00	0.25	0.14401	51%-75% Above	No	No
00555904358	APRI 28 DAY TABLET	4	84.00	0.09	0.15171	26%-50% Below	Yes	No
00555904358	APRI 28 DAY TABLET	12	28.00	0.00	0.12242	76%-100% Below	No	No
00555904358	APRI 28 DAY TABLET	12	84.00	0.30	0.12242	101%-200% Above	No	No
00555904558	AVIANE-28 TABLET	1	84.00	0.00	0.14009	76%-100% Below	No	No
00555904558	AVIANE-28 TABLET	2	84.00	0.18	0.14726	10%-25% Above	No	No
00555904558	AVIANE-28 TABLET	3	28.00	0.08	0.15091	26%-50% Below	No	No
00555904558	AVIANE-28 TABLET	12	84.00	0.01	0.14071	76%-100% Below	No	No
00555904958	CRYSELLE-28 TABLET	1	28.00	0.18	0.35006	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	1	28.00	0.42	0.35006	10%-25% Above	No	No
00555904958	CRYSELLE-28 TABLET	2	28.00	0.19	0.37102	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	2	84.00	0.30	0.37102	10%-25% Below	No	No
00555904958	CRYSELLE-28 TABLET	3	28.00	0.20	0.37794	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	3	28.00	0.33	0.37794	10%-25% Below	No	No
00555904958	CRYSELLE-28 TABLET	3	84.00	0.22	0.37794	26%-50% Below	Yes	No
00555904958	CRYSELLE-28 TABLET	3	84.00	0.33	0.37794	10%-25% Below	No	No
00555904958	CRYSELLE-28 TABLET	4	28.00	0.22	0.37970	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	12	28.00	0.18	0.34661	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555905058	KARIVA 28 DAY TABLET	2	84.00	0.13	0.18495	26%-50% Below	Yes	No
00555905058	KARIVA 28 DAY TABLET	2	84.00	0.42	0.18495	101%-200% Above	Yes	No
00555905167	VELIVET 28 DAY TABLET	1	28.00	0.00	0.56019	76%-100% Below	No	No
00555905167	VELIVET 28 DAY TABLET	1	84.00	0.00	0.56019	76%-100% Below	No	No
00555905167	VELIVET 28 DAY TABLET	2	28.00	0.00	0.56719	76%-100% Below	No	No
00555905167	VELIVET 28 DAY TABLET	4	84.00	0.07	0.65732	76%-100% Below	No	No
00555905167	VELIVET 28 DAY TABLET	12	28.00	0.14	0.57635	51%-75% Below	No	No
00555912366	JOLESSA 0.15 MG-0.03 MG TABLET	1	91.00	0.49	0.14191	200% Above	No	No
00574010603	BROMOCRIPTINE 2.5 MG TABLET	1	45.00	1.17	1.32838	10%-25% Below	No	No
00574010770	CLOTRIMAZOLE 10 MG TROCHE	3	90.00	0.17	0.37150	51%-75% Below	No	No
00574029201	AMILORIDE HCL 5 MG TABLET	2	60.00	0.15	0.17465	10%-25% Below	No	No
00574050801	FERROUS GLUC TAB 324MG	3	30.00	0.11	.		No	No
00574062105	PODOFILOX 0.5% GEL	1	3.50	4.29	126.77808	76%-100% Below	No	No
00574062105	PODOFILOX 0.5% GEL	2	3.50	109.44	123.36897	10%-25% Below	Yes	No
00574079201	PILOCARPINE HCL 5 MG TABLET	2	60.00	0.19	0.31457	26%-50% Below	Yes	No
00574082001	TESTOSTERONE CYP 200 MG/ML	1	1.00	6.77	12.23459	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	1	2.00	6.78	12.23459	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	1	2.00	17.39	12.23459	26%-50% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	2	2.00	17.39	13.03302	26%-50% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	2	6.00	6.77	13.03302	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	2	8.00	17.39	13.03302	26%-50% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	3	4.00	4.56	13.01273	51%-75% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	3	10.00	17.39	13.01273	26%-50% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	4	2.00	17.39	12.99474	26%-50% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	4	4.00	6.77	12.99474	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574082701	TESTOSTERONE CYP 200 MG/ML	1	1.00	8.39	12.23459	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	1	2.00	8.39	12.23459	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	1	3.00	8.39	12.23459	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	1	4.00	6.67	12.23459	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	1	10.00	8.39	12.23459	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	2	2.00	8.39	13.03302	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.67	13.03302	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	2	6.00	6.67	13.03302	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	1.00	8.39	13.01273	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	2.00	14.81	13.01273	10%-25% Above	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.07	13.01273	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	5.00	6.07	13.01273	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	4	3.00	8.75	12.99474	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	4	4.00	3.75	12.99474	51%-75% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	12	2.00	7.85	12.37528	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	118.00	0.05	0.08654	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08654	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.05	0.08115	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.08115	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	0.05	0.08115	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	0.05	0.08115	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	300.00	0.04	0.08115	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.07	0.08383	10%-25% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.05	0.08383	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.05	0.08383	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	120.00	0.05	0.08694	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	20.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	37.50	0.06	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	75.00	0.05	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	80.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	100.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	118.00	0.05	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	118.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	118.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.06	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	150.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	180.00	0.05	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	180.00	0.06	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.04	0.08815	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.05	0.08815	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.05	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.06	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	240.00	0.03	0.08815	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	240.00	0.05	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	300.00	0.04	0.08815	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	300.00	0.05	0.08815	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	420.00	0.05	0.08815	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	90.00	0.05	0.08343	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	100.00	0.06	0.08343	10%-25% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.05	0.08343	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.05	0.08343	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.05	0.08343	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.06	0.08343	10%-25% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.04	0.08343	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.08343	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.08343	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.06	0.08343	10%-25% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	150.00	0.04	0.08343	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	150.00	0.05	0.08343	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	0.02	0.08343	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	0.05	0.08343	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	0.06	0.08343	10%-25% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.08343	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.08343	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	210.00	0.02	0.08343	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	300.00	0.04	0.08343	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	30.00	0.05	0.09145	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	50.00	0.05	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	105.00	0.05	0.09145	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.05	0.09145	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.04	0.09145	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.05	0.09145	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.06	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	150.00	0.02	0.09145	76%-100% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	150.00	0.06	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	0.05	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	200.00	0.05	0.09145	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	240.00	0.05	0.09145	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	240.00	0.05	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	240.00	0.06	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	280.00	0.05	0.09145	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	280.00	0.06	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	300.00	0.05	0.09145	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	300.00	0.06	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	118.00	0.05	0.09101	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	120.00	0.06	0.09101	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	120.00	0.07	0.09101	10%-25% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	150.00	0.07	0.09101	10%-25% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	200.00	0.05	0.09101	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	200.00	0.06	0.09101	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	300.00	0.05	0.09101	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	100.00	0.06	0.09227	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	118.00	0.06	0.09227	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.09227	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.09227	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.06	0.09227	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.06	0.09227	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.06	0.09227	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.00	0.06	0.09227	26%-50% Below	Yes	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	1	30.00	0.17	0.26494	26%-50% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	1	30.00	0.19	0.26494	26%-50% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	0.11	0.28125	51%-75% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	0.16	0.28125	26%-50% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	0.18	0.28125	26%-50% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.15	0.29421	26%-50% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.16	0.29421	26%-50% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	12	30.00	0.14	0.26584	26%-50% Below	No	No
00574220145	TRETINOIN 0.1% CREAM	1	45.00	0.58	1.06979	26%-50% Below	No	No
00574220145	TRETINOIN 0.1% CREAM	12	45.00	0.87	1.05052	10%-25% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	1	20.00	0.73	1.40773	26%-50% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	1	20.00	1.04	1.40773	26%-50% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	3	20.00	0.73	1.68434	51%-75% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	3	20.00	0.81	1.68434	51%-75% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	12	20.00	0.69	1.35959	26%-50% Below	No	No
00574220545	TRETINOIN 0.05% CREAM	1	45.00	1.03	1.29363	10%-25% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	2	45.00	0.58	1.51028	51%-75% Below	No	No
00574220545	TRETINOIN 0.05% CREAM	2	45.00	1.03	1.51028	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	3	45.00	0.58	1.59527	51%-75% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	3	45.00	1.03	1.59527	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	12	45.00	1.03	1.22372	10%-25% Below	Yes	No
00574222520	TRETINOIN 0.025% CREAM	3	20.00	0.45	0.82225	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574222520	TRETINOIN 0.025% CREAM	3	20.00	0.60	0.82225	26%-50% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	12	20.00	0.54	0.79500	26%-50% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	12	20.00	0.67	0.79500	10%-25% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	1	45.00	0.41	0.71395	26%-50% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	2	45.00	0.41	0.68595	26%-50% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	2	45.00	0.47	0.68595	26%-50% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	4	45.00	0.36	0.67045	26%-50% Below	No	No
00574230115	TRETINOIN 0.01% GEL	4	15.00	1.23	3.24043	51%-75% Below	No	No
00574232545	TRETINOIN 0.025% GEL	1	45.00	0.97	1.90009	26%-50% Below	Yes	No
00574241565	METHYLPHENIDATE 15 MG/9 HR PATCH	1	30.00	9.88	7.96182	10%-25% Above	Yes	No
00574241565	METHYLPHENIDATE 15 MG/9 HR PATCH	4	30.00	9.88	7.62383	26%-50% Above	Yes	No
00574402235	BACITRACIN 500 UNIT/GM OPHTHALMIC OINTMENT	1	3.50	2.86	30.24128	76%-100% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	10.00	9.85	4.03072	101%-200% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	5.00	3.59	4.37290	10%-25% Below	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	5.00	7.62	4.37290	51%-75% Above	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	5.00	8.36	4.37290	76%-100% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	3.00	4.62805	26%-50% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	3.98	4.62805	10%-25% Below	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	7.62	4.62805	51%-75% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	4	5.00	7.77	4.77234	51%-75% Above	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.00	1.98	4.23609	51%-75% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.00	3.00	4.23609	26%-50% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.00	9.85	4.23609	101%-200% Above	Yes	No
00574403125	TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	2.50	1.82	5.41661	51%-75% Below	No	No
00574403125	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	2.50	8.35	5.63065	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574709012	HYDROCORT AC SUP 25MG	3	12.00	1.51	.		Yes	No
00574985510	BUDESONIDE DR 3 MG CAPSULE	1	90.00	0.95	0.46575	101%-200% Above	No	No
00574985510	BUDESONIDE DR 3 MG CAPSULE	1	168.00	0.66	0.46575	26%-50% Above	No	No
00574985510	BUDESONIDE DR 3 MG CAPSULE	2	90.00	0.95	0.51172	76%-100% Above	No	No
00574985510	BUDESONIDE DR 3 MG CAPSULE	3	168.00	0.66	0.53566	10%-25% Above	No	No
00591034301	VERAPAMIL 80 MG TABLET	2	180.00	0.03	0.05554	26%-50% Below	No	No
00591034305	VERAPAMIL 80 MG TABLET	2	30.00	0.05	0.05554	10%-25% Below	No	No
00591034305	VERAPAMIL 80 MG TABLET	3	30.00	0.05	0.05734	10%-25% Below	No	No
00591034305	VERAPAMIL 80 MG TABLET	4	30.00	0.05	0.05830	10%-25% Below	No	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.02926	26%-50% Above	No	No
00591034701	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.05	0.03012	51%-75% Above	No	No
00591040401	VERAPAMIL 40 MG TABLET	1	180.00	0.09	0.11957	10%-25% Below	No	No
00591042401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.14	0.09475	26%-50% Above	No	No
00591042401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	12	90.00	0.14	0.08119	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.14	0.07823	76%-100% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.13	0.07823	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.11	0.08485	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.12	0.08485	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	90.00	0.12	0.08485	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.11	0.09475	10%-25% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.13	0.09475	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.15	0.09475	51%-75% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.18	0.09475	76%-100% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.11	0.09475	10%-25% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	30.00	0.15	0.09544	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	30.00	0.18	0.09544	76%-100% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.12	0.09544	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.13	0.09544	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.18	0.09544	76%-100% Above	No	No
00591044401	GUANFACINE 1 MG TABLET	2	30.00	0.23	0.18102	10%-25% Above	No	No
00591045301	GUANFACINE 2 MG TABLET	4	30.00	0.36	0.31495	10%-25% Above	No	No
00591046005	GLIPIZIDE 5 MG TABLET	1	180.00	0.02	0.02979	10%-25% Below	No	No
00591046010	GLIPIZIDE 5 MG TABLET	2	180.00	0.02	0.03233	26%-50% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	3	180.00	0.03	0.03365	10%-25% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	4	90.00	0.12	0.03354	200% Above	Yes	No
00591046105	GLIPIZIDE 10 MG TABLET	1	60.00	0.00	0.04083	76%-100% Below	No	No
00591046105	GLIPIZIDE 10 MG TABLET	3	60.00	0.06	0.04556	26%-50% Above	No	No
00591046105	GLIPIZIDE 10 MG TABLET	4	60.00	0.06	0.04561	26%-50% Above	No	No
00591046105	GLIPIZIDE 10 MG TABLET	12	60.00	0.06	0.04167	51%-75% Above	No	No
00591046105	GLIPIZIDE 10 MG TABLET	12	90.00	0.06	0.04167	51%-75% Above	No	No
00591046110	GLIPIZIDE 10 MG TABLET	1	180.00	0.04	0.04083	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	2	90.00	0.03	0.04416	10%-25% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	2	180.00	0.03	0.04416	26%-50% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	3	90.00	0.03	0.04556	26%-50% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	3	90.00	0.03	0.04556	26%-50% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	3	180.00	0.03	0.04556	26%-50% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	4	180.00	0.14	0.04561	200% Above	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	12	90.00	0.03	0.04167	10%-25% Below	Yes	No
00591060601	LABETALOL HCL 200 MG TABLET	1	60.00	0.31	0.13714	101%-200% Above	No	No
00591215990	CICLOPIROX 1% SHAMPOO	1	120.00	0.20	0.22834	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591215990	CICLOPIROX 1% SHAMPOO	2	120.00	0.20	0.26181	10%-25% Below	Yes	No
00591215990	CICLOPIROX 1% SHAMPOO	3	120.00	0.20	0.27122	26%-50% Below	Yes	No
00591278986	TIZANIDINE HCL 4 MG CAPSULE	1	180.00	1.04	0.12835	200% Above	No	No
00591288001	VERAPAMIL SR 120 MG CAPSULE	1	90.00	0.71	0.92992	10%-25% Below	Yes	No
00591288201	VERAPAMIL SR 180 MG CAPSULE	1	90.00	0.56	1.02113	26%-50% Below	Yes	No
00591288401	VERAPAMIL SR 240 MG CAPSULE	1	90.00	0.67	1.05953	26%-50% Below	Yes	No
00591288401	VERAPAMIL SR 240 MG CAPSULE	3	90.00	0.54	1.17405	51%-75% Below	No	No
00591288401	VERAPAMIL SR 240 MG CAPSULE	3	90.00	0.57	1.17405	51%-75% Below	Yes	No
00591288401	VERAPAMIL SR 240 MG CAPSULE	12	90.00	0.59	1.09451	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	1	15.00	2.75	3.25144	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	1	15.00	2.85	3.25144	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2	15.00	1.00	3.36260	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2	15.00	2.75	3.36260	10%-25% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2	15.00	2.80	3.36260	10%-25% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	1.00	3.50384	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	1.65	3.50384	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	2.75	3.50384	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	4.01	3.50384	10%-25% Above	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	4	15.00	2.80	3.50751	10%-25% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	12	15.00	0.01	3.29373	76%-100% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	12	15.00	2.80	3.29373	10%-25% Below	No	No
00591294430	PIMECROLIMUS 1% CREAM	3	60.00	1.99	3.51438	26%-50% Below	Yes	No
00591321730	TESTOSTERONE 1% (50 MG/5 G) PK	2	150.00	2.07	0.54341	200% Above	No	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	1	4.00	8.18	5.70496	26%-50% Above	Yes	No
00591350804	CLONIDINE 0.1 MG/DAY PATCH	2	4.00	6.95	6.06536	10%-25% Above	Yes	No

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00591354360	BUPROPION HCL SR 150 MG TABLET	1	60.00	0.01	0.23871	76%-100% Below	No	No
00591354360	BUPROPION HCL SR 150 MG TABLET	3	60.00	0.01	0.26283	76%-100% Below	No	No
00591410101	PERPHENAZINE 2 MG TABLET	3	90.00	0.22	0.17707	10%-25% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	1	30.00	0.09	0.04429	76%-100% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	2	20.00	0.08	0.04743	51%-75% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	3	60.00	0.09	0.04819	76%-100% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	4	30.00	0.13	0.04600	101%-200% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	12	30.00	0.09	0.04351	101%-200% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	12	60.00	0.09	0.04351	101%-200% Above	No	No
00591505221	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.24	0.33191	26%-50% Below	No	No
00591505243	PREDNISONE 5 MG TAB DOSE PACK	1	48.00	0.17	0.33191	26%-50% Below	No	No
00591530701	PROMETHAZINE 25 MG TABLET	3	30.00	0.04	0.04900	10%-25% Below	No	No
00591544201	PREDNISONE 10 MG TABLET	1	10.00	0.11	0.04773	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	4.00	0.10	0.04773	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	6.00	0.16	0.04773	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	10.00	0.03	0.04773	26%-50% Below	No	No
00591544210	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	10.00	0.11	0.04773	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	10.00	0.18	0.04773	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	15.00	0.09	0.04773	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	18.00	0.09	0.04773	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	18.00	0.11	0.04773	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	20.00	0.12	0.04773	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	25.00	0.13	0.04773	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	27.00	0.11	0.04773	101%-200% Above	No	No

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00591544210	PREDNISONE 10 MG TABLET	2	7.00	0.09	0.05399	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	10.00	0.09	0.05399	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	10.00	0.12	0.05399	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	14.00	0.09	0.05399	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	18.00	0.09	0.05399	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	20.00	0.12	0.05399	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	21.00	0.09	0.05399	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	21.00	0.09	0.05399	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	27.00	0.09	0.05399	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	5.00	0.09	0.05827	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	5.00	0.16	0.05827	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	5.00	0.23	0.05827	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	14.00	0.09	0.05827	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	18.00	0.09	0.05827	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	20.00	0.12	0.05827	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	63.00	0.09	0.05827	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	5.00	0.13	0.05827	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	10.00	0.13	0.05827	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	5.00	0.11	0.04665	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	14.00	0.12	0.04665	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	15.00	0.12	0.04665	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	20.00	0.12	0.04665	101%-200% Above	No	No
00591544221	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.37	0.49100	10%-25% Below	No	No
00591544221	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.24	0.40151	26%-50% Below	No	No
00591544301	PREDNISONE 20 MG TABLET	2	7.00	0.19	0.07911	101%-200% Above	No	No

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00591544305	PREDNISONE 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	1	15.00	0.10	0.07317	26%-50% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	2	10.00	0.18	0.07911	101%-200% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	4	15.00	0.14	0.08127	51%-75% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	12	5.00	0.12	0.07170	51%-75% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	12	10.00	0.12	0.07170	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	1	5.00	0.12	0.07317	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	1	5.00	0.21	0.07317	101%-200% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	1	6.00	0.10	0.07317	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	1	30.00	0.14	0.07317	76%-100% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	2	5.00	0.09	0.07911	10%-25% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07911	101%-200% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	11	5.00	0.12	0.06386	76%-100% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	12	5.00	0.12	0.07170	51%-75% Above	No	No
00591555701	PROPRANOLOL 80 MG TABLET	1	30.00	0.35	0.18784	76%-100% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	1	15.00	0.15	0.08358	76%-100% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	1	23.00	0.14	0.08358	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	1	45.00	0.11	0.08358	26%-50% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	2	45.00	0.11	0.09802	10%-25% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	2	90.00	0.12	0.09802	10%-25% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	2	90.00	0.12	0.09802	10%-25% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	4	23.00	0.14	0.10587	26%-50% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	4	60.00	0.08	0.10587	10%-25% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	12	15.00	0.15	0.08168	76%-100% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	12	120.00	0.09	0.08168	10%-25% Above	Yes	No

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00591578201	ATENOLOL-CHLORTHALIDONE 50-25	3	90.00	0.24	0.28493	10%-25% Below	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	12	30.00	0.31	0.25401	10%-25% Above	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	12	90.00	0.28	0.25401	10%-25% Above	Yes	No
00597015230	JARDIANCE 10 MG TABLET	12	90.00	16.87	19.54698	10%-25% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	1	15.00	2.88	20.13118	76%-100% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	3	90.00	0.74	20.13118	76%-100% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	4	90.00	15.69	20.13118	10%-25% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	6	90.00	0.76	19.53967	76%-100% Below	No	No
00597015390	JARDIANCE 25 MG TABLET	12	15.00	2.96	19.54483	76%-100% Below	No	No
00597029578	SYNJARDY XR 25-1,000 MG TABLET	3	90.00	2.09	20.13332	76%-100% Below	No	No
00603020922	MAGNESIUM OXIDE 400 MG TABLET	1	90.00	0.07	0.03236	101%-200% Above	No	No
00603020922	MAGNESIUM OXIDE 400 MG TABLET	1	90.00	0.07	0.03236	101%-200% Above	No	No
00603020922	MAGNESIUM OXIDE 400 MG TABLET	12	30.00	0.07	0.03280	101%-200% Above	No	No
00603155404	POTASSIUM CL 20 MEQ PACKET	1	30.00	3.66	0.98868	200% Above	No	No
00603188016	LIDOCAINE 5% PATCH	1	30.00	0.99	1.94138	26%-50% Below	No	No
00603188016	LIDOCAINE 5% PATCH	1	30.00	1.03	1.94138	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	3	30.00	2.62	2.07506	26%-50% Above	Yes	No
00603211521	ALLOPURINOL 100 MG TABLET	2	90.00	0.21	0.04114	200% Above	Yes	No
00603211521	ALLOPURINOL 100 MG TABLET	4	90.00	0.21	0.04294	200% Above	Yes	No
00603211521	ALLOPURINOL 100 MG TABLET	12	20.00	0.02	0.03940	51%-75% Below	No	No
00603211532	ALLOPURINOL 100 MG TABLET	1	180.00	0.09	0.03813	101%-200% Above	Yes	No
00603211532	ALLOPURINOL 100 MG TABLET	4	30.00	0.18	0.04294	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	4	180.00	0.18	0.04294	200% Above	Yes	No
00603211632	ALLOPURINOL 300 MG TABLET	3	45.00	0.26	0.06897	200% Above	Yes	No
00603243421	BENZTROPINE MES 1 MG TABLET	1	30.00	0.04	0.07231	26%-50% Below	Yes	No

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00603243421	BENZTROPINE MES 1 MG TABLET	3	30.00	0.04	0.08182	51%-75% Below	No	No
00603243421	BENZTROPINE MES 1 MG TABLET	4	30.00	0.16	0.08215	76%-100% Above	No	No
00603254021	BUTALBITAL-ACETAMINOPHEN 50-325 MG TAB	2	30.00	0.46	0.61868	10%-25% Below	No	No
00603254021	BUTALBITAL-ACETAMINOPHEN 50-325 MG TAB	3	30.00	0.88	0.66316	26%-50% Above	Yes	No
00603254021	BUTALBITAL-ACETAMINOPHEN 50-325 MG TAB	4	30.00	0.46	0.63843	26%-50% Below	No	No
00603254021	BUTALBITAL-ACETAMINOPHEN 50-325 MG TAB	12	30.00	0.46	0.51799	10%-25% Below	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.23	0.11419	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.26	0.11419	101%-200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.30	0.11419	101%-200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.23	0.13230	76%-100% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.24	0.13230	76%-100% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.24	0.13230	76%-100% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.26	0.13230	76%-100% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.53	0.13230	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.62	0.13230	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.15456	51%-75% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.55	0.15456	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.47	0.15780	101%-200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	2	21.00	0.48	0.12783	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	2	90.00	0.48	0.12783	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	12	360.00	0.51	0.12410	200% Above	Yes	No
00603533621	PREDNISONE 2.5 MG TABLET	3	30.00	0.05	0.06728	10%-25% Below	No	No
00603533621	PREDNISONE 2.5 MG TABLET	3	90.00	0.03	0.06728	51%-75% Below	No	No
00603533621	PREDNISONE 2.5 MG TABLET	4	30.00	0.05	0.07509	26%-50% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.24	0.33191	26%-50% Below	No	No

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00603533715	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.39	0.33191	10%-25% Above	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	0.24	0.36834	26%-50% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	0.24	0.36834	26%-50% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	4	21.00	0.23	0.39945	26%-50% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	0.28	0.30794	10%-25% Below	Yes	No
00603533732	PREDNISONE 5 MG TABLET	3	10.00	0.08	0.04819	51%-75% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.48	0.42749	10%-25% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.48	0.42749	10%-25% Above	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.58	0.42749	26%-50% Above	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.60	0.42749	26%-50% Above	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.24	0.49100	51%-75% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.33	0.49100	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.41	0.49100	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.71	0.49100	26%-50% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.33	0.56449	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.37	0.56449	26%-50% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	0.24	0.53103	51%-75% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	0.65	0.53103	10%-25% Above	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.58	0.40151	26%-50% Above	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.60	0.40151	26%-50% Above	Yes	No
00603533821	PREDNISONE 10 MG TABLET	2	45.00	0.11	0.05399	76%-100% Above	No	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	1	48.00	0.36	0.42749	10%-25% Below	No	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	2	48.00	0.22	0.49100	51%-75% Below	No	No
00603533831	PREDNISONE 10 MG TAB DOSE PACK	3	48.00	0.28	0.56449	51%-75% Below	Yes	No
00603533932	PREDNISONE 20 MG TABLET	1	4.00	0.23	0.07317	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00603533932	PREDNISONE 20 MG TABLET	2	5.00	0.29	0.07911	200% Above	No	No
00603533932	PREDNISONE 20 MG TABLET	4	10.00	0.14	0.08127	51%-75% Above	No	No
00603533932	PREDNISONE 20 MG TABLET	12	6.00	0.12	0.07170	51%-75% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	2	30.00	0.24	0.06001	200% Above	No	No
00603548332	PROPRANOLOL 20 MG TABLET	12	30.00	0.24	0.05935	200% Above	No	No
00703713301	HALOPERIDOL DEC 100 MG/ML VIAL	10	0.25	39.36	32.73960	10%-25% Above	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.10	0.12708	10%-25% Below	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	3	15.00	0.19	0.13388	26%-50% Above	No	No
00713022515	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.17	0.12891	26%-50% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.09	0.05162	51%-75% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.14	0.05162	101%-200% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.09	0.05608	51%-75% Above	No	No
00713022580	TRIAMCINOLONE 0.1% CREAM	4	80.00	0.09	0.05812	51%-75% Above	No	No
00713022815	TRIAMCINOLONE 0.1% OINTMENT	2	15.00	0.06	0.12388	51%-75% Below	No	No
00713022880	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.03	0.05855	51%-75% Below	No	No
00713022880	TRIAMCINOLONE 0.1% OINTMENT	3	320.00	0.03	0.06737	51%-75% Below	No	No
00713050312	ANUCORT-HC SUP 25MG	1	40.00	0.38	.		No	No
00713050312	ANUCORT-HC SUP 25MG	2	10.00	12.68	.		No	No
00713050312	ANUCORT-HC SUP 25MG	12	40.00	0.37	.		No	No
00713050324	ANUCORT-HC SUP 25MG	1	28.00	1.08	.		No	No
00713050324	ANUCORT-HC SUP 25MG	2	12.00	1.25	.		No	No
00713050324	ANUCORT-HC SUP 25MG	3	20.00	0.75	.		No	No
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	1	3.00	0.92	1.95137	51%-75% Below	No	No
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	2	24.00	1.01	2.14027	51%-75% Below	No	No
00713053612	PROMETHEGAN 12.5 MG SUPPOS	1	30.00	0.33	1.86539	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00713053612	PROMETHEGAN 12.5 MG SUPPOS	3	12.00	1.25	2.44237	26%-50% Below	No	No
00713055273	TERCONAZOLE 80 MG SUPPOSITORY	1	3.00	10.38	18.45905	26%-50% Below	No	No
00713056431	NITROGLYCERIN 0.4% OINTMENT	2	30.00	3.74	13.40686	51%-75% Below	Yes	No
00713057460	METRONIDAZOLE TOPICAL 1% GEL	2	60.00	0.33	0.75688	51%-75% Below	No	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	3	30.00	0.70	0.45328	51%-75% Above	No	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	4	45.00	0.41	0.45585	10%-25% Below	No	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	12	60.00	0.25	0.40445	26%-50% Below	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	1	45.00	0.33	0.27892	10%-25% Above	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	1	45.00	0.33	0.27892	10%-25% Above	Yes	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	1	45.00	0.22	0.35223	26%-50% Below	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	3	45.00	0.33	0.43740	10%-25% Below	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	12	45.00	1.00	0.37991	101%-200% Above	No	No
00713063737	METRONIDAZOLE TOPICAL 0.75% GL	12	135.00	1.12	0.37991	101%-200% Above	No	No
00713065660	CLOBETASOL 0.05% OINTMENT	1	60.00	2.86	0.11700	200% Above	No	No
00713065660	CLOBETASOL 0.05% OINTMENT	2	60.00	2.43	0.13559	200% Above	No	No
00713065915	BETAMETHASONE DP 0.05% CRM	1	30.00	0.17	0.53627	51%-75% Below	No	No
00713065937	BETAMETHASONE DP 0.05% CRM	12	45.00	0.11	0.45291	51%-75% Below	No	No
00713066115	DESONIDE 0.05% CREAM	1	30.00	2.31	0.34106	200% Above	No	No
00713066115	DESONIDE 0.05% CREAM	1	90.00	1.97	0.34106	200% Above	No	No
00713066160	DESONIDE 0.05% CREAM	2	60.00	1.97	0.22942	200% Above	No	No
00713066160	DESONIDE 0.05% CREAM	4	60.00	1.53	0.23384	200% Above	No	No
00713067815	NYSTATIN 100,000 UNIT/GM CREAM	1	15.00	0.75	0.19215	200% Above	No	No
00713067815	NYSTATIN 100,000 UNIT/GM CREAM	2	15.00	0.75	0.19935	200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.42	0.13887	200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	2	30.00	0.36	0.14749	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	2	60.00	0.36	0.14749	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.40	0.16175	101%-200% Above	No	No
00713068215	GENTAMICIN 0.1% OINTMENT	3	15.00	0.88	1.20857	26%-50% Below	No	No
00713080753	BETAMETHASONE DP 0.05% LOT	4	60.00	0.48	0.32985	26%-50% Above	No	No
00713084909	HYDROCORTISONE 1%-ACETIC ACID 2% EAR DROP	1	10.00	3.06	6.89017	51%-75% Below	No	No
00713088509	CLOMID 50 MG TABLET	3	5.00	1.66	9.05950	76%-100% Below	No	No
00713088509	CLOMID 50 MG TABLET	4	5.00	1.53	9.05950	76%-100% Below	Yes	No
00713088530	CLOMID 50 MG TABLET	1	15.00	1.53	7.55863	76%-100% Below	Yes	No
00713088530	CLOMID 50 MG TABLET	4	30.00	1.53	9.05950	76%-100% Below	Yes	No
00713093681	COLESEVELAM 625 MG TABLET	1	60.00	1.14	0.21945	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	1	60.00	1.34	0.21945	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	1	180.00	1.14	0.21945	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	1	540.00	1.14	0.21945	200% Above	Yes	No
00713093681	COLESEVELAM 625 MG TABLET	2	60.00	1.04	0.23766	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	2	60.00	1.14	0.23766	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	2	90.00	1.14	0.23766	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	2	180.00	1.04	0.23766	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	2	180.00	1.14	0.23766	200% Above	Yes	No
00713093681	COLESEVELAM 625 MG TABLET	3	60.00	0.99	0.26430	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	3	60.00	1.04	0.26430	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	3	180.00	0.99	0.26430	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	4	60.00	0.25	0.29879	10%-25% Below	No	No
00713093681	COLESEVELAM 625 MG TABLET	12	60.00	1.34	0.21673	200% Above	No	No
00713093681	COLESEVELAM 625 MG TABLET	12	180.00	1.34	0.21673	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	1	10.00	0.01	0.02002	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781106110	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.01	0.02002	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.02	0.02002	10%-25% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.01	0.02206	51%-75% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.07	0.02206	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	90.00	0.01	0.02206	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	7.00	0.07	0.02389	101%-200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	20.00	0.07	0.02389	101%-200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.07	0.02389	101%-200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.09	0.02389	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.01	0.02002	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.07	0.02002	200% Above	No	No
00781107701	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.01	0.02017	26%-50% Below	No	No
00781107701	ALPRAZOLAM 0.5 MG TABLET	12	90.00	0.02	0.02038	10%-25% Below	No	No
00781107705	ALPRAZOLAM 0.5 MG TABLET	1	40.00	0.01	0.02017	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	18.00	0.01	0.02017	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	20.00	0.03	0.02017	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.01	0.02017	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.02	0.02017	10%-25% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	40.00	0.01	0.02017	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	70.00	0.01	0.02017	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02017	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.02	0.02157	10%-25% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.07	0.02157	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	40.00	0.01	0.02157	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	70.00	0.01	0.02157	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.01	0.02157	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.01	0.02157	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	2.00	0.01	0.02270	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	15.00	0.07	0.02270	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.01	0.02270	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.07	0.02270	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	40.00	0.01	0.02270	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	54.00	0.01	0.02270	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	70.00	0.01	0.02270	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.01	0.02270	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.07	0.02270	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.16	0.02311	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	40.00	0.16	0.02311	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.07	0.02311	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.01	0.02038	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.09	0.02038	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	70.00	0.01	0.02038	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	90.00	0.01	0.02038	26%-50% Below	No	No
00781107901	ALPRAZOLAM 1 MG TABLET	1	30.00	0.01	0.02374	26%-50% Below	No	No
00781107901	ALPRAZOLAM 1 MG TABLET	2	30.00	0.01	0.02510	26%-50% Below	No	No
00781107901	ALPRAZOLAM 1 MG TABLET	4	30.00	0.13	0.02625	200% Above	No	No
00781107901	ALPRAZOLAM 1 MG TABLET	12	90.00	0.01	0.02389	51%-75% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	1	15.00	0.03	0.02374	26%-50% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	1	60.00	0.01	0.02374	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	1	60.00	0.02	0.02374	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781107905	ALPRAZOLAM 1 MG TABLET	1	60.00	0.02	0.02374	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	60.00	0.01	0.02510	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	60.00	0.02	0.02510	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	270.00	0.01	0.02510	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	30.00	0.02	0.02661	10%-25% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	60.00	0.01	0.02661	26%-50% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	60.00	0.01	0.02661	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	60.00	0.02	0.02661	26%-50% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	60.00	0.07	0.02661	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	60.00	0.07	0.02625	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	60.00	0.13	0.02625	200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	90.00	0.02	0.02625	10%-25% Below	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	30.00	0.12	0.02389	200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	60.00	0.01	0.02389	51%-75% Below	Yes	No
00781107910	ALPRAZOLAM 1 MG TABLET	3	30.00	0.02	0.02661	10%-25% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	1	60.00	0.01	0.04196	51%-75% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	2	60.00	0.01	0.04494	51%-75% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	3	60.00	0.02	0.04873	51%-75% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	12	60.00	0.03	0.04204	26%-50% Below	No	No
00781108905	ALPRAZOLAM 2 MG TABLET	2	60.00	0.04	0.04494	10%-25% Below	Yes	No
00781108905	ALPRAZOLAM 2 MG TABLET	3	60.00	0.04	0.04873	10%-25% Below	Yes	No
00781108905	ALPRAZOLAM 2 MG TABLET	3	90.00	0.04	0.04873	10%-25% Below	Yes	No
00781108905	ALPRAZOLAM 2 MG TABLET	4	90.00	0.04	0.04872	10%-25% Below	Yes	No
00781183120	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.48	0.33062	26%-50% Above	Yes	No
00781183120	AMOX-CLAV 500-125 MG TABLET	4	20.00	0.49	0.33090	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781185201	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.20	0.32240	26%-50% Below	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.46	0.29656	51%-75% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.41	0.32240	10%-25% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.41	0.34183	10%-25% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.49	0.32907	26%-50% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.25	0.32907	10%-25% Below	Yes	No
00781196260	CLARITHROMYCIN 500 MG TABLET	12	20.00	0.50	0.37720	26%-50% Above	No	No
00781202001	AMOXICILLIN 250 MG CAPSULE	1	30.00	0.04	0.08044	51%-75% Below	No	No
00781207410	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	1	25.00	0.20	0.10236	76%-100% Above	No	No
00781210301	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	1	720.00	0.26	0.17470	26%-50% Above	No	No
00781210301	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	4	240.00	0.26	0.18116	26%-50% Above	No	No
00781210301	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	4	480.00	0.26	0.18116	26%-50% Above	No	No
00781210301	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	12	240.00	0.26	0.17226	26%-50% Above	No	No
00781223410	OMEPRazole DR 40 MG CAPSULE	1	10.00	0.19	0.04764	200% Above	No	No
00781223410	OMEPRazole DR 40 MG CAPSULE	1	30.00	0.15	0.04764	200% Above	No	No
00781223410	OMEPRazole DR 40 MG CAPSULE	1	30.00	0.18	0.04764	200% Above	No	No
00781223410	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.06	0.04764	10%-25% Above	No	No
00781223410	OMEPRazole DR 40 MG CAPSULE	4	90.00	0.14	0.05275	101%-200% Above	No	No
00781227001	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	1	20.00	0.50	0.62631	10%-25% Below	No	No
00781236201	METHYLPHENIDATE ER(LA) 20 MG CP	2	30.00	3.45	2.88738	10%-25% Above	Yes	No
00781236401	METHYLPHENIDATE ER(LA) 40 MG CP	1	30.00	1.16	1.87447	26%-50% Below	Yes	No
00781236401	METHYLPHENIDATE ER(LA) 40 MG CP	1	30.00	1.54	1.87447	10%-25% Below	No	No
00781236401	METHYLPHENIDATE ER(LA) 40 MG CP	3	30.00	1.16	2.67540	51%-75% Below	Yes	No
00781236401	METHYLPHENIDATE ER(LA) 40 MG CP	12	30.00	1.16	2.05748	26%-50% Below	Yes	No
00781261301	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.03	0.08742	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781261301	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.04	0.09188	51%-75% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.18	0.09093	76%-100% Above	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.05	0.08279	26%-50% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.07	0.08279	10%-25% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	12	30.00	0.05	0.08279	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	14.00	0.05	0.08158	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	14.00	0.05	0.08158	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.05	0.08158	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.05	0.08158	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.07	0.08158	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.04	0.08158	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.05	0.08158	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.06	0.08158	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.05	0.08158	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.05	0.08158	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	14.00	0.10	0.08742	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	15.00	0.04	0.08742	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.05	0.08742	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.04	0.08742	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.08	0.08742	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.04	0.08742	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	15.00	0.03	0.09188	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	15.00	0.04	0.09188	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.03	0.09188	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.05	0.09188	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 221

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781261305	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.04	0.09188	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.18	0.09188	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	30.00	0.04	0.09188	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	40.00	0.04	0.09188	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	9.00	0.18	0.09093	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	15.00	0.07	0.09093	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.07	0.09093	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.04	0.09093	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.18	0.09093	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	30.00	0.18	0.09093	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	40.00	0.18	0.09093	76%-100% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	15.00	0.05	0.08279	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.05	0.08279	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.06	0.08279	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.07	0.08279	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.09	0.08279	10%-25% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	30.00	0.05	0.08279	26%-50% Below	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.07	0.03069	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.08	0.03315	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.03379	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.08	0.03379	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	3	60.00	0.08	0.03379	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.03	0.03379	10%-25% Below	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.09	0.03019	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.04	0.03019	10%-25% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781320885	CEFTRIAZONE INJ 1GM	12	2.00	1.07	.		No	No
00781320895	CEFTRIAZONE 1 GM VIAL	3	2.00	1.07	1.50113	26%-50% Below	No	No
00781324664	ENOXAPARIN 40 MG/0.4 ML SYR	3	12.00	6.61	9.22522	26%-50% Below	No	No
00781520992	VALACYCLOVIR TAB 1GM	2	60.00	0.40	.		No	No
00781600078	DIFLUPREDNATE 0.05% EYE DROP	3	5.00	11.90	14.68478	10%-25% Below	Yes	No
00781600078	DIFLUPREDNATE 0.05% EYE DROP	12	5.00	16.01	11.29596	26%-50% Above	Yes	No
00781602346	CLARITHROMYCIN 250 MG/5 ML SUS	4	100.00	0.05	1.42906	76%-100% Below	No	No
00781604155	AMOXICILLIN 250 MG/5 ML SUSP	1	150.00	0.03	0.02239	10%-25% Above	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.05	0.06953	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.08	0.06953	10%-25% Above	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	0.04	0.07213	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	75.00	0.05	0.07185	10%-25% Below	No	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	3	50.00	0.05	0.04612	10%-25% Above	Yes	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	4	250.00	0.05	0.04633	10%-25% Above	Yes	No
00781615757	AMOXICILLIN 400 MG/5 ML SUSP	3	225.00	0.06	0.03866	26%-50% Above	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	2.00	12.89053	76%-100% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	7.02	12.89053	26%-50% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	2.67	14.36773	76%-100% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	8.22	12.77122	26%-50% Below	No	No
00781620675	BIMATOPROST 0.03% EYELASH SOLN	1	5.00	11.82	14.85999	10%-25% Below	Yes	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	1	4.00	3.75	10.30002	51%-75% Below	No	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	3	4.00	6.19	11.82631	26%-50% Below	No	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	12	4.00	3.75	10.37819	51%-75% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	1	8.00	5.15	5.92120	10%-25% Below	Yes	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	2	8.00	5.15	6.29395	10%-25% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	3	8.00	3.00	6.43803	51%-75% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	3	8.00	5.15	6.43803	10%-25% Below	Yes	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	4	8.00	3.00	6.48889	51%-75% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	4	24.00	5.15	6.48889	10%-25% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	2	4.00	9.71	11.56765	10%-25% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	3	4.00	9.71	11.82523	10%-25% Below	No	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	8.00	5.43	6.32083	10%-25% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	24.00	5.43	6.32083	10%-25% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	2	8.00	5.43	6.86651	10%-25% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	8.00	5.43	6.78053	10%-25% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	8.00	5.43	6.90669	10%-25% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	24.00	5.43	6.90669	10%-25% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	12	8.00	5.43	6.44735	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	5.18	5.92804	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	4.01	6.49680	26%-50% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	4.40	6.49680	26%-50% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	7.33	6.49680	10%-25% Above	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	5.35	6.56038	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	5.35	6.56038	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	4.69	6.71823	26%-50% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	12	24.00	5.35	5.98844	10%-25% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	4.97	6.19621	10%-25% Below	No	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	1	24.00	4.97	6.19621	10%-25% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	3	24.00	4.53	7.12425	26%-50% Below	No	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	3	24.00	4.53	7.12425	26%-50% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	4	24.00	4.58	7.28171	26%-50% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	1	50.00	0.31	0.55075	26%-50% Below	No	No
00781717250	AZELAIC ACID 15% GEL	1	50.00	0.72	0.55075	26%-50% Above	Yes	No
00781717250	AZELAIC ACID 15% GEL	2	50.00	0.45	0.61076	26%-50% Below	No	No
00781717250	AZELAIC ACID 15% GEL	2	50.00	0.72	0.61076	10%-25% Above	Yes	No
00781717250	AZELAIC ACID 15% GEL	3	50.00	0.31	0.66695	51%-75% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	12	50.00	0.45	0.55790	10%-25% Below	No	No
00781717250	AZELAIC ACID 15% GEL	12	50.00	0.72	0.55790	26%-50% Above	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.75	2.22350	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.80	2.22350	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.14	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.14	2.22350	26%-50% Below	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.22	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.31	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.39	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.42	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.43	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.49	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.50	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	13.40	0.37	2.22350	76%-100% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	13.40	1.14	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	13.40	1.18	2.22350	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.73	2.30126	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.74	2.30126	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.75	2.30126	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.80	2.30126	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.30126	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.13	2.30126	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.15	2.30126	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.16	2.30126	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.22	2.30126	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.31	2.30126	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	13.40	0.80	2.30126	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.10	2.30126	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.27	2.30126	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.67	2.24431	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.73	2.24431	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.74	2.24431	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.75	2.24431	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.04	2.24431	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.22	2.24431	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.53	2.24431	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.79	2.24431	10%-25% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	13.40	1.27	2.24431	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	13.40	1.79	2.24431	10%-25% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.04	2.31039	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.11	2.31039	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.20	2.31039	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.22	2.31039	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.31	2.31039	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.42	2.31039	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.79	2.31039	10%-25% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	13.40	0.67	2.31039	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	13.40	1.10	2.31039	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	0.74	2.36448	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	0.74	2.36448	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.14	2.36448	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.15	2.36448	51%-75% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.16	2.36448	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.22	2.36448	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.30	2.36448	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.42	2.36448	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.43	2.36448	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.64	2.36448	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	1.00	0.21	0.32126	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.39	0.32126	10%-25% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.47	0.32126	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.50	0.32126	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.55	0.32126	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.63	0.32126	76%-100% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.82	0.32126	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.16	0.36217	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.19	0.36217	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.43	0.36217	10%-25% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.44	0.36217	10%-25% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.36217	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.57	0.36217	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.58	0.36217	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.16	0.37667	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.19	0.37667	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.47	0.37667	10%-25% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.48	0.37667	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.55	0.37667	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.57	0.37667	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.61	0.37667	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	1.38	0.37667	200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	4	6.00	0.57	0.36926	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	4	6.00	0.57	0.36926	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	4	6.00	0.58	0.36926	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	4	6.00	1.38	0.36926	200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	11	6.00	0.43	0.25633	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.00	0.19	0.32433	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.00	0.55	0.32433	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781808931	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
00781808931	AZITHROMYCIN 250 MG TABLET	1	6.00	0.50	0.32126	51%-75% Above	No	No
00781808931	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
00781808931	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
00781808931	AZITHROMYCIN 250 MG TABLET	12	6.00	0.50	0.32433	51%-75% Above	No	No
00781809003	AZITHROMYCIN 500 MG TABLET	3	5.00	0.85	0.67281	26%-50% Above	No	No
00832003800	OXYBUTYNIN 5 MG TABLET	2	30.00	0.20	0.04905	200% Above	No	No
00832003810	OXYBUTYNIN 5 MG TABLET	1	90.00	0.08	0.04734	51%-75% Above	No	No
00832027311	MORPHINE SULFATE IR 15 MG TAB	3	12.00	0.12	0.25331	51%-75% Below	No	No
00832027311	MORPHINE SULFATE IR 15 MG TAB	12	20.00	0.13	0.21739	26%-50% Below	No	No
00832046515	NYAMYC 100,000 UNIT/GM POWDER	12	15.00	0.16	0.34391	51%-75% Below	No	No
00832054111	BUMETANIDE 1 MG TABLET	3	10.00	0.54	0.17447	200% Above	No	No
00832054111	BUMETANIDE 1 MG TABLET	4	60.00	0.33	0.17499	76%-100% Above	Yes	No
00832054111	BUMETANIDE 1 MG TABLET	12	60.00	0.33	0.14527	101%-200% Above	Yes	No
00832105410	BACLOFEN 10 MG TABLET	2	60.00	0.02	0.03547	51%-75% Below	Yes	No
00832105410	BACLOFEN 10 MG TABLET	2	135.00	0.02	0.03547	51%-75% Below	Yes	No
00832105410	BACLOFEN 10 MG TABLET	3	120.00	0.02	0.03805	51%-75% Below	Yes	No
00832105515	BACLOFEN 20 MG TABLET	1	180.00	0.04	0.04889	10%-25% Below	Yes	No
00832105515	BACLOFEN 20 MG TABLET	1	270.00	0.02	0.04889	26%-50% Below	Yes	No
00832105515	BACLOFEN 20 MG TABLET	2	180.00	0.04	0.05263	26%-50% Below	Yes	No
00832121300	JANTOVEN 2.5 MG TABLET	3	90.00	0.16	0.09840	51%-75% Above	No	No
00832121900	JANTOVEN 10 MG TABLET	3	90.00	0.05	0.11585	51%-75% Below	No	No
00832125030	RAMELTEON 8 MG TABLET	1	10.00	1.00	0.63257	51%-75% Above	No	No
00832142505	BRIMONIDINE-TIMOLOL 0.2%-0.5%	1	15.00	11.59	5.30595	101%-200% Above	No	No
00832142505	BRIMONIDINE-TIMOLOL 0.2%-0.5%	2	5.00	9.84	5.44330	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00832142505	BRIMONIDINE-TIMOLOL 0.2%-0.5%	4	5.00	18.29	6.66027	101%-200% Above	No	No
00832142515	BRIMONIDINE-TIMOLOL 0.2%-0.5%	4	15.00	16.17	9.03416	76%-100% Above	No	No
00832142515	BRIMONIDINE-TIMOLOL 0.2%-0.5%	12	15.00	10.25	7.63564	26%-50% Above	No	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.05	0.09742	26%-50% Below	No	No
00832532310	POTASSIUM CL ER 10 MEQ TABLET	12	120.00	0.04	0.10167	51%-75% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.06	0.09742	26%-50% Below	No	No
00832532311	POTASSIUM CL ER 10 MEQ TABLET	2	180.00	0.06	0.09927	26%-50% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	1	120.00	0.13	0.11142	10%-25% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	0.06	0.12738	51%-75% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.15	0.10991	26%-50% Above	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	1	120.00	0.11	0.14775	10%-25% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	2	120.00	0.10	0.13778	26%-50% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	3	120.00	0.09	0.13671	26%-50% Below	No	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	4	120.00	0.22	0.13532	51%-75% Above	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	1	30.00	0.27	0.14775	76%-100% Above	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.10	0.14775	26%-50% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	1	120.00	0.10	0.14775	26%-50% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	1	120.00	0.11	0.14775	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.09	0.13778	26%-50% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.10	0.13778	26%-50% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.27	0.13778	76%-100% Above	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	3	7.00	0.09	0.13671	26%-50% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.22	0.13671	51%-75% Above	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.08	0.13532	26%-50% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	0.10	0.14755	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00832532511	POTASSIUM CL ER 20 MEQ TABLET	12	180.00	0.10	0.14755	26%-50% Below	No	No
00832532515	POTASSIUM CL ER 20 MEQ TABLET	2	180.00	0.10	0.13778	26%-50% Below	No	No
00832602311	CARBAMAZEPINE ER 200 MG TABLET	3	120.00	0.19	0.43652	51%-75% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	1	210.00	0.13	0.19599	26%-50% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	2	210.00	0.11	0.22101	51%-75% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	3	210.00	0.11	0.23565	51%-75% Below	No	No
00832604515	FAMOTIDINE 40 MG/5 ML SUSP	3	150.00	0.17	0.28033	26%-50% Below	No	No
00832604550	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.58	0.31317	76%-100% Above	Yes	No
00832604550	FAMOTIDINE 40 MG/5 ML SUSP	1	150.00	0.58	0.31317	76%-100% Above	Yes	No
00832604550	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.18	0.32376	26%-50% Below	Yes	No
00832604550	FAMOTIDINE 40 MG/5 ML SUSP	12	50.00	0.58	0.31275	76%-100% Above	Yes	No
00832604890	PITAVASTATIN 1 MG TABLET	2	90.00	0.01	1.65433	76%-100% Below	No	No
00832605211	DICYCLOMINE 20 MG TABLET	1	20.00	0.10	0.08916	10%-25% Above	No	No
00832605211	DICYCLOMINE 20 MG TABLET	1	28.00	0.16	0.08916	76%-100% Above	No	No
00832605211	DICYCLOMINE 20 MG TABLET	2	120.00	0.10	0.08997	10%-25% Above	No	No
00832605211	DICYCLOMINE 20 MG TABLET	3	30.00	0.14	0.08697	51%-75% Above	No	No
00832605310	DICYCLOMINE 10 MG CAPSULE	3	9.00	0.14	0.08613	51%-75% Above	No	No
00832605310	DICYCLOMINE 10 MG CAPSULE	12	90.00	0.11	0.08082	26%-50% Above	No	No
00832605311	DICYCLOMINE 10 MG CAPSULE	3	30.00	0.14	0.08613	51%-75% Above	No	No
00832605311	DICYCLOMINE 10 MG CAPSULE	3	40.00	0.14	0.08613	51%-75% Above	No	No
00832605311	DICYCLOMINE 10 MG CAPSULE	12	30.00	0.07	0.08082	10%-25% Below	No	No
00832605311	DICYCLOMINE 10 MG CAPSULE	12	40.00	0.14	0.08082	76%-100% Above	No	No
00832605612	MESALAMINE ER 0.375 GRAM CAP	1	360.00	1.35	0.50542	101%-200% Above	Yes	No
00832607211	METHIMAZOLE 5 MG TABLET	1	90.00	0.12	0.06948	51%-75% Above	Yes	No
00832607211	METHIMAZOLE 5 MG TABLET	1	135.00	0.12	0.06948	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00832607211	METHIMAZOLE 5 MG TABLET	1	180.00	0.10	0.06948	26%-50% Above	Yes	No
00832607211	METHIMAZOLE 5 MG TABLET	2	36.00	0.13	0.07132	76%-100% Above	Yes	No
00832607211	METHIMAZOLE 5 MG TABLET	2	90.00	0.12	0.07132	51%-75% Above	Yes	No
00832607211	METHIMAZOLE 5 MG TABLET	4	90.00	0.12	0.07277	51%-75% Above	Yes	No
00832607211	METHIMAZOLE 5 MG TABLET	12	90.00	0.10	0.06899	26%-50% Above	No	No
00832607311	METHIMAZOLE 10 MG TABLET	1	90.00	0.26	0.12062	101%-200% Above	Yes	No
00832607311	METHIMAZOLE 10 MG TABLET	2	30.00	0.18	0.12920	26%-50% Above	Yes	No
00832607311	METHIMAZOLE 10 MG TABLET	2	60.00	0.20	0.12920	51%-75% Above	Yes	No
00832607311	METHIMAZOLE 10 MG TABLET	3	90.00	0.20	0.13707	26%-50% Above	No	No
00832712315	DIVALPROEX SOD DR 250 MG TAB	3	60.00	0.07	0.09693	26%-50% Below	Yes	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	1	60.00	1.24	2.15232	26%-50% Below	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	2	60.00	1.24	2.32787	26%-50% Below	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	3	60.00	1.24	2.42474	26%-50% Below	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	4	60.00	5.16	2.49105	101%-200% Above	No	No
00832830330	ISOTRETINOIN 30 MG CAPSULE	12	60.00	1.07	2.25233	51%-75% Below	No	No
00832830430	ISOTRETINOIN 40 MG CAPSULE	1	30.00	1.20	2.15755	26%-50% Below	No	No
00832830430	ISOTRETINOIN 40 MG CAPSULE	12	30.00	8.20	2.17390	200% Above	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	1	90.00	0.01	0.02417	26%-50% Below	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	3	90.00	0.02	0.02608	26%-50% Below	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	12	90.00	0.02	0.02385	26%-50% Below	No	No
00904530780	BANOPHEN 50 MG CAPSULE	12	1.00	0.00	0.02450	76%-100% Below	Yes	No
00904572514	MINTOX MAXIMUM STRENGTH SUSP	3	180.00	0.04	0.01170	200% Above	No	No
00904583348	LORATADINE-D 24HR TABLET	2	30.00	0.49	0.56205	10%-25% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	1	40.00	0.02	0.05620	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00904585540	IBUPROFEN 800 MG TABLET	1	40.00	0.03	0.05620	26%-50% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	2	21.00	0.03	0.06029	26%-50% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.06029	26%-50% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	2	60.00	0.03	0.06029	26%-50% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	12	30.00	0.02	0.05567	51%-75% Below	No	No
00904662735	EAR DROPS 6.5%	2	15.00	0.11	0.15542	26%-50% Below	No	No
00904671740	CETIRIZINE HCL 10 MG TABLET	2	14.00	0.03	0.06211	51%-75% Below	No	No
00904671746	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.04	0.06211	26%-50% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.03	0.06134	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.02	0.06134	51%-75% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.03	0.06134	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.02	0.06211	51%-75% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.04	0.06211	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.05	0.06110	10%-25% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.04	0.06110	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.05	0.06035	10%-25% Below	No	No
00904671839	MUCUS RELIEF ER 600 MG TABLET	1	28.00	0.80	0.35297	101%-200% Above	No	No
00904671839	MUCUS RELIEF ER 600 MG TABLET	2	14.00	0.80	0.32454	101%-200% Above	No	No
00904671839	MUCUS RELIEF ER 600 MG TABLET	3	14.00	0.80	0.33120	101%-200% Above	No	No
00904674860	BISACODYL EC 5 MG TABLET	3	4.00	0.52	0.03892	200% Above	No	No
00904675180	ASPIRIN EC 81 MG TABLET	1	90.00	0.01	0.01368	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	2	90.00	0.01	0.01473	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	3	60.00	0.00	0.01553	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00904675180	ASPIRIN EC 81 MG TABLET	4	90.00	0.00	0.01536	76%-100% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	12	90.00	0.01	0.01317	51%-75% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	1	75.00	0.03	0.03452	10%-25% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	2	90.00	0.04	0.03732	10%-25% Above	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	3	75.00	0.05	0.03737	10%-25% Above	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	3	300.00	0.03	0.03737	10%-25% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	4	75.00	0.05	0.03675	10%-25% Above	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	4	120.00	0.04	0.03675	10%-25% Above	No	No
00904678370	ASPIRIN EC 81 MG TABLET	12	30.00	0.01	0.01317	51%-75% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	1	60.00	0.01	0.02417	51%-75% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	1	90.00	0.01	0.02417	51%-75% Below	Yes	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2	30.00	0.01	0.02506	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	12	30.00	0.01	0.02385	51%-75% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	12	90.00	0.04	0.02385	76%-100% Above	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	2	4.00	0.01	0.02506	26%-50% Below	Yes	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	2	90.00	0.01	0.02506	51%-75% Below	Yes	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	4	30.00	0.01	0.02511	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	4	90.00	0.01	0.02511	51%-75% Below	No	No
00904685272	LORATADINE 10 MG TABLET	2	30.00	0.02	0.05618	51%-75% Below	No	No
00904685272	LORATADINE 10 MG TABLET	3	30.00	0.02	0.05832	51%-75% Below	No	No
00904685272	LORATADINE 10 MG TABLET	12	90.00	0.03	0.05176	51%-75% Below	No	No
00904685289	LORATADINE 10 MG TABLET	12	30.00	0.04	0.05176	26%-50% Below	No	No
00904698516	DIPHENHYDRAMINE 12.5 MG/5 ML	4	50.00	0.05	0.01214	200% Above	No	No
00904700261	PREGABALIN 150 MG CAPSULE	3	60.00	0.03	0.06767	51%-75% Below	No	No
00904705040	FEXOFENADINE HCL 180 MG TABLET	12	90.00	0.11	0.23198	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00904705060	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.07	0.22930	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	1	90.00	0.09	0.22930	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.06	0.24884	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.09	0.27225	51%-75% Below	No	No
00904705060	FEXOFENADINE HCL 180 MG TABLET	12	60.00	0.09	0.23198	51%-75% Below	No	No
00904719240	FEXOFENADINE HCL 60 MG TABLET	2	20.00	0.10	0.18208	26%-50% Below	No	No
00904719260	FEXOFENADINE HCL 60 MG TABLET	2	60.00	0.09	0.18208	51%-75% Below	No	No
00904719260	FEXOFENADINE HCL 60 MG TABLET	3	60.00	0.10	0.17448	26%-50% Below	No	No
00904719260	FEXOFENADINE HCL 60 MG TABLET	3	180.00	0.10	0.17448	26%-50% Below	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	1	20.00	0.00	0.02476	76%-100% Below	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	1	30.00	0.06	0.02476	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	2	30.00	0.06	0.02705	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	2	180.00	0.06	0.02705	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	3	30.00	0.06	0.02743	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	3	30.00	0.09	0.02743	200% Above	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	4	20.00	0.27	0.02714	200% Above	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	4	60.00	0.06	0.02714	101%-200% Above	Yes	No
00904728080	DOCUSATE SODIUM 100 MG SOFTGEL	1	30.00	0.02	0.02476	26%-50% Below	No	No
00904728080	DOCUSATE SODIUM 100 MG SOFTGEL	1	30.00	0.07	0.02476	101%-200% Above	No	No
00904728080	DOCUSATE SODIUM 100 MG SOFTGEL	2	10.00	0.00	0.02705	76%-100% Below	No	No
00904728080	DOCUSATE SODIUM 100 MG SOFTGEL	3	60.00	0.02	0.02743	26%-50% Below	No	No
00904759060	FEROSUL TAB 325MG	1	90.00	0.01	.		No	No
00904759080	FEROSUL TAB 325MG	2	30.00	0.00	.		No	No
00904759080	FEROSUL TAB 325MG	2	30.00	0.01	.		No	No
00904759080	FEROSUL TAB 325MG	2	30.00	0.16	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00904759080	FEROSUL TAB 325MG	2	90.00	0.00	.		No	No
00904759080	FEROSUL TAB 325MG	4	90.00	0.05	.		No	No
00904759080	FEROSUL TAB 325MG	12	30.00	0.00	.		No	No
00904759160	FEROSUL TAB 325MG	1	90.00	0.00	.		No	No
00904759160	FEROSUL TAB 325MG	3	90.00	0.01	.		No	No
00904759160	FEROSUL TAB 325MG	4	90.00	0.01	.		No	No
00904759180	FEROSUL TAB 325MG	3	90.00	0.00	.		No	No
08214058529	PX LANCETS MIS 33G	2	100.00	0.04	.		No	No
08290305125	BD PRECIS GL NDL 25GX1"	1	10.00	0.06	.		No	No
08290305167	BD PRECIS GL NDL 21X1.5"	12	13.00	0.08	.		No	No
08290305270	BD INTEG 3ML SYN 25GX1"	3	3.00	1.26	.		No	No
08290309570	BD LUER 3ML SYN 25GX5/8"	2	50.00	0.26	.		Yes	No
08290309571	BD LUER 3ML SYN 23GX1"	1	12.00	0.50	.		No	No
08290309581	BD LUER 3ML SYN 25GX1"	1	3.00	2.00	.		Yes	No
08290309581	BD LUER 3ML SYN 25GX1"	2	2.00	3.00	.		Yes	No
08290309581	BD LUER 3ML SYN 25GX1"	2	12.00	0.50	.		Yes	No
08290320109	BD SHORT NDL PEN 31GX8MM	1	100.00	0.56	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	1	100.00	0.60	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	1	100.00	0.62	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	1	100.00	0.64	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	2	100.00	0.54	.		Yes	No
08290320109	BD SHORT NDL PEN 31GX8MM	2	100.00	0.62	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	2	100.00	0.62	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	2	100.00	0.63	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	2	500.00	0.62	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08290320109	BD SHORT NDL PEN 31GX8MM	4	100.00	0.60	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	4	100.00	0.62	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	4	100.00	0.62	.		No	No
08290320109	BD SHORT NDL PEN 31GX8MM	12	300.00	0.56	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	1	100.00	0.62	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	1	300.00	0.63	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	2	100.00	0.18	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	2	300.00	0.63	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	3	100.00	0.18	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	3	100.00	0.62	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	3	100.00	0.62	.		No	No
08290320119	BD PEN NEEDL MIS 31GX5MM	3	100.00	0.62	.		Yes	No
08290320119	BD PEN NEEDL MIS 31GX5MM	12	100.00	0.54	.		Yes	No
08290320122	BD PEN NEEDL MIS 32GX4MM	2	100.00	0.60	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	2	100.00	0.63	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	2	300.00	0.63	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	3	100.00	0.63	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	3	100.00	0.63	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	12	100.00	0.59	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	1	100.00	0.54	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	1	100.00	0.62	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	1	100.00	0.63	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	1	200.00	0.59	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	1	300.00	0.08	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	1	300.00	0.59	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08290320550	BD NANO 2NDG PEN 32GX4MM	1	400.00	0.62	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	90.00	0.54	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	100.00	0.54	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	100.00	0.62	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	100.00	0.63	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	200.00	0.59	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	200.00	0.62	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	450.00	0.54	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	3	90.00	0.62	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	3	100.00	0.54	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	3	100.00	0.59	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	3	100.00	0.62	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	3	100.00	0.62	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	3	200.00	0.59	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	3	300.00	0.62	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	4	100.00	0.54	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	4	100.00	0.62	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	4	100.00	0.63	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	4	100.00	0.64	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	4	200.00	0.59	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	4	300.00	0.07	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	12	100.00	0.58	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	12	100.00	0.59	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	12	200.00	0.58	.		Yes	No
08290320550	BD NANO 2NDG PEN 32GX4MM	12	300.00	0.58	.		Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08290320882	BD MINI NDL PEN 31GX5MM	1	100.00	0.38	.		No	No
08290320882	BD MINI NDL PEN 31GX5MM	1	360.00	0.37	.		Yes	No
08290328440	BD UF HALF-U SYN 31GX5/16	12	100.00	0.43	.		No	No
08290328468	BD UF 0.5ML SYN 31GX5/16	4	100.00	0.46	.		No	No
08290329515	BD AUTOSHL D PEN 30GX3/16	3	300.00	0.94	.		No	No
08373747800	OPTICHAMBER MIS DIAMOND	1	1.00	3.40	.		Yes	No
08373747800	OPTICHAMBER MIS DIAMOND	2	2.00	17.07	.		Yes	No
08373982300	OPTICHAMBER MIS DIA SM	3	1.00	23.83	.		No	No
08373982300	OPTICHAMBER MIS DIA SM	12	1.00	13.40	.		Yes	No
08373982300	OPTICHAMBER MIS DIA SM	12	1.00	23.87	.		No	No
08373982600	OPTICHAMBER MIS DIA MD	12	1.00	13.40	.		Yes	No
08470046501	UNILET LNC CFT TCH	12	100.00	0.05	.		No	No
08496301001	EASY TOUCH LNC TWST/30G	2	100.00	0.05	.		No	No
08496301001	EASY TOUCH LNC TWST/30G	3	100.00	0.05	.		No	No
08496301001	EASY TOUCH LNC TWST/30G	4	100.00	0.05	.		No	No
08508200005	OMNIPOD DASH MIS 5 PACK	1	10.00	57.31	.		Yes	No
08508200005	OMNIPOD DASH MIS 5 PACK	1	30.00	57.28	.		Yes	No
08508200005	OMNIPOD DASH MIS 5 PACK	2	10.00	57.31	.		Yes	No
08508200005	OMNIPOD DASH MIS 5 PACK	3	10.00	57.31	.		Yes	No
08508200005	OMNIPOD DASH MIS 5 PACK	4	10.00	57.02	.		Yes	No
08508200005	OMNIPOD DASH MIS 5 PACK	4	10.00	57.31	.		Yes	No
08508300001	OMNIPOD 5 DX KIT INT G7G6	1	1.00	570.21	.		Yes	No
08508300001	OMNIPOD 5 DX KIT INT G7G6	12	1.00	551.00	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	10.00	57.02	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	10.00	57.31	.		Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	15.00	57.20	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	15.00	58.18	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	30.00	57.02	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	45.00	56.19	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	10.00	57.02	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	10.00	57.31	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	10.00	57.31	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	15.00	58.18	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	25.00	54.38	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	10.00	57.02	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	10.00	57.31	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	10.00	57.31	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	15.00	57.20	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	15.00	57.31	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	30.00	57.20	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	30.00	57.31	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	10.00	57.02	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	10.00	57.31	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	15.00	57.31	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	15.00	58.00	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	30.00	57.02	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	12	10.00	57.31	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	12	30.00	57.31	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	12	45.00	57.41	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	222.66	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	231.57	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	232.61	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	233.50	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	233.50	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	234.24	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	234.68	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	2	1.00	222.66	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	2	1.00	233.50	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	2	1.00	234.54	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	2	1.00	234.68	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	3	1.00	222.66	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	3	1.00	230.08	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	3	1.00	234.24	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	3	1.00	234.68	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	3	1.00	234.68	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	3	1.00	237.50	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	4	1.00	222.66	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	4	1.00	233.50	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	12	1.00	234.68	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	12	1.00	234.68	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	117.69	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	123.42	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	123.81	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	124.05	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	9.00	123.81	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627005303	DEXCOM G6 MIS SENSOR	1	9.00	124.05	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	1	9.00	125.93	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	117.69	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	123.42	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	123.81	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	124.05	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	6.00	125.54	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	9.00	124.05	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	117.69	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	123.42	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	123.81	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	124.05	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	117.69	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	121.62	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	123.42	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	123.42	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	123.97	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	124.05	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	124.05	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	125.54	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	37.99	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	123.42	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	124.05	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	125.54	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	9.00	117.69	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	120.44	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	122.26	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	9.00	119.98	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	12	9.00	120.63	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	123.42	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	123.81	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	124.05	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	124.05	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	125.54	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	134.95	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	6.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	6.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	121.61	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	122.95	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	123.42	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	124.05	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	124.05	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	1.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	123.42	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	123.81	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	124.05	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	125.54	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	134.95	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	8.00	125.93	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	123.57	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	123.97	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	123.97	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	1.00	125.93	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	2.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	123.42	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	123.81	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	124.05	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	124.05	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	125.54	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	134.95	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	4.00	125.19	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	6.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	121.61	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	122.95	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	123.42	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	123.42	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	125.54	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	2.00	123.42	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	117.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	123.81	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	124.05	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	124.05	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	125.54	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	123.97	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	123.97	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	124.05	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	1.00	115.25	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	1.00	120.43	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	109.69	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	118.07	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	119.98	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	119.98	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	120.43	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	120.43	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	120.63	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	121.88	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	6.00	120.43	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	8.00	122.26	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	114.26	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	118.07	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	119.37	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	119.98	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	121.88	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	1	1.00	280.31	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	1	1.00	293.95	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	1	1.00	293.95	.		Yes	No
08627007801	DEXCOM G7 MIS RECEIVER	1	1.00	295.45	.		Yes	No
08627007801	DEXCOM G7 MIS RECEIVER	2	1.00	280.31	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	2	1.00	293.95	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	2	1.00	293.95	.		Yes	No
08627007801	DEXCOM G7 MIS RECEIVER	3	1.00	280.31	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	3	1.00	293.95	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	3	1.00	299.93	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	4	1.00	295.26	.		Yes	No
08627009111	DEXCOM G6 MIS RECEIVER	12	1.00	360.67	.		No	No
10006070022	VITAMIN B-12 TAB 1000MCG	4	90.00	0.08	.		No	No
10135067301	ROPINIROLE TAB 0.25MG	12	90.00	0.02	.		No	No
10135077805	PREDNISONE TAB 20MG	2	14.00	0.10	.		No	No
10135077805	PREDNISONE TAB 20MG	3	5.00	0.17	.		No	No
10135077805	PREDNISONE TAB 20MG	3	20.00	0.09	.		No	No
10135077805	PREDNISONE TAB 20MG	12	5.00	0.08	.		No	No
10135078705	EZETIMIBE TAB 10MG	12	90.00	0.07	.		No	No
10135078790	EZETIMIBE TAB 10MG	3	90.00	0.08	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10370083109	DILTIAZEM 24H ER(CD) 240 MG CP	1	30.00	0.00	0.21028	76%-100% Below	No	No
10370083109	DILTIAZEM 24H ER(CD) 240 MG CP	4	30.00	0.11	0.22093	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.00	0.16356	76%-100% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.04	0.16356	51%-75% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.11	0.16356	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.03	0.17860	76%-100% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.09	0.17860	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.09	0.17860	26%-50% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.13	0.17860	10%-25% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	12	354.00	0.11	0.16196	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	3	4000.00	0.00	0.00459	51%-75% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	3	4000.00	0.00	0.00452	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	3	4000.00	0.00	0.00459	10%-25% Below	No	No
10702000301	PROMETHAZINE 25 MG TABLET	1	60.00	0.02	0.03987	51%-75% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	1	7.00	0.02	0.03987	26%-50% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	2	2.00	0.02	0.04512	51%-75% Below	No	No
10702000310	PROMETHAZINE 25 MG TABLET	2	30.00	0.02	0.04512	51%-75% Below	Yes	No
10702000310	PROMETHAZINE 25 MG TABLET	3	30.00	0.03	0.04900	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	1	1.00	0.47	0.03987	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	1	10.00	0.02	0.03987	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	1	30.00	0.02	0.03987	26%-50% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	2	12.00	0.02	0.04512	51%-75% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	2	30.00	0.02	0.04512	51%-75% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	3	1.00	0.47	0.04900	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	3	12.00	0.02	0.04900	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702000350	PROMETHAZINE 25 MG TABLET	3	20.00	0.02	0.04900	51%-75% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	3	120.00	0.02	0.04900	51%-75% Below	No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	5.00	0.20	0.04839	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	20.00	0.05	0.04839	10%-25% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	45.00	0.20	0.04839	200% Above	No	No
10702000709	CYCLOBENZAPRINE 10 MG TABLET	4	120.00	0.18	0.01758	200% Above	No	No
10702000750	CYCLOBENZAPRINE 10 MG TABLET	3	10.00	0.18	0.01774	200% Above	No	No
10702001150	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.09	0.04398	101%-200% Above	No	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	1	30.00	0.93	0.17869	200% Above	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	1	30.00	1.09	0.17869	200% Above	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	2	30.00	0.16	0.19699	10%-25% Below	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	2	30.00	0.93	0.19699	200% Above	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	3	30.00	0.16	0.21902	10%-25% Below	Yes	No
10702001601	INDOMETHACIN ER 75 MG CAPSULE	4	30.00	0.16	0.19392	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	7.00	0.05	0.08665	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	8.00	0.08	0.08665	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	10.00	0.05	0.08665	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	18.00	0.07	0.08665	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	30.00	0.06	0.08665	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	10.00	0.05	0.09095	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	15.00	0.05	0.09095	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	20.00	0.05	0.09095	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	30.00	0.05	0.09095	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	5.00	0.05	0.09237	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	8.00	0.05	0.09237	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	14.00	0.05	0.09237	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	15.00	0.05	0.09237	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	25.00	0.05	0.09237	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	4	8.00	0.21	0.09085	101%-200% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	4	12.00	0.21	0.09085	101%-200% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	4	15.00	0.07	0.09085	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	4	40.00	0.06	0.09085	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	12	25.00	0.06	0.08810	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	12	26.00	0.07	0.08810	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	12	30.00	0.06	0.08810	26%-50% Below	Yes	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	1	12.00	0.06	0.08665	26%-50% Below	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	1	120.00	0.05	0.08665	26%-50% Below	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	2	10.00	0.05	0.09095	26%-50% Below	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	3	20.00	0.05	0.09237	26%-50% Below	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	3	120.00	0.05	0.09237	26%-50% Below	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	1	30.00	0.32	0.06099	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	1	30.00	0.39	0.06099	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	1	30.00	0.39	0.06099	200% Above	Yes	No
10702002501	PHENTERMINE 37.5 MG TABLET	1	30.00	0.49	0.06099	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	1	30.00	0.53	0.06099	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	1	90.00	0.49	0.06099	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	2	30.00	0.39	0.06975	200% Above	Yes	No
10702002501	PHENTERMINE 37.5 MG TABLET	2	30.00	0.49	0.06975	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	3	30.00	0.24	0.07993	101%-200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	3	30.00	0.39	0.07993	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702002501	PHENTERMINE 37.5 MG TABLET	3	30.00	0.49	0.07993	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	3	30.00	0.52	0.07993	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	3	30.00	0.53	0.07993	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	4	30.00	0.24	0.07928	101%-200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	4	30.00	0.39	0.07928	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	4	30.00	0.52	0.07928	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	12	30.00	0.32	0.05964	200% Above	No	No
10702002501	PHENTERMINE 37.5 MG TABLET	12	30.00	0.39	0.05964	200% Above	No	No
10702002601	PHENTERMINE 15 MG CAPSULE	2	30.00	0.34	0.09168	200% Above	No	No
10702002601	PHENTERMINE 15 MG CAPSULE	4	30.00	0.35	0.09524	200% Above	Yes	No
10702002801	PHENTERMINE 30 MG CAPSULE	1	30.00	0.45	0.10628	200% Above	Yes	No
10702002901	PHENTERMINE 37.5 MG CAPSULE	2	30.00	0.32	0.09764	200% Above	Yes	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	3	28.00	0.08	0.16207	51%-75% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	3	30.00	0.09	0.16207	26%-50% Below	Yes	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	1	120.00	0.10	0.22645	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	2	120.00	0.13	0.24217	26%-50% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	3	120.00	0.13	0.25748	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	4	120.00	0.22	0.25716	10%-25% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	12	120.00	0.10	0.22880	51%-75% Below	No	No
10702007501	METHYLPHENIDATE ER 10 MG TAB	3	30.00	2.24	0.42289	200% Above	No	No
10702007701	PHENDIMETRAZINE 35 MG TABLET	1	30.00	0.08	0.11640	26%-50% Below	Yes	No
10702007701	PHENDIMETRAZINE 35 MG TABLET	1	30.00	0.16	0.11640	26%-50% Above	No	No
10702007701	PHENDIMETRAZINE 35 MG TABLET	4	30.00	0.16	0.12768	26%-50% Above	No	No
10702007701	PHENDIMETRAZINE 35 MG TABLET	4	90.00	0.08	0.12768	26%-50% Below	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.28	0.11628	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702010001	METHYLPHENIDATE 5 MG TABLET	1	90.00	0.17	0.11628	26%-50% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	2	30.00	0.24	0.12374	76%-100% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	2	30.00	0.35	0.12374	101%-200% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	3	30.00	0.21	0.12941	51%-75% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	3	90.00	0.17	0.12941	26%-50% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	12	60.00	0.25	0.11934	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	1	26.00	0.37	0.15808	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.37	0.15808	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.37	0.15808	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.44	0.15808	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.34	0.16256	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.37	0.16256	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.34	0.16471	101%-200% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.34	0.16471	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	4	30.00	0.21	0.15528	26%-50% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	12	30.00	0.33	0.15466	101%-200% Above	No	No
10702010201	METHYLPHENIDATE 20 MG TABLET	1	60.00	0.25	0.21496	10%-25% Above	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	1	60.00	0.53	0.21496	101%-200% Above	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	1	90.00	0.12	0.21496	26%-50% Below	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	1	90.00	0.53	0.21496	101%-200% Above	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	2	30.00	0.16	0.22548	26%-50% Below	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	2	60.00	0.49	0.22548	101%-200% Above	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	2	90.00	0.12	0.22548	26%-50% Below	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	3	60.00	0.26	0.22966	10%-25% Above	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	3	60.00	0.49	0.22966	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702010201	METHYLPHENIDATE 20 MG TABLET	3	90.00	0.12	0.22966	26%-50% Below	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	4	60.00	0.26	0.20940	26%-50% Above	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	12	90.00	0.12	0.20753	26%-50% Below	Yes	No
10702010601	DEXMETHYLPHENIDATE 2.5 MG TAB	3	30.00	0.11	0.20353	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	1	60.00	0.15	0.25892	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	2	60.00	0.14	0.26559	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	2	60.00	0.15	0.26559	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	3	60.00	0.14	0.27059	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	3	60.00	0.15	0.27059	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	4	60.00	0.14	0.27213	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	12	60.00	0.13	0.25573	26%-50% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	12	60.00	0.14	0.25573	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	12	60.00	0.15	0.25573	26%-50% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	1	60.00	0.20	0.38865	26%-50% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	2	60.00	0.20	0.37734	26%-50% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	4	30.00	0.32	0.37767	10%-25% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	4	60.00	0.20	0.37767	26%-50% Below	Yes	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	12	60.00	0.01	0.05024	76%-100% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	12	60.00	0.09	0.05024	76%-100% Above	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.08	0.12752	26%-50% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.06	0.12752	51%-75% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.11	0.13022	10%-25% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.06	0.12407	26%-50% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	30.00	0.07	0.12407	26%-50% Below	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	12.00	0.07	0.12950	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	30.00	0.07	0.12950	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	30.00	0.07	0.12950	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	30.00	0.07	0.12950	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	30.00	0.08	0.12950	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	12.00	0.09	0.14389	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	0.07	0.14389	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	40.00	0.07	0.14389	51%-75% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	12.00	0.07	0.15433	51%-75% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.07	0.15433	51%-75% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.07	0.15433	51%-75% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.08	0.15433	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	60.00	0.07	0.15433	51%-75% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	10.00	0.30	0.15039	76%-100% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	28.00	0.08	0.15039	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	30.00	0.29	0.15039	76%-100% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	48.00	0.29	0.15039	76%-100% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	18.00	0.09	0.13180	26%-50% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	30.00	0.17	0.13180	26%-50% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	40.00	0.09	0.13180	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	72.00	0.08	0.13180	26%-50% Below	Yes	No
10702080806	CYCLOSPORINE 0.05% EYE EMULSION	4	60.00	3.50	2.32874	26%-50% Above	Yes	No
10702080806	CYCLOSPORINE 0.05% EYE EMULSION	12	60.00	2.62	2.10832	10%-25% Above	Yes	No
11523433203	CLARITIN-D TAB 10-240MG	1	30.00	1.31	.		No	No
11523433203	CLARITIN-D TAB 10-240MG	3	30.00	1.31	.		No	No
11523433203	CLARITIN-D TAB 10-240MG	12	30.00	1.31	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
11527070442	SODIUM FLUORIDE SENSTV 5000PPM	2	100.00	0.12	0.09797	26%-50% Above	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2	100.00	0.13	0.09384	26%-50% Above	No	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	3	100.00	0.14	0.09425	26%-50% Above	No	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	12	100.00	0.13	0.09322	26%-50% Above	No	No
11534015701	PHENTERMINE 15 MG CAPSULE	3	30.00	0.25	0.09354	101%-200% Above	No	No
11534015701	PHENTERMINE 15 MG CAPSULE	4	30.00	0.25	0.09524	101%-200% Above	No	No
11534016001	PHENTERMINE 37.5 MG TABLET	2	30.00	0.15	0.06975	101%-200% Above	No	No
11534016001	PHENTERMINE 37.5 MG TABLET	3	30.00	0.15	0.07993	76%-100% Above	No	No
11534016003	PHENTERMINE 37.5 MG TABLET	2	30.00	0.15	0.06975	101%-200% Above	No	No
11534016003	PHENTERMINE 37.5 MG TABLET	12	30.00	0.15	0.05964	101%-200% Above	No	No
11534016501	FOLIC ACID 1 MG TABLET	4	90.00	0.05	0.02265	101%-200% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	30.00	0.01	0.02086	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	30.00	0.01	0.02086	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	30.00	0.03	0.02086	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	90.00	0.02	0.02086	10%-25% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	180.00	0.01	0.02086	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	2	30.00	0.01	0.02251	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	2	30.00	0.03	0.02251	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	30.00	0.01	0.02320	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	30.00	0.02	0.02320	10%-25% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	30.00	0.03	0.02320	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	60.00	0.01	0.02320	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	4	30.00	0.01	0.02265	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	4	30.00	0.04	0.02265	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
11534016503	FOLIC ACID 1 MG TABLET	4	60.00	0.04	0.02265	76%-100% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	4	270.00	0.01	0.02265	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	30.00	0.01	0.02077	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	30.00	0.03	0.02077	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	30.00	0.04	0.02077	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	60.00	0.02	0.02077	26%-50% Below	No	No
11534019501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.18	0.33707	26%-50% Below	No	No
11534019501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.24	0.33907	26%-50% Below	No	No
11534019601	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.22	0.29620	26%-50% Below	No	No
11845014775	D 1000 CAP 1000UNIT	4	30.00	0.07	.		No	No
11845015131	EAR HEALTH TAB FORMULA	2	180.00	0.01	.		No	No
11845015131	EAR HEALTH TAB FORMULA	3	180.00	0.01	.		No	No
11917012582	LANCETS MICR MIS THIN 33G	3	100.00	0.06	.		No	No
11917021708	LANCETS MIS 33G	1	100.00	0.09	.		No	No
12608003001	ONE TCH 33G LNC DELICAPL	1	100.00	0.12	.		Yes	No
12608003001	ONE TCH 33G LNC DELICAPL	12	100.00	0.12	.		Yes	No
13107000105	MIRTAZAPINE 7.5 MG TABLET	3	30.00	0.33	0.41378	10%-25% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	2	90.00	0.50	0.42128	10%-25% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	3	90.00	0.76	0.41378	76%-100% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	4	30.00	0.17	0.40681	51%-75% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	12	30.00	0.98	0.39852	101%-200% Above	No	No
13107000305	MIRTAZAPINE 30 MG TABLET	1	30.00	0.04	0.08036	26%-50% Below	No	No
13107000305	MIRTAZAPINE 30 MG TABLET	3	30.00	0.14	0.08897	51%-75% Above	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	3	30.00	0.04	0.08897	51%-75% Below	No	No
13107001401	GLYCOPYRROLATE 1 MG TABLET	12	30.00	0.23	0.09586	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107003105	MIRTAZAPINE 15 MG TABLET	1	30.00	0.15	0.06647	101%-200% Above	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	4	30.00	0.09	0.07346	10%-25% Above	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	11	30.00	0.08	0.05459	51%-75% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	1	30.00	0.10	0.06647	26%-50% Above	Yes	No
13107003134	MIRTAZAPINE 15 MG TABLET	2	30.00	0.10	0.07254	26%-50% Above	Yes	No
13107003134	MIRTAZAPINE 15 MG TABLET	3	30.00	0.12	0.07406	51%-75% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	3	90.00	0.09	0.07406	10%-25% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	12	90.00	0.09	0.06611	26%-50% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	1	30.00	0.24	0.11535	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	1	30.00	0.31	0.11535	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	2	30.00	0.24	0.12774	76%-100% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	2	30.00	0.31	0.12774	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	3	30.00	0.22	0.12881	51%-75% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	12	30.00	0.28	0.11075	101%-200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	12	30.00	0.50	0.11075	200% Above	No	No
13107005999	ACETAMINOPHEN-COD #3 TABLET	3	120.00	0.04	0.26399	76%-100% Below	No	No
13107007001	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.18	0.21968	10%-25% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	1	30.00	0.02	0.03179	10%-25% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03179	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	1	90.00	0.06	0.03179	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03346	26%-50% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03346	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03346	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.09	0.03346	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	60.00	0.02	0.03346	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107007901	TRAZODONE 50 MG TABLET	2	180.00	0.06	0.03346	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03571	26%-50% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	3	30.00	0.09	0.03571	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	3	60.00	0.02	0.03571	26%-50% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	3	60.00	0.07	0.03571	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	3	90.00	0.07	0.03571	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	3	180.00	0.07	0.03571	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	3	180.00	0.07	0.03571	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	4	30.00	0.09	0.03524	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	4	30.00	0.16	0.03524	200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	1	90.00	0.05	0.03179	51%-75% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	1	30.00	0.06	0.05231	10%-25% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	1	30.00	0.15	0.05231	101%-200% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	1	90.00	0.00	0.05231	76%-100% Below	No	No
13107008001	TRAZODONE 100 MG TABLET	2	30.00	0.05	0.05685	10%-25% Below	No	No
13107008001	TRAZODONE 100 MG TABLET	2	60.00	0.05	0.05685	10%-25% Below	No	No
13107008001	TRAZODONE 100 MG TABLET	2	60.00	0.11	0.05685	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	2	90.00	0.08	0.05685	26%-50% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	3	30.00	0.05	0.05982	10%-25% Below	No	No
13107008001	TRAZODONE 100 MG TABLET	3	30.00	0.19	0.05982	200% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	3	60.00	0.11	0.05982	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	3	90.00	0.08	0.05982	26%-50% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	12	30.00	0.06	0.05221	10%-25% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	12	30.00	0.15	0.05221	101%-200% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	12	90.00	0.14	0.05221	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107008101	TRAZODONE 150 MG TABLET	4	60.00	0.07	0.11893	26%-50% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	1	6.00	0.09	0.03737	101%-200% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	1	30.00	0.03	0.03737	10%-25% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	1	60.00	0.02	0.03737	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	1	60.00	0.03	0.03737	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	2	30.00	0.02	0.04110	51%-75% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	2	30.00	0.02	0.04110	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	4.00	0.11	0.04287	101%-200% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	30.00	0.02	0.04287	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	30.00	0.03	0.04287	26%-50% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	30.00	0.04	0.04287	10%-25% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	60.00	0.02	0.04287	51%-75% Below	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	4	2.00	0.20	0.04385	200% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	12	30.00	0.03	0.03769	26%-50% Below	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	12	30.00	0.03	0.03769	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	1	10.00	0.02	0.04209	51%-75% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	1	10.00	0.02	0.04209	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	1	20.00	0.02	0.04209	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	1	30.00	0.02	0.04209	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	1	45.00	0.02	0.04209	51%-75% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	1	60.00	0.02	0.04209	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	1	90.00	0.02	0.04209	51%-75% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	2	30.00	0.03	0.04658	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	2	30.00	0.03	0.04658	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	2	30.00	0.04	0.04658	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107008405	LORAZEPAM 1 MG TABLET	3	4.00	0.13	0.04949	101%-200% Above	No	No
13107008405	LORAZEPAM 1 MG TABLET	3	30.00	0.03	0.04949	26%-50% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	3	30.00	0.04	0.04949	10%-25% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	4	30.00	0.03	0.04960	26%-50% Below	No	No
13107008405	LORAZEPAM 1 MG TABLET	4	30.00	0.04	0.04960	10%-25% Below	Yes	No
13107008499	LORAZEPAM 1 MG TABLET	4	60.00	0.13	0.04960	101%-200% Above	No	No
13107015430	PAROXETINE HCL 10 MG TABLET	1	30.00	0.11	0.06244	76%-100% Above	No	No
13107015430	PAROXETINE HCL 10 MG TABLET	2	30.00	0.08	0.06669	10%-25% Above	No	No
13107015490	PAROXETINE HCL 10 MG TABLET	1	90.00	0.10	0.06244	51%-75% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	3	30.00	0.05	0.06757	10%-25% Below	Yes	No
13107015530	PAROXETINE HCL 20 MG TABLET	1	90.00	0.12	0.06719	51%-75% Above	No	No
13107015530	PAROXETINE HCL 20 MG TABLET	1	90.00	0.14	0.06719	101%-200% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	1	90.00	0.10	0.06719	51%-75% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	1	90.00	0.12	0.06719	51%-75% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	2	90.00	0.05	0.07237	26%-50% Below	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	3	30.00	0.10	0.07135	26%-50% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	4	90.00	0.25	0.07169	200% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	12	90.00	0.12	0.06720	76%-100% Above	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	1	180.00	0.07	0.08737	10%-25% Below	Yes	No
13107015730	PAROXETINE HCL 40 MG TABLET	3	90.00	0.26	0.12775	101%-200% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	12	90.00	0.09	0.10369	10%-25% Below	No	No
13107015790	PAROXETINE HCL 40 MG TABLET	1	90.00	0.08	0.11214	26%-50% Below	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	2	60.00	0.07	0.12683	26%-50% Below	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	2	90.00	0.07	0.12683	26%-50% Below	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	3	90.00	0.07	0.12775	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107015790	PAROXETINE HCL 40 MG TABLET	3	90.00	0.26	0.12775	101%-200% Above	Yes	No
13107015799	PAROXETINE HCL 40 MG TABLET	2	30.00	0.07	0.12683	26%-50% Below	No	No
13107015799	PAROXETINE HCL 40 MG TABLET	3	30.00	0.07	0.12775	26%-50% Below	No	No
13107015799	PAROXETINE HCL 40 MG TABLET	4	30.00	0.26	0.12040	101%-200% Above	No	No
13107015799	PAROXETINE HCL 40 MG TABLET	12	30.00	0.12	0.10369	10%-25% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.05	0.02987	51%-75% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.02	0.03336	26%-50% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.02	0.03520	26%-50% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	12	14.00	0.08	0.02915	101%-200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.00	0.08	0.02915	101%-200% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	15.00	0.04	0.02987	26%-50% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.04	0.02987	26%-50% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.05	0.02987	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.02	0.03336	26%-50% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	3	15.00	0.04	0.03520	10%-25% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.02	0.03520	26%-50% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.04	0.03520	10%-25% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.26	0.03520	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.04	0.03463	10%-25% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	4	90.00	0.26	0.03463	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.00	0.05	0.02915	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	12	90.00	0.02	0.02915	10%-25% Below	Yes	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.26	0.03463	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03221	10%-25% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03221	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.03	0.03221	10%-25% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.05	0.03221	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	20.00	0.02	0.03622	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.05	0.03622	26%-50% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	0.02	0.03622	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.05	0.03890	10%-25% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.02	0.03890	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.05	0.03866	10%-25% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.49	0.03866	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	4	90.00	0.49	0.03866	200% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.02	0.03146	10%-25% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.05	0.03146	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	10.00	0.10	0.03221	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	15.00	0.06	0.03221	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03221	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03221	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.03	0.03221	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.05	0.03221	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.05	0.03221	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.09	0.03221	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.02	0.03221	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.02	0.03221	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.02	0.03221	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.03	0.03221	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.04	0.03622	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.05	0.03622	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.05	0.03622	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.07	0.03622	76%-100% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.03	0.03890	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.04	0.03890	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.05	0.03890	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.05	0.03890	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.05	0.03890	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.49	0.03890	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.49	0.03890	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.02	0.03890	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.03	0.03890	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.03	0.03890	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.04	0.03866	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.05	0.03866	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.05	0.03866	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.05	0.03866	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.49	0.03866	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.04	0.03146	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.04	0.03146	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.05	0.03146	26%-50% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.05	0.03146	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.05	0.03146	51%-75% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.09	0.03146	101%-200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.50	0.03146	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03221	10%-25% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	2	15.00	0.07	0.03622	76%-100% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	3	10.00	0.02	0.03890	26%-50% Below	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	3	15.00	0.07	0.03890	76%-100% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.07	0.03890	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.04	0.03146	10%-25% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	1	28.00	0.07	0.02246	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.07	0.02246	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.08	0.02246	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	1	90.00	0.03	0.02246	51%-75% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	2	28.00	0.07	0.02365	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	2	30.00	0.07	0.02365	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	2	90.00	0.07	0.02365	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.05	0.02440	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.06	0.02440	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.05	0.02462	101%-200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.25	0.02462	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	4	90.00	0.11	0.02462	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	12	15.00	0.08	0.02243	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	12	30.00	0.08	0.02243	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	12	30.00	0.13	0.02243	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.06	0.02246	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.07	0.02246	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	90.00	0.04	0.02246	51%-75% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	90.00	0.08	0.02246	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	2	30.00	0.07	0.02365	101%-200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	2	90.00	0.02	0.02365	10%-25% Below	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.02	0.02440	10%-25% Below	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.06	0.02440	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000905	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.06	0.02440	101%-200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.07	0.02440	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	90.00	0.04	0.02440	51%-75% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	90.00	0.07	0.02440	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.02	0.02462	10%-25% Below	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.07	0.02462	101%-200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.25	0.02462	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	90.00	0.04	0.02462	26%-50% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	4	90.00	0.25	0.02462	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	12	30.00	0.26	0.02243	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.04	0.02773	26%-50% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.02	0.02773	10%-25% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	2	135.00	0.03	0.03013	10%-25% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.01	0.03196	51%-75% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	12	45.00	0.01	0.02718	26%-50% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.11	0.02718	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.02	0.02773	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.02	0.02773	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.02	0.02773	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.04	0.02773	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.04	0.02773	51%-75% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	82.00	0.02	0.02773	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.01	0.02773	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.02	0.02773	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.02	0.02773	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.02	0.02773	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.02	0.02773	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.08	0.02773	101%-200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.02	0.03013	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.02	0.03013	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.04	0.03013	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.04	0.03013	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.04	0.03013	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.04	0.03013	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.05	0.03013	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	60.00	0.02	0.03013	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.01	0.03013	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.02	0.03013	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.02	0.03013	26%-50% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.03	0.03013	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.03	0.03013	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.04	0.03013	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	6.00	0.02	0.03196	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.02	0.03196	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.04	0.03196	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.04	0.03196	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	45.00	0.02	0.03196	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.02	0.03196	26%-50% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.02	0.03196	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.02	0.03196	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.03	0.03196	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.04	0.03196	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.04	0.03196	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	135.00	0.07	0.03196	101%-200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.02	0.03173	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.04	0.03173	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.22	0.03173	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	82.00	0.22	0.03173	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.04	0.03173	10%-25% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.22	0.03173	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	11	30.00	0.02	0.02445	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.02	0.02718	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.02	0.02718	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.02	0.02718	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.05	0.02718	76%-100% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.08	0.02718	101%-200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.02	0.02718	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.08	0.02718	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.03	0.03957	10%-25% Below	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.05	0.03957	10%-25% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.23	0.04425	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	12	30.00	0.06	0.04004	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.02	0.03957	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.05	0.03957	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.03	0.03957	10%-25% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001105	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.05	0.03957	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.05	0.03957	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.06	0.03957	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	180.00	0.05	0.03957	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.05	0.04272	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.05	0.04272	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.05	0.04272	10%-25% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.05	0.04272	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.02	0.04433	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.02	0.04433	51%-75% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.02	0.04433	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.03	0.04433	26%-50% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.04	0.04433	10%-25% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	30.00	0.02	0.04425	51%-75% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.23	0.04425	200% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	30.00	0.02	0.04004	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	30.00	0.06	0.04004	26%-50% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	90.00	0.02	0.04004	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	90.00	0.03	0.04004	26%-50% Below	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	1	30.00	0.08	0.02750	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	1	60.00	0.02	0.02750	10%-25% Below	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	2	60.00	0.02	0.02955	10%-25% Below	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	2	120.00	0.06	0.02955	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	2	180.00	0.04	0.02955	26%-50% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	2	180.00	0.05	0.02955	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668004501	LAMOTRIGINE 25 MG TABLET	3	12.00	0.02	0.03163	10%-25% Below	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	3	90.00	0.04	0.03163	10%-25% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	3	180.00	0.04	0.03163	10%-25% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	4	12.00	0.02	0.03120	10%-25% Below	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	4	60.00	0.02	0.03120	10%-25% Below	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	4	67.00	0.16	0.03120	200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	4	90.00	0.16	0.03120	200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	12	30.00	0.08	0.02741	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	12	60.00	0.02	0.02741	10%-25% Below	No	No
13668004501	LAMOTRIGINE 25 MG TABLET	12	180.00	0.05	0.02741	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	1	30.00	0.05	0.04060	10%-25% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	1	30.00	0.09	0.04060	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	2	30.00	0.07	0.04292	51%-75% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	2	90.00	0.05	0.04292	10%-25% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	2	180.00	0.05	0.04292	10%-25% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	3	25.00	0.09	0.04446	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	3	30.00	0.09	0.04446	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	3	90.00	0.07	0.04446	51%-75% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	4	25.00	0.09	0.04475	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	4	30.00	0.07	0.04475	51%-75% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	4	30.00	0.09	0.04475	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	4	90.00	0.19	0.04475	200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	12	30.00	0.09	0.04236	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	12	34.00	0.06	0.04236	26%-50% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	2	60.00	0.09	0.06338	26%-50% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668004801	LAMOTRIGINE 150 MG TABLET	2	90.00	0.08	0.06338	10%-25% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	2	180.00	0.05	0.06338	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	1	30.00	0.06	0.07339	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	1	90.00	0.05	0.07339	26%-50% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	1	90.00	0.09	0.07339	10%-25% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	2	30.00	0.05	0.07799	26%-50% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	2	180.00	0.05	0.07799	26%-50% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	3	30.00	0.04	0.08067	26%-50% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	4	180.00	0.36	0.07913	200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	12	30.00	0.06	0.07217	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	12	90.00	0.09	0.07217	26%-50% Above	Yes	No
13668007930	MONTELUKAST SOD 4 MG TAB CHEW	2	30.00	0.00	0.07510	76%-100% Below	No	No
13668007930	MONTELUKAST SOD 4 MG TAB CHEW	3	90.00	0.07	0.07914	10%-25% Below	No	No
13668007990	MONTELUKAST SOD 4 MG TAB CHEW	1	30.00	0.09	0.07108	26%-50% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	0.31	0.07524	200% Above	No	No
13668008090	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.11	0.07440	26%-50% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.23	0.04855	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.08	0.04855	51%-75% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.18	0.04855	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.03	0.05223	26%-50% Below	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.03	0.05461	26%-50% Below	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.06	0.05461	10%-25% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.03	0.05461	26%-50% Below	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.03	0.05317	26%-50% Below	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.25	0.05317	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668008105	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.03	0.04984	26%-50% Below	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.23	0.04984	200% Above	No	No
13668008105	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.03	0.04984	26%-50% Below	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	1	30.00	0.06	0.04130	26%-50% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	2	30.00	0.05	0.04538	10%-25% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	2	90.00	0.09	0.04538	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	4	30.00	0.19	0.04654	200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	12	30.00	0.06	0.03964	51%-75% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	2	90.00	0.09	0.04617	76%-100% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	4	30.00	0.09	0.05735	26%-50% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	2	90.00	0.12	0.06761	76%-100% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	3	180.00	0.11	0.06810	51%-75% Above	No	No
13668009590	PRAMIPEXOLE 1.5 MG TABLET	1	7.00	0.38	0.06377	200% Above	No	No
13668009590	PRAMIPEXOLE 1.5 MG TABLET	2	7.00	0.38	0.06649	200% Above	No	No
13668009590	PRAMIPEXOLE 1.5 MG TABLET	3	7.00	0.38	0.06643	200% Above	No	No
13668009590	PRAMIPEXOLE 1.5 MG TABLET	12	7.00	0.38	0.06583	200% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	4	30.00	0.10	0.04740	101%-200% Above	No	No
13668010290	DONEPEZIL HCL 5 MG TABLET	2	21.00	0.07	0.04593	51%-75% Above	Yes	No
13668010290	DONEPEZIL HCL 5 MG TABLET	3	21.00	0.07	0.04480	51%-75% Above	Yes	No
13668010290	DONEPEZIL HCL 5 MG TABLET	3	21.00	0.07	0.04480	51%-75% Above	Yes	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	1	30.00	0.13	0.06531	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	1	60.00	0.13	0.06531	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	1	90.00	0.19	0.06531	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2	30.00	0.13	0.06993	76%-100% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2	60.00	0.13	0.06993	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2	90.00	0.17	0.06993	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	3	30.00	0.13	0.07349	76%-100% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	3	60.00	0.24	0.07349	200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	3	90.00	0.11	0.07349	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	4	30.00	0.24	0.07276	200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	4	90.00	0.17	0.07276	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	12	60.00	0.13	0.06616	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	12	90.00	0.11	0.06616	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	12	90.00	0.19	0.06616	101%-200% Above	No	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	1	30.00	0.19	0.06531	101%-200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	1	90.00	0.22	0.06531	200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	2	90.00	0.17	0.06993	101%-200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	2	90.00	0.19	0.06993	101%-200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	3	90.00	0.17	0.07349	101%-200% Above	Yes	No
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	3	30.00	0.13	0.09821	26%-50% Above	No	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	1	180.00	0.25	0.08473	101%-200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	4	180.00	0.20	0.09977	76%-100% Above	Yes	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	2	90.00	0.53	0.16395	200% Above	No	No
13668011590	LOSARTAN POT TAB 100MG	2	90.00	0.08	.		No	No
13668013301	FELODIPINE ER 5 MG TABLET	4	90.00	0.81	0.17675	200% Above	Yes	No
13668013301	FELODIPINE ER 5 MG TABLET	12	90.00	0.12	0.15016	10%-25% Below	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.09	0.03764	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.10	0.03764	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	1	73.00	0.17	0.03764	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	1	90.00	0.14	0.03764	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013501	ESCITALOPRAM 5 MG TABLET	1	135.00	0.16	0.03764	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.09	0.04173	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.10	0.04173	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.10	0.04173	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.14	0.04173	200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	2	90.00	0.03	0.04173	10%-25% Below	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.09	0.04548	76%-100% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.10	0.04548	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.11	0.04548	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.13	0.04548	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	3	90.00	0.13	0.04548	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	4	30.00	0.10	0.04553	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	4	90.00	0.10	0.04553	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	4	90.00	0.24	0.04553	200% Above	Yes	No
13668013505	ESCITALOPRAM 5 MG TABLET	1	90.00	0.02	0.03764	26%-50% Below	No	No
13668013505	ESCITALOPRAM 5 MG TABLET	12	30.00	0.02	0.03726	51%-75% Below	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	1	30.00	0.10	0.03764	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	2	30.00	0.11	0.04173	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	2	30.00	0.13	0.04173	200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	2	30.00	0.14	0.04173	200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	2	90.00	0.09	0.04173	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	3	30.00	0.13	0.04548	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	3	43.00	0.24	0.04548	200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	4	30.00	0.11	0.04553	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	12	30.00	0.10	0.03726	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013510	ESCITALOPRAM 5 MG TABLET	12	30.00	0.17	0.03726	200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	1	30.00	0.06	0.04058	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	1	30.00	0.07	0.04058	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	1	30.00	0.11	0.04058	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	1	45.00	0.09	0.04058	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	1	90.00	0.06	0.04058	51%-75% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	1	90.00	0.07	0.04058	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	1	90.00	0.09	0.04058	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	1	90.00	0.11	0.04058	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	30.00	0.04	0.04434	10%-25% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	30.00	0.10	0.04434	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	30.00	0.11	0.04434	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04434	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	30.00	0.14	0.04434	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	45.00	0.06	0.04434	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	90.00	0.09	0.04434	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	90.00	0.09	0.04434	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	90.00	0.10	0.04434	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	2	90.00	0.11	0.04434	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.04	0.04749	10%-25% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.10	0.04749	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.11	0.04749	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.12	0.04749	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04749	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.14	0.04749	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	45.00	0.09	0.04749	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.06	0.04749	10%-25% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.06	0.04749	10%-25% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04749	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04749	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04749	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04749	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.12	0.04749	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.27	0.04749	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	3	135.00	0.11	0.04749	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	30.00	0.04	0.04625	10%-25% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	30.00	0.10	0.04625	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	30.00	0.12	0.04625	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	30.00	0.27	0.04625	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	45.00	0.12	0.04625	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	90.00	0.04	0.04625	10%-25% Below	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	90.00	0.10	0.04625	101%-200% Above	No	No
13668013601	ESCITALOPRAM 10 MG TABLET	4	90.00	0.27	0.04625	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	30.00	0.07	0.04069	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	30.00	0.10	0.04069	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	30.00	0.11	0.04069	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013601	ESCITALOPRAM 10 MG TABLET	12	81.00	0.07	0.04069	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	90.00	0.07	0.04069	76%-100% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	90.00	0.10	0.04069	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	90.00	0.11	0.04069	101%-200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	90.00	0.13	0.04069	200% Above	Yes	No
13668013601	ESCITALOPRAM 10 MG TABLET	12	135.00	0.11	0.04069	101%-200% Above	Yes	No
13668013605	ESCITALOPRAM 10 MG TABLET	1	90.00	0.12	0.04058	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	7.00	0.16	0.04058	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.01	0.04058	51%-75% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04058	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	45.00	0.07	0.04058	76%-100% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.02	0.04058	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.06	0.04058	51%-75% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	180.00	0.06	0.04058	51%-75% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.01	0.04434	76%-100% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.09	0.04434	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.10	0.04434	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.02	0.04749	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04749	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.06	0.04749	10%-25% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04749	76%-100% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.10	0.04749	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.27	0.04749	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.02	0.04625	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.11	0.04625	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.09	0.04625	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.07	0.04069	76%-100% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.11	0.04069	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.13	0.04069	200% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.08	0.06480	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06480	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06480	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06480	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.12	0.06480	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.13	0.06480	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.13	0.06480	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.14	0.06480	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	2	30.00	0.06	0.07321	10%-25% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	2	30.00	0.14	0.07321	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	2	90.00	0.06	0.07321	10%-25% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.07321	51%-75% Above	No	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	30.00	0.06	0.07802	10%-25% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	30.00	0.14	0.07802	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	30.00	0.23	0.07802	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.06	0.07802	10%-25% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.07802	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.12	0.07802	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.13	0.07802	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.14	0.07802	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.15	0.07802	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.23	0.07802	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	30.00	0.07	0.07765	10%-25% Below	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	30.00	0.23	0.07765	200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	90.00	0.12	0.07765	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	4	90.00	0.23	0.07765	101%-200% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	30.00	0.08	0.06471	26%-50% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	90.00	0.08	0.06471	10%-25% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06471	51%-75% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	90.00	0.12	0.06471	76%-100% Above	Yes	No
13668013701	ESCITALOPRAM 20 MG TABLET	12	90.00	0.13	0.06471	76%-100% Above	Yes	No
13668013705	ESCITALOPRAM 20 MG TABLET	3	30.00	0.06	0.07802	10%-25% Below	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	2	45.00	0.15	0.07321	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	2	90.00	0.06	0.07321	10%-25% Below	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	2	90.00	0.13	0.07321	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	30.00	0.23	0.07802	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.06	0.07802	10%-25% Below	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.14	0.07802	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.14	0.07802	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.23	0.07802	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	90.00	0.23	0.07765	101%-200% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	12	30.00	0.13	0.06471	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06471	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668013710	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06471	51%-75% Above	No	No
13668017905	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.02	0.03661	26%-50% Below	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	1	60.00	0.06	0.07353	10%-25% Below	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	2	60.00	0.05	0.08110	26%-50% Below	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	3	60.00	0.04	0.08605	26%-50% Below	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	4	60.00	0.21	0.07939	101%-200% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	12	60.00	0.06	0.07090	10%-25% Below	No	No
13668018830	SILDENAFIL 100 MG TABLET	4	30.00	2.70	0.16017	200% Above	No	No
13668021605	ARIPIPRAZOLE 2 MG TABLET	2	30.00	0.17	0.11996	26%-50% Above	No	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	1	30.00	0.17	0.10951	51%-75% Above	No	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	2	60.00	0.25	0.11996	101%-200% Above	No	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	2	90.00	0.22	0.11996	76%-100% Above	No	No
13668021690	ARIPIPRAZOLE 2 MG TABLET	4	60.00	0.95	0.12633	200% Above	No	No
13668021790	ARIPIPRAZOLE 5 MG TABLET	12	45.00	1.13	0.10120	200% Above	No	No
13668021890	ARIPIPRAZOLE 10 MG TABLET	1	90.00	3.17	0.12268	200% Above	No	No
13668026801	CARBAMAZEPINE 200 MG TABLET	2	540.00	0.26	0.12951	101%-200% Above	Yes	No
13668026801	CARBAMAZEPINE 200 MG TABLET	4	120.00	0.28	0.13765	101%-200% Above	Yes	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	2	120.00	0.16	0.23093	26%-50% Below	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	2	225.00	0.02	0.23093	76%-100% Below	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	4	120.00	0.30	0.24531	10%-25% Above	No	No
13668033001	TRAZODONE 50 MG TABLET	4	30.00	0.16	0.03524	200% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03179	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03179	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	30.00	0.09	0.03179	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	60.00	0.06	0.03179	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668033005	TRAZODONE 50 MG TABLET	1	90.00	0.06	0.03179	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	90.00	0.09	0.03179	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03346	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	30.00	0.09	0.03346	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	60.00	0.02	0.03346	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	2	60.00	0.06	0.03346	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	90.00	0.02	0.03346	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	2	90.00	0.02	0.03346	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	2	90.00	0.05	0.03346	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03571	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03571	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	30.00	0.09	0.03571	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	60.00	0.02	0.03571	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	3	60.00	0.06	0.03571	51%-75% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	90.00	0.00	0.03571	76%-100% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	3	90.00	0.02	0.03571	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	3	90.00	0.07	0.03571	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	90.00	0.07	0.03571	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	180.00	0.02	0.03571	26%-50% Below	Yes	No
13668033005	TRAZODONE 50 MG TABLET	4	30.00	0.16	0.03524	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	4	60.00	0.16	0.03524	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	12	30.00	0.02	0.03177	26%-50% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	12	30.00	0.09	0.03177	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	12	30.00	0.11	0.03177	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	12	90.00	0.09	0.03177	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668033005	TRAZODONE 50 MG TABLET	12	90.00	0.11	0.03177	200% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05982	51%-75% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	3	60.00	0.05	0.05982	10%-25% Below	No	No
13668033101	TRAZODONE 100 MG TABLET	3	90.00	0.09	0.05982	26%-50% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	12	30.00	0.06	0.05221	10%-25% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	12	120.00	0.06	0.05221	10%-25% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	1	90.00	0.09	0.05231	51%-75% Above	Yes	No
13668033105	TRAZODONE 100 MG TABLET	1	90.00	0.09	0.05231	76%-100% Above	Yes	No
13668033105	TRAZODONE 100 MG TABLET	2	30.00	0.08	0.05685	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	3	30.00	0.05	0.05982	10%-25% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05961	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	4	30.00	0.19	0.05961	200% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	4	90.00	0.19	0.05961	200% Above	Yes	No
13668033201	TRAZODONE 150 MG TABLET	1	30.00	0.24	0.10322	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	1	90.00	0.23	0.10322	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	2	30.00	0.24	0.11036	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	3	90.00	0.23	0.11925	76%-100% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	3	180.00	0.24	0.11925	101%-200% Above	No	No
13668033930	LAMOTRIGINE ER 25 MG TABLET	4	60.00	0.63	0.39656	51%-75% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	1	30.00	3.58	0.57805	200% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	1	90.00	3.58	0.57805	200% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	3	30.00	3.26	0.74572	200% Above	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	12	30.00	4.21	0.62123	200% Above	No	No
13668034130	LAMOTRIGINE ER 100 MG TABLET	12	90.00	3.76	0.70630	200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.06	0.03549	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.23	0.03766	200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.07	0.04069	76%-100% Above	No	No
13668045301	ANAGRELIDE HCL 0.5 MG CAPSULE	1	60.00	0.25	0.74990	51%-75% Below	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	1	30.00	0.50	0.18061	101%-200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	1	30.00	7.01	0.18061	200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	2	30.00	0.50	0.20225	101%-200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	3	30.00	0.00	0.20793	76%-100% Below	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	3	30.00	0.50	0.20793	101%-200% Above	No	No
13668046530	LURASIDONE HCL 40 MG TABLET	11	30.00	0.15	0.20020	10%-25% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	1	30.00	0.19	0.31422	26%-50% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	1	30.00	0.37	0.31422	10%-25% Above	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	1	60.00	0.25	0.31422	10%-25% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	2	30.00	0.17	0.33396	26%-50% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	2	60.00	0.25	0.33396	10%-25% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	3	28.00	0.17	0.35402	51%-75% Below	Yes	No
13668048450	MINOCYCLINE 100 MG CAPSULE	4	30.00	0.27	0.35401	10%-25% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	4	60.00	0.25	0.35401	26%-50% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	4	60.00	0.27	0.35401	10%-25% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	12	60.00	0.36	0.31563	10%-25% Above	No	No
13668048501	MINOCYCLINE HCL 50 MG TABLET	3	90.00	1.00	0.30228	200% Above	No	No
13668048750	MINOCYCLINE HCL 100 MG TABLET	2	60.00	0.71	0.41288	51%-75% Above	Yes	No
13668050930	LURASIDONE HCL 60 MG TABLET	4	30.00	0.50	0.41499	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668051501	ACYCLOVIR 5% OINTMENT	1	15.00	2.50	0.48377	200% Above	No	No
13668053194	MONTELUKAST SOD 4 MG GRANULES	4	30.00	2.03	1.05536	76%-100% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	3	30.00	0.33	0.11382	101%-200% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	12	30.00	0.33	0.10029	200% Above	No	No
13668056830	TADALAFIL 20 MG TABLET	2	30.00	9.21	0.20514	200% Above	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	1	15.00	0.42	0.19215	101%-200% Above	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.42	0.19215	101%-200% Above	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.50	0.19215	101%-200% Above	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	2	15.00	0.42	0.19935	101%-200% Above	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	2	30.00	0.39	0.19935	76%-100% Above	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	3	15.00	0.39	0.21720	76%-100% Above	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	4	15.00	0.33	0.21763	51%-75% Above	No	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.50	0.21763	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.33	0.13887	101%-200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.36	0.13887	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.49	0.13887	200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	1	60.00	0.25	0.13887	76%-100% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	2	30.00	0.36	0.14749	101%-200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	2	60.00	0.47	0.14749	200% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	3	60.00	0.09	0.16147	26%-50% Below	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.23	0.16175	26%-50% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.38	0.16175	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.40	0.16175	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	12	30.00	0.40	0.14046	101%-200% Above	Yes	No
13668060730	ERYTHROMYCIN 500 MG TABLET	4	6.00	1.17	2.81967	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.33	0.03661	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.00	0.03661	76%-100% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.72	0.03661	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.02	0.04135	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.33	0.04135	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.02	0.04135	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	1.33	0.04135	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.02	0.04208	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.02	0.04208	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.52	0.04208	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.02	0.03621	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.11	0.03621	101%-200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	1.72	0.03621	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.00	0.03875	76%-100% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.46	0.03875	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.72	0.03875	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.00	0.03875	76%-100% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03875	26%-50% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.46	0.03875	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.72	0.03875	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.04089	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.33	0.04089	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.02	0.04089	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.04246	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.04246	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.46	0.04246	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.02	0.04246	26%-50% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.46	0.04246	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	1.33	0.04246	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.02	0.04242	26%-50% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.46	0.04242	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.11	0.03956	101%-200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.72	0.03956	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05528	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	1.45	0.05528	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.03	0.05857	51%-75% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	1.45	0.05857	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.45	0.05857	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.03	0.05912	51%-75% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.03	0.05912	26%-50% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.03	0.05897	26%-50% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.03	0.05897	26%-50% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.16	0.05663	101%-200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.33	0.09008	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.22	0.09008	101%-200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	1.71	0.09008	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.33	0.09464	200% Above	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.33	0.09086	200% Above	No	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	2	90.00	0.79	1.83293	51%-75% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	2	37.50	0.78	1.42848	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	2	75.00	0.78	1.42848	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	3	37.50	0.78	1.54148	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	4	37.50	1.40	1.61030	10%-25% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	12	37.50	0.99	1.42682	26%-50% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	1	30.00	0.50	0.60671	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	1	30.00	0.52	0.60671	10%-25% Below	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	2	30.00	0.50	0.64151	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	2	30.00	0.52	0.64151	10%-25% Below	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	2	30.00	5.23	0.64151	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	20.00	0.56	0.68560	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	0.33	0.68560	51%-75% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	0.50	0.68560	26%-50% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	5.23	0.68560	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	5.32	0.68560	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	4	30.00	0.50	0.71558	26%-50% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	4	30.00	0.52	0.71558	26%-50% Below	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	12	30.00	0.52	0.61380	10%-25% Below	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	12	30.00	5.32	0.61380	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	1	30.00	5.36	0.62425	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	1	60.00	5.36	0.62425	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	1	60.00	5.36	0.62425	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	2	30.00	0.59	0.66561	10%-25% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	2	30.00	5.36	0.66561	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	2	60.00	5.36	0.66561	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	2	60.00	5.36	0.66561	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811070710	METHYLPHENIDATE ER 27 MG TAB	2	90.00	2.86	0.66561	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	30.00	0.59	0.70515	10%-25% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	30.00	5.36	0.70515	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	60.00	5.36	0.70515	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	4	30.00	0.59	0.75557	10%-25% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	4	30.00	5.36	0.75557	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	12	30.00	0.59	0.68767	10%-25% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	12	30.00	5.46	0.68767	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	12	60.00	5.46	0.68767	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	0.36	0.68479	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	0.50	0.68479	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	5.53	0.68479	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	5.53	0.68479	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	5.63	0.68479	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	60.00	5.53	0.68479	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	30.00	5.53	0.73629	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	30.00	5.53	0.73629	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	30.00	5.63	0.73629	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	60.00	5.53	0.73629	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	0.50	0.80847	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	0.69	0.80847	10%-25% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	5.53	0.80847	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	5.53	0.80847	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	5.63	0.80847	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	60.00	5.53	0.80847	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	0.69	0.84658	10%-25% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	5.53	0.84658	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	5.63	0.84658	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	30.00	5.63	0.65689	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	60.00	5.63	0.65689	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	1	30.00	0.50	0.75322	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	1	30.00	0.63	0.75322	10%-25% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	1	30.00	6.02	0.75322	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	1	30.00	6.02	0.75322	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	1	30.00	6.13	0.75322	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	1	60.00	6.02	0.75322	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	2	30.00	0.50	0.81552	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	2	30.00	6.13	0.81552	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	3	30.00	0.50	0.84784	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	3	30.00	6.02	0.84784	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	3	30.00	6.13	0.84784	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	4	30.00	6.02	0.88291	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	4	30.00	6.13	0.88291	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	4	60.00	6.02	0.88291	200% Above	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.00	0.47	0.73064	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.00	0.63	0.73064	10%-25% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.00	6.13	0.73064	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.00	6.13	0.73064	200% Above	Yes	No
13811071030	METHYLPHENIDATE ER 72 MG TAB	12	30.00	4.02	13.91122	51%-75% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.56	0.28445	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.99	0.28445	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	1.19	0.28445	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	1.23	0.28445	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	1.33	0.28445	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.35	0.28445	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.56	0.28445	76%-100% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.56	0.28445	76%-100% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.66	0.28445	101%-200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.66	0.28445	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.06	0.28445	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.07	0.28445	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.49	0.30818	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.51	0.30818	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.56	0.30818	76%-100% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.25	0.30818	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.33	0.30818	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.60	0.30818	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.35	0.30818	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.51	0.30818	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.56	0.30818	76%-100% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.56	0.30818	76%-100% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.71	0.30818	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.06	0.30818	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	0.50	0.30818	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	0.56	0.30818	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	30.00	0.34	0.30818	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.51	0.32693	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.99	0.32693	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.18	0.32693	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.23	0.32693	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.42	0.32693	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.51	0.32693	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.73	0.32693	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	1.06	0.32693	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	20.00	0.51	0.32693	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	6.00	0.73	0.32751	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.49	0.32751	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.73	0.32751	101%-200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.73	0.32751	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.99	0.32751	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	1.06	0.32751	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	1.22	0.32751	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	20.00	0.75	0.32751	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	30.00	0.50	0.32751	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	0.49	0.28685	51%-75% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	1.00	0.28685	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	1.18	0.28685	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	0.66	0.28685	101%-200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	0.66	0.28685	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	20.00	0.75	0.28685	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13925016604	PREDNISOLONE 5 MG/5 ML SOLN	1	25.00	0.30	0.56254	26%-50% Below	No	No
14539067306	DIFLUNISAL 500 MG TABLET	1	10.00	0.68	0.83919	10%-25% Below	No	No
14539067306	DIFLUNISAL 500 MG TABLET	3	10.00	0.53	0.93114	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	1	40.00	0.04	0.06095	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	1	90.00	0.04	0.06095	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.03	0.06426	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	2	90.00	0.04	0.06426	26%-50% Below	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.12	0.06261	76%-100% Above	No	No
14539067405	HYDROXYZINE PAM 25 MG CAP	12	90.00	0.10	0.05983	51%-75% Above	No	No
14539067501	HYDROXYZINE PAM 50 MG CAP	2	120.00	0.02	0.07940	51%-75% Below	No	No
14539067501	HYDROXYZINE PAM 50 MG CAP	3	120.00	0.02	0.08184	51%-75% Below	No	No
16571010009	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.06	0.05461	10%-25% Above	Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.24	0.05317	200% Above	Yes	No
16571010010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.25	0.04855	200% Above	No	No
16571010501	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.01	0.03370	51%-75% Below	No	No
16571010501	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	0.10	0.03750	101%-200% Above	No	No
16571010501	AMITRIPTYLINE HCL 10 MG TAB	3	180.00	0.07	0.04109	51%-75% Above	Yes	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.14	0.04736	101%-200% Above	No	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.13	0.05240	101%-200% Above	No	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	4	78.00	0.22	0.05682	200% Above	Yes	No
16571010710	AMITRIPTYLINE HCL 50 MG TAB	3	30.00	0.07	0.08587	10%-25% Below	No	No
16571010710	AMITRIPTYLINE HCL 50 MG TAB	12	30.00	0.37	0.07185	200% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	1	15.00	0.00	0.10231	76%-100% Below	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	2	15.00	0.00	0.10092	76%-100% Below	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	3	15.00	0.00	0.10624	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571010801	AMITRIPTYLINE HCL 75 MG TAB	12	15.00	0.01	0.11115	76%-100% Below	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	1	60.00	0.33	0.15127	101%-200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	1	135.00	0.75	0.15127	200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	1	180.00	0.75	0.15127	200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	0.33	0.16568	101%-200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.33	0.16435	101%-200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.76	0.16435	200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	4	135.00	0.76	0.16435	200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	4	180.00	0.88	0.16435	200% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	0.33	0.15462	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.08	0.02756	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.15	0.02756	200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.08	0.02999	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	2	90.00	0.14	0.02999	200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	3	60.00	0.08	0.03191	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	4	60.00	0.06	0.03282	76%-100% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	4	60.00	0.08	0.03282	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	12	90.00	0.06	0.02797	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.05	0.03964	26%-50% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.08	0.03964	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.05	0.03964	26%-50% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.08	0.03964	76%-100% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	63.00	0.08	0.03964	76%-100% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.04247	76%-100% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.09	0.04247	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.04398	51%-75% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.08	0.04398	76%-100% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.08	0.04398	76%-100% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.17	0.04398	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.07	0.04398	26%-50% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.04398	76%-100% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	4	24.00	0.17	0.04214	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.17	0.04214	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.18	0.04214	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	4	60.00	0.18	0.04214	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.05	0.03948	26%-50% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	12	60.00	0.05	0.03948	26%-50% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.08	0.03948	76%-100% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.30	0.03948	200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.05	0.03964	26%-50% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.07	0.03964	76%-100% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.08	0.03964	76%-100% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.09	0.03964	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.07	0.04247	51%-75% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.04247	76%-100% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.09	0.04247	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.09	0.04247	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	60.00	0.07	0.04247	51%-75% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.07	0.04398	51%-75% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.09	0.04398	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571011410	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.04214	76%-100% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	4	40.00	0.18	0.04214	200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.09	0.03948	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.08	0.03964	76%-100% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.04	0.03964	10%-25% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.05	0.03964	26%-50% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.08	0.04247	76%-100% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	3	15.00	0.12	0.04398	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	3	20.00	0.11	0.04398	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.04398	51%-75% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	21.00	0.10	0.04214	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.04214	76%-100% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	40.00	0.18	0.04214	200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.12	0.05684	101%-200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	1	60.00	0.11	0.05684	76%-100% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	1	180.00	0.13	0.05684	101%-200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	2	30.00	0.12	0.06182	76%-100% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	2	30.00	0.22	0.06182	200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	3	30.00	0.15	0.06596	101%-200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	3	30.00	0.15	0.06596	101%-200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	3	30.00	0.22	0.06596	200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.13	0.06520	101%-200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	12	60.00	0.11	0.05724	76%-100% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.12	0.05684	101%-200% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	1	60.00	0.11	0.05684	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571011550	HYDROXYZINE HCL 50 MG TABLET	2	30.00	0.12	0.06182	76%-100% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	3	60.00	0.11	0.06596	51%-75% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	4	30.00	0.12	0.06520	76%-100% Above	No	No
16571011701	GABAPENTIN 800 MG TABLET	1	60.00	0.06	0.09225	26%-50% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	2	60.00	0.06	0.10043	26%-50% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	3	60.00	0.06	0.10493	26%-50% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	4	60.00	0.06	0.10534	26%-50% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	12	60.00	0.06	0.09351	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00700	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00739	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00739	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00739	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00764	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.01	0.00764	26%-50% Above	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	420.00	0.00	0.00756	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00756	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.01	0.00756	26%-50% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.01	0.00756	26%-50% Above	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00699	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00699	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00699	26%-50% Below	Yes	No
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	2	300.00	0.03	0.02234	26%-50% Above	No	No
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	3	300.00	0.03	0.02147	51%-75% Above	No	No
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	12	75.00	0.04	0.02149	51%-75% Above	No	No
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	12	75.00	0.05	0.02149	101%-200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	1	90.00	0.07	0.02562	101%-200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	2	30.00	0.00	0.02726	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	2	90.00	0.00	0.02726	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	2	90.00	0.07	0.02726	101%-200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	3	30.00	0.00	0.02830	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	3	90.00	0.00	0.02830	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	4	90.00	0.00	0.02791	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	4	90.00	0.38	0.02791	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	12	30.00	0.03	0.02573	26%-50% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	12	90.00	0.03	0.02573	26%-50% Above	No	No
16571013650	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02562	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	30.00	0.00	0.03178	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	30.00	0.05	0.03178	51%-75% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03178	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571013710	ATORVASTATIN 20 MG TABLET	1	30.00	0.18	0.03178	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.00	0.03178	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.10	0.03178	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	30.00	0.00	0.03400	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	30.00	0.17	0.03400	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	90.00	0.00	0.03400	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	3	30.00	0.00	0.03496	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	3	90.00	0.00	0.03496	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	4	30.00	0.00	0.03419	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	4	30.00	0.17	0.03419	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	4	90.00	0.00	0.03419	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	12	30.00	0.05	0.03166	51%-75% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	12	30.00	0.18	0.03166	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	12	30.00	0.33	0.03166	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	12	90.00	0.05	0.03166	51%-75% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	30.00	0.00	0.04591	76%-100% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	30.00	0.14	0.04591	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	30.00	0.17	0.04591	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.10	0.04591	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.15	0.04591	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.16	0.04591	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	51%-75% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04677	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04677	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04677	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04677	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.15	0.04677	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	30.00	0.17	0.04768	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	30.00	0.17	0.04768	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.01	0.04768	76%-100% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	4	30.00	0.17	0.04653	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	4	30.00	0.24	0.04653	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	12	30.00	0.17	0.04678	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	12	90.00	0.10	0.04678	101%-200% Above	No	No
16571013850	ATORVASTATIN 40 MG TABLET	2	30.00	0.10	0.04677	101%-200% Above	No	No
16571013850	ATORVASTATIN 40 MG TABLET	12	30.00	0.13	0.04678	101%-200% Above	No	No
16571013850	ATORVASTATIN 40 MG TABLET	12	90.00	0.10	0.04678	101%-200% Above	No	No
16571017110	BACLOFEN 10 MG TABLET	1	30.00	0.02	0.03351	26%-50% Below	No	No
16571017110	BACLOFEN 10 MG TABLET	2	30.00	0.02	0.03547	51%-75% Below	No	No
16571017110	BACLOFEN 10 MG TABLET	3	30.00	0.02	0.03805	51%-75% Below	No	No
16571017110	BACLOFEN 10 MG TABLET	4	30.00	0.18	0.03764	200% Above	No	No

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10:58 Tuesday, March 24, 2026 298

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571017110	BACLOFEN 10 MG TABLET	12	30.00	0.03	0.03422	10%-25% Below	No	No
16571017110	BACLOFEN 10 MG TABLET	12	60.00	0.02	0.03422	26%-50% Below	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	14.00	0.15	0.08234	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	20.00	0.05	0.08234	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	28.00	0.13	0.08234	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	30.00	0.15	0.08234	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.05	0.08234	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.06	0.08234	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.13	0.08234	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.16	0.08234	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.16	0.08234	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.17	0.08234	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	90.00	0.13	0.08234	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	180.00	0.05	0.08234	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	180.00	0.07	0.08234	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	14.00	0.05	0.08864	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	40.00	0.25	0.08864	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.12	0.08864	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.12	0.08864	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.13	0.08864	51%-75% Above	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.15	0.08864	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.16	0.08864	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.17	0.08864	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	90.00	0.05	0.08864	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 299

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	180.00	0.05	0.08864	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	180.00	0.06	0.08864	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	20.00	0.20	0.09276	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	30.00	0.05	0.09276	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	40.00	0.25	0.09276	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.05	0.09276	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.07	0.09276	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.08	0.09276	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.12	0.09276	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.12	0.09276	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.13	0.09276	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.14	0.09276	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.16	0.09276	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.17	0.09276	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.08	0.09235	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.14	0.09235	51%-75% Above	No	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.20	0.09235	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	180.00	0.07	0.09235	10%-25% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	16.00	0.14	0.08353	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	30.00	0.07	0.08353	10%-25% Below	Yes	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	1	30.00	0.06	0.08234	26%-50% Below	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	3	30.00	0.05	0.09276	26%-50% Below	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.20	0.09235	101%-200% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	2	30.00	0.05	0.08864	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571020111	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	3	28.00	0.05	0.09276	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.05	0.09276	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	3	90.00	0.05	0.09276	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.08	0.09235	10%-25% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.20	0.09235	101%-200% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	12	30.00	0.13	0.08353	51%-75% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.06	0.08353	26%-50% Below	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	12	180.00	0.06	0.08353	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	30.00	0.05	0.08234	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	30.00	0.06	0.08234	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	30.00	0.14	0.08234	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.05	0.08234	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.06	0.08234	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.12	0.08234	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.15	0.08234	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	90.00	0.14	0.08234	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	180.00	0.05	0.08234	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	10.00	0.05	0.08864	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	14.00	0.05	0.08864	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	20.00	0.05	0.08864	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	20.00	0.14	0.08864	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	20.00	0.18	0.08864	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	28.00	0.17	0.08864	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	30.00	0.05	0.08864	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	40.00	0.05	0.08864	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.12	0.08864	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.13	0.08864	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.14	0.08864	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.15	0.08864	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.16	0.08864	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.17	0.08864	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	180.00	0.12	0.08864	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	20.00	0.05	0.09276	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	20.00	0.19	0.09276	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	30.00	0.05	0.09276	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	30.00	0.20	0.09276	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.05	0.09276	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.08	0.09276	10%-25% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.12	0.09276	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.13	0.09276	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.15	0.09276	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.17	0.09276	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.20	0.09276	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	180.00	0.05	0.09276	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	15.00	0.20	0.09235	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	20.00	0.20	0.09235	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	28.00	0.13	0.09235	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 302

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.20	0.09235	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	180.00	0.20	0.09235	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	15.00	0.17	0.08353	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	25.00	0.06	0.08353	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	28.00	0.19	0.08353	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	55.00	0.19	0.08353	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.06	0.08353	26%-50% Below	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.13	0.08353	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.17	0.08353	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	180.00	0.06	0.08353	26%-50% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	1	21.00	0.09	0.07941	10%-25% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	1	21.00	0.09	0.07941	10%-25% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	1	60.00	0.19	0.07941	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	1	60.00	0.19	0.07941	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	20.00	0.20	0.08554	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	45.00	0.11	0.08554	26%-50% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	60.00	0.18	0.08554	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	60.00	0.19	0.08554	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	14.00	0.11	0.09218	10%-25% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	20.00	0.07	0.09218	10%-25% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	30.00	0.07	0.09218	10%-25% Below	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	30.00	0.16	0.09218	76%-100% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	45.00	0.11	0.09218	10%-25% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	60.00	0.07	0.09218	10%-25% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	60.00	0.08	0.09218	10%-25% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 303

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	60.00	0.19	0.09218	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	90.00	0.07	0.09218	10%-25% Below	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	20.00	0.19	0.09173	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	30.00	0.24	0.09173	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	60.00	0.08	0.09173	10%-25% Below	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	60.00	0.19	0.09173	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	180.00	0.24	0.09173	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	30.00	0.19	0.07989	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	45.00	0.11	0.07989	26%-50% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	60.00	0.17	0.07989	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	60.00	0.21	0.07989	101%-200% Above	No	No
16571022650	GABAPENTIN 600 MG TABLET	1	60.00	0.12	0.06691	76%-100% Above	No	No
16571022650	GABAPENTIN 600 MG TABLET	2	60.00	0.12	0.07091	51%-75% Above	No	No
16571022650	GABAPENTIN 600 MG TABLET	12	270.00	0.00	0.07351	76%-100% Below	No	No
16571040110	CETIRIZINE HCL 5 MG TABLET	1	30.00	0.03	0.04432	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	10.00	0.04	0.06134	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06134	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06134	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.05	0.06134	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.13	0.06134	101%-200% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.02	0.06134	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06134	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06134	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06134	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06134	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 304

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.05	0.06134	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	14.00	0.05	0.06211	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06211	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06211	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06211	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.02	0.06211	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.02	0.06211	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.03	0.06211	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.03	0.06211	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.04	0.06211	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.04	0.06211	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.05	0.06211	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	7.00	0.09	0.06323	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	10.00	0.04	0.06323	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.05	0.06323	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.05	0.06323	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.05	0.06323	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.06	0.06323	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.18	0.06323	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.02	0.06323	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.02	0.06323	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.02	0.06323	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.03	0.06323	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.04	0.06323	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.04	0.06323	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.05	0.06323	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	180.00	0.05	0.06323	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.04	0.06110	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.05	0.06110	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.05	0.06110	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.05	0.06110	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.13	0.06110	101%-200% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.18	0.06110	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.03	0.06110	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.04	0.06110	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.05	0.06110	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.18	0.06110	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	10.00	0.04	0.06035	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.04	0.06035	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.04	0.06035	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.05	0.06035	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.05	0.06035	10%-25% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.13	0.06035	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.02	0.06035	51%-75% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.03	0.06035	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.04	0.06035	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.04	0.06035	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.05	0.06035	10%-25% Below	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	3	10.00	0.17	0.09289	76%-100% Above	No	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	3	14.00	0.19	0.09289	101%-200% Above	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	4	14.00	0.73	0.09148	200% Above	No	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	4	20.00	0.73	0.09148	200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	1	14.00	0.17	0.12620	26%-50% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.16	0.12620	10%-25% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	2	6.00	0.24	0.13765	51%-75% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	2	10.00	0.15	0.13765	10%-25% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	2	10.00	0.19	0.13765	26%-50% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	2	28.00	0.12	0.13765	10%-25% Below	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	3	10.00	0.19	0.14575	26%-50% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	4	28.00	0.51	0.14325	200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.15	0.12497	10%-25% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	6.00	0.16	0.12620	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	6.00	0.17	0.12620	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	10.00	0.16	0.12620	10%-25% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	10.00	0.16	0.12620	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.14	0.12620	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.16	0.12620	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	60.00	0.15	0.12620	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571041250	CIPROFLOXACIN HCL 500 MG TAB	2	14.00	0.12	0.13765	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	7.00	0.12	0.14575	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.12	0.14575	10%-25% Below	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.51	0.14575	200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	20.00	0.12	0.14575	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	20.00	0.13	0.14575	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	28.00	0.12	0.14575	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	42.00	0.12	0.14575	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	0.51	0.14325	200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	28.00	0.51	0.14325	200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	7.00	0.10	0.12497	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	20.00	0.10	0.12497	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	20.00	0.14	0.12497	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	28.00	0.15	0.12497	10%-25% Above	Yes	No
16571041305	CIPROFLOXACIN HCL 750 MG TAB	4	28.00	0.23	0.28463	10%-25% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	3	30.00	0.02	0.05530	51%-75% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	3	90.00	0.08	0.05530	26%-50% Above	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	12	10.00	0.10	0.04942	76%-100% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	1	10.00	0.04	0.07774	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	1	15.00	0.04	0.07774	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	1	15.00	0.04	0.07774	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	1	20.00	0.06	0.07774	26%-50% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	3	60.00	0.04	0.08658	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	4	10.00	0.11	0.08635	26%-50% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	4	90.00	0.21	0.08635	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571066101	MECLIZINE 25 MG TABLET	12	30.00	0.00	0.07745	76%-100% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	1	30.00	0.04	0.07774	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	1	90.00	0.04	0.07774	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	1	90.00	0.05	0.07774	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	2	90.00	0.04	0.08105	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	2	90.00	0.05	0.08105	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	3	14.00	0.04	0.08658	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	3	90.00	0.04	0.08658	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	3	90.00	0.05	0.08658	26%-50% Below	No	No
16571066110	MECLIZINE 25 MG TABLET	4	14.00	0.21	0.08635	101%-200% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	4	20.00	0.07	0.08635	10%-25% Below	No	No
16571066201	MECLIZINE 50 MG TABLET	3	20.00	0.75	2.22565	51%-75% Below	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	1	21.00	0.16	0.09121	51%-75% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	2	4.00	0.32	0.09996	200% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	12	20.00	0.19	0.09079	101%-200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	4	14.00	0.35	0.10748	200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	11	14.00	0.31	0.07972	200% Above	No	No
16571066801	PHENOBARBITAL 97.2 MG TABLET	2	90.00	0.83	0.20714	200% Above	Yes	No
16571067301	PHENOBARBITAL 32.4 MG TABLET	2	270.00	0.38	0.12599	101%-200% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.14	0.08920	51%-75% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	0.12	0.09748	10%-25% Above	No	No
16571069803	LANSOPRAZOLE DR 30 MG CAPSULE	4	30.00	0.26	0.10565	101%-200% Above	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	1	30.00	0.22	0.09840	101%-200% Above	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	3	45.00	0.20	0.11211	76%-100% Above	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	1	120.00	0.56	0.17974	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571074409	GLYCOPYRROLATE 2 MG TABLET	3	120.00	0.43	0.22013	76%-100% Above	No	No
16571074409	GLYCOPYRROLATE 2 MG TABLET	4	60.00	0.33	0.22724	26%-50% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.11	0.03764	200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.13	0.03764	200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.14	0.03764	200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	90.00	0.02	0.03764	26%-50% Below	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.11	0.04173	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	2	90.00	0.10	0.04173	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.10	0.04548	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.13	0.04548	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.13	0.04548	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	30.00	0.02	0.04553	51%-75% Below	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	30.00	0.13	0.04553	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	30.00	0.13	0.04553	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	90.00	0.24	0.04553	200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	1	90.00	0.09	0.03764	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	2	30.00	0.14	0.04173	200% Above	No	No
16571075601	ESCITALOPRAM 10 MG TABLET	1	90.00	0.06	0.04058	51%-75% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.00	0.04058	76%-100% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.02	0.04058	26%-50% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.06	0.04058	51%-75% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.10	0.04058	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.11	0.04058	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.12	0.04058	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.06	0.04058	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571075610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.07	0.04058	76%-100% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	15.00	0.16	0.04434	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.02	0.04434	26%-50% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.10	0.04434	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	45.00	0.06	0.04434	26%-50% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.12	0.04434	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.10	0.04749	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	45.00	0.06	0.04749	10%-25% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.02	0.04749	26%-50% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.11	0.04749	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	135.00	0.06	0.04749	10%-25% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.04	0.04625	10%-25% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.27	0.04625	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.02	0.04625	26%-50% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.09	0.04625	76%-100% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.02	0.04069	26%-50% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.02	0.04069	26%-50% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.10	0.04069	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.11	0.04069	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	90.00	0.69	0.04069	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	135.00	0.07	0.04069	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	1	30.00	0.03	0.06480	51%-75% Below	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	1	30.00	0.08	0.06480	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571075710	ESCITALOPRAM 20 MG TABLET	1	90.00	0.08	0.06480	26%-50% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06480	51%-75% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	2	30.00	0.04	0.07321	51%-75% Below	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	2	90.00	0.12	0.07321	51%-75% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	3	30.00	0.23	0.07802	101%-200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.12	0.07802	51%-75% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.13	0.07802	51%-75% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	4	30.00	0.23	0.07765	200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	12	30.00	0.14	0.06471	101%-200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	12	30.00	0.17	0.06471	101%-200% Above	No	No
16571076209	LEVOCARNITINE 330 MG TABLET	1	90.00	0.61	0.70808	10%-25% Below	No	No
16571076209	LEVOCARNITINE 330 MG TABLET	3	90.00	0.61	0.73933	10%-25% Below	No	No
16571076209	LEVOCARNITINE 330 MG TABLET	4	90.00	0.61	0.72889	10%-25% Below	No	No
16571076703	DARIFENACIN ER 7.5 MG TABLET	3	30.00	0.33	0.60432	26%-50% Below	No	No
16571077401	GLIMEPIRIDE 2 MG TABLET	1	180.00	0.07	0.03086	101%-200% Above	No	No
16571078150	CARISOPRODOL 350 MG TABLET	12	7.00	0.20	0.06145	200% Above	No	No
16571078201	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.01	0.02186	51%-75% Below	No	No
16571078201	CYCLOBENZAPRINE 5 MG TABLET	3	270.00	0.01	0.02186	51%-75% Below	No	No
16571078201	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.01	0.02187	51%-75% Below	No	No
16571078301	CYCLOBENZAPRINE 10 MG TABLET	1	15.00	0.04	0.01624	101%-200% Above	No	No
16571078301	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.03	0.01774	76%-100% Above	No	No
16571078350	CYCLOBENZAPRINE 10 MG TABLET	1	14.00	0.01	0.01624	26%-50% Below	No	No
16571078450	GEMFIBROZIL 600 MG TABLET	2	180.00	0.05	0.10067	26%-50% Below	No	No
16571081450	DENTA 5000 PLUS CREAM	1	51.00	0.09	0.06100	26%-50% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	1	51.00	0.13	0.06100	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571081450	DENTA 5000 PLUS CREAM	2	51.00	0.09	0.06660	26%-50% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	3	51.00	0.09	0.06767	26%-50% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	4	51.00	0.08	0.06942	10%-25% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	4	51.00	0.09	0.06942	26%-50% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	12	51.00	0.13	0.06246	101%-200% Above	No	No
16571082201	LORATADINE 10 MG TABLET	1	10.00	0.03	0.05194	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	1	30.00	0.03	0.05194	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	2	30.00	0.03	0.05618	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	2	90.00	0.03	0.05618	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	2	90.00	0.03	0.05618	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	3	90.00	0.03	0.05832	26%-50% Below	No	No
16571082201	LORATADINE 10 MG TABLET	4	30.00	0.12	0.05851	101%-200% Above	No	No
16571082201	LORATADINE 10 MG TABLET	4	90.00	0.04	0.05851	10%-25% Below	No	No
16571082230	LORATADINE 10 MG TABLET	1	30.00	0.01	0.05194	51%-75% Below	No	No
16571082230	LORATADINE 10 MG TABLET	1	30.00	0.05	0.05194	10%-25% Below	No	No
16571082230	LORATADINE 10 MG TABLET	2	30.00	0.01	0.05618	76%-100% Below	No	No
16571082230	LORATADINE 10 MG TABLET	2	30.00	0.03	0.05618	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05832	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	3	90.00	0.02	0.05832	51%-75% Below	No	No
16571082230	LORATADINE 10 MG TABLET	3	90.00	0.03	0.05832	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	3	90.00	0.03	0.05832	26%-50% Below	No	No
16571082230	LORATADINE 10 MG TABLET	12	10.00	0.08	0.05176	26%-50% Above	No	No
16571082230	LORATADINE 10 MG TABLET	12	30.00	0.03	0.05176	26%-50% Below	No	No
16571083501	AZATHIOPRINE 50 MG TABLET	1	60.00	0.33	0.13724	101%-200% Above	No	No
16571083501	AZATHIOPRINE 50 MG TABLET	2	60.00	0.28	0.14836	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571083501	AZATHIOPRINE 50 MG TABLET	3	60.00	0.26	0.15996	51%-75% Above	No	No
16571083501	AZATHIOPRINE 50 MG TABLET	12	60.00	0.08	0.13884	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.20	0.08988	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.23	0.08988	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08988	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	180.00	0.23	0.08988	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	270.00	0.06	0.08988	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.01	0.09969	76%-100% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.17	0.09969	51%-75% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.18	0.09969	76%-100% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.20	0.09969	76%-100% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.01	0.09969	76%-100% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.18	0.09969	76%-100% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.42	0.09969	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.42	0.09969	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.01	0.10590	76%-100% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.17	0.10590	51%-75% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.18	0.10590	51%-75% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.01	0.10545	76%-100% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.17	0.10545	51%-75% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.10545	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.23	0.08952	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	60.00	0.50	0.08952	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.42	0.08952	200% Above	No	No
16571086209	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.21	0.08988	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086209	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.44	0.08988	200% Above	Yes	No
16571086209	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.17	0.09969	51%-75% Above	No	No
16571086209	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.18	0.09969	76%-100% Above	Yes	No
16571086209	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.18	0.10590	51%-75% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.03	0.08988	51%-75% Below	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08988	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.23	0.08988	101%-200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	2	14.00	0.35	0.09969	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.09969	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.06	0.09969	26%-50% Below	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.03	0.10590	51%-75% Below	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.18	0.10590	51%-75% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.10590	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.03	0.10590	51%-75% Below	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.06	0.10590	26%-50% Below	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.17	0.10590	51%-75% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.04	0.10545	51%-75% Below	No	No
16571086303	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.25	0.13338	76%-100% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.28	0.13338	101%-200% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.64	0.13338	200% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.25	0.14431	51%-75% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.33	0.14431	101%-200% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.15614	26%-50% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.82	0.15614	200% Above	Yes	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.03	0.13338	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086350	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.17	0.13338	10%-25% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.29	0.13338	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.50	0.13338	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	60.00	0.50	0.13338	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.22	0.13338	51%-75% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.25	0.13338	76%-100% Above	Yes	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.03	0.14431	76%-100% Below	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.25	0.14431	51%-75% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.01	0.14431	76%-100% Below	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.03	0.14431	76%-100% Below	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.17	0.14431	10%-25% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.22	0.14431	51%-75% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.25	0.14431	51%-75% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.03	0.15614	76%-100% Below	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.22	0.15614	26%-50% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.15614	26%-50% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.50	0.15614	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.22	0.15179	26%-50% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.50	0.15179	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.82	0.15179	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.82	0.15179	200% Above	Yes	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.29	0.13055	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.50	0.13055	200% Above	Yes	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.50	0.13055	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.17	0.13055	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086350	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.22	0.13055	51%-75% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.29	0.13055	101%-200% Above	No	No
16571086710	GABAPENTIN CAP 100MG	4	120.00	0.11	.		No	No
16571086810	GABAPENTIN 300 MG CAPSULE	1	30.00	0.01	0.03533	51%-75% Below	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	2	270.00	0.03	0.03674	10%-25% Below	Yes	No
16571086810	GABAPENTIN 300 MG CAPSULE	3	30.00	0.01	0.03671	51%-75% Below	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	4	30.00	0.01	0.03509	51%-75% Below	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	4	60.00	0.13	0.03509	200% Above	Yes	No
16571086810	GABAPENTIN 300 MG CAPSULE	12	30.00	0.02	0.03474	26%-50% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	1	252.00	0.03	0.03533	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	30.00	0.01	0.03674	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	7.00	0.14	0.03671	200% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	30.00	0.01	0.03671	51%-75% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	270.00	0.03	0.03671	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	4	60.00	0.13	0.03509	200% Above	No	No
16571087601	INDAPAMIDE 2.5 MG TABLET	12	30.00	0.05	0.10336	51%-75% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	1	30.00	0.01	0.02086	51%-75% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	2	30.00	0.01	0.02251	51%-75% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	3	30.00	0.01	0.02320	51%-75% Below	No	No
16571088409	ALLOPURINOL 200 MG TABLET	2	90.00	0.90	4.33189	76%-100% Below	Yes	No
16714001001	ISOSORBIDE DINITRATE 30 MG TAB	12	90.00	0.48	0.35662	26%-50% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.18	0.32240	26%-50% Below	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714001402	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.40	0.32240	10%-25% Above	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.23	0.27322	10%-25% Below	No	No
16714001402	AMOX-CLAV 875-125 MG TABLET	12	28.00	0.23	0.27322	10%-25% Below	No	No
16714003501	LEVETIRACETAM 500 MG TABLET	1	450.00	0.12	0.07155	51%-75% Above	No	No
16714004211	ALLOPURINOL TAB 300MG	2	90.00	0.15	.		No	No
16714005203	CLOPIDOGREL 75 MG TABLET	2	90.00	0.05	0.06027	10%-25% Below	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	12	90.00	0.10	0.05708	51%-75% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	1	150.00	0.54	0.34948	51%-75% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	2	150.00	0.49	0.41558	10%-25% Above	No	No
16714006401	CARBAMAZEPINE ER 200 MG TABLET	12	150.00	0.64	0.36495	51%-75% Above	No	No
16714007106	BACLOFEN 10 MG TABLET	1	60.00	0.02	0.03351	26%-50% Below	No	No
16714007106	BACLOFEN 10 MG TABLET	3	60.00	0.02	0.03805	51%-75% Below	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.18	0.02756	200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	2	30.00	0.08	0.02999	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.14	0.02999	200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.15	0.02999	200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	2	120.00	0.12	0.02999	200% Above	No	No
16714008211	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.04	0.03964	10%-25% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.05	0.03964	26%-50% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.18	0.04214	200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	12	60.00	0.05	0.03948	26%-50% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.24	0.05684	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	1	60.00	0.11	0.05684	76%-100% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	1	60.00	0.24	0.05684	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.11	0.06182	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714008310	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.22	0.06182	200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	3	30.00	0.15	0.06596	101%-200% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	3	60.00	0.11	0.06596	51%-75% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.11	0.06520	51%-75% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	12	60.00	0.11	0.05724	76%-100% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	12	60.00	0.28	0.05724	200% Above	No	No
16714008401	SPIRONOLACTONE 25 MG TABLET	3	7.00	0.16	0.05175	200% Above	No	No
16714010105	GEMFIBROZIL 600 MG TABLET	12	30.00	0.07	0.09561	26%-50% Below	No	No
16714011002	HYDROXYCHLOROQUINE 200 MG TAB	2	60.00	0.64	0.16194	200% Above	No	No
16714011002	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	0.58	0.16568	200% Above	No	No
16714011002	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.95	0.16435	200% Above	No	No
16714011002	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	0.75	0.15462	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.07	0.04764	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.06	0.05073	10%-25% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.17	0.05309	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.08	0.05309	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.24	0.05275	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.07	0.04805	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	12	45.00	0.07	0.04805	26%-50% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.07	0.04805	26%-50% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.06	0.04764	10%-25% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.06	0.05073	10%-25% Above	No	No
16714014101	ARIPIRAZOLE 2 MG TABLET	1	30.00	3.33	0.10951	200% Above	No	No
16714014101	ARIPIRAZOLE 2 MG TABLET	2	30.00	3.03	0.11996	200% Above	No	No
16714014101	ARIPIRAZOLE 2 MG TABLET	12	30.00	3.92	0.10842	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714014201	ARIPIRAZOLE 5 MG TABLET	3	30.00	3.03	0.10953	200% Above	No	No
16714015503	NORETH-EE-FE 1-0.02(24)-75 CAP	1	28.00	2.45	0.79458	200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	1	60.00	0.62	0.21680	101%-200% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	3	60.00	0.48	0.25973	76%-100% Above	No	No
16714015701	PROGESTERONE 100 MG CAPSULE	4	60.00	0.44	0.25476	51%-75% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	1	30.00	0.62	0.35713	51%-75% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	1	30.00	0.93	0.35713	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	1	60.00	0.79	0.35713	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	3	60.00	0.72	0.43261	51%-75% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	4	60.00	0.19	0.43330	51%-75% Below	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	12	60.00	0.31	0.34434	10%-25% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	1	12.00	0.03	0.06298	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.03	0.06298	51%-75% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	2	6.00	0.04	0.06660	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.03	0.06872	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.38	0.06893	200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.03	0.06241	51%-75% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.05	0.06241	10%-25% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.05	0.08108	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.05	0.08108	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.05	0.08941	26%-50% Below	No	No
16714016601	LIOTHYRONINE SOD 5 MCG TAB	1	90.00	0.40	0.20819	76%-100% Above	No	No
16714017101	TIZANIDINE HCL 2 MG TABLET	3	15.00	0.02	0.03404	26%-50% Below	No	No
16714017201	TIZANIDINE HCL 4 MG TABLET	1	40.00	0.03	0.04397	26%-50% Below	No	No
16714017201	TIZANIDINE HCL 4 MG TABLET	2	20.00	0.02	0.04664	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714017201	TIZANIDINE HCL 4 MG TABLET	2	40.00	0.03	0.04664	26%-50% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.02	0.04397	51%-75% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.04664	51%-75% Below	No	No
16714017202	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.03	0.04558	26%-50% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02830	51%-75% Below	No	No
16714017301	ATORVASTATIN 10 MG TABLET	12	90.00	0.08	0.02573	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	1	30.00	0.12	0.02562	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	1	90.00	0.08	0.02562	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	2	30.00	0.12	0.02726	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	2	90.00	0.01	0.02726	76%-100% Below	No	No
16714017303	ATORVASTATIN 10 MG TABLET	3	30.00	0.12	0.02830	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	4	90.00	0.38	0.02791	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	12	30.00	0.08	0.02573	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	12	30.00	0.12	0.02573	200% Above	No	No
16714017303	ATORVASTATIN 10 MG TABLET	12	90.00	0.08	0.02573	200% Above	No	No
16714017402	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.03400	51%-75% Below	No	No
16714017402	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03178	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03178	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.03400	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.03400	51%-75% Below	No	No
16714017403	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
16714017403	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714017403	ATORVASTATIN 20 MG TABLET	12	90.00	0.10	0.03166	200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	1	30.00	0.10	0.04591	101%-200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	2	30.00	0.18	0.04677	200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	3	27.00	0.08	0.04768	51%-75% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	3	30.00	0.08	0.04768	51%-75% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	12	30.00	0.18	0.04678	200% Above	No	No
16714017502	ATORVASTATIN 40 MG TABLET	12	90.00	0.01	0.04678	51%-75% Below	No	No
16714017503	ATORVASTATIN 40 MG TABLET	1	30.00	0.08	0.04591	76%-100% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	3	30.00	0.08	0.04768	51%-75% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	3	30.00	0.24	0.04768	200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	12	30.00	0.10	0.04678	101%-200% Above	No	No
16714017602	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	1	30.00	0.18	0.07532	101%-200% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	2	30.00	0.18	0.08222	101%-200% Above	No	No
16714017603	ATORVASTATIN 80 MG TABLET	12	30.00	0.11	0.07506	51%-75% Above	No	No
16714017801	FLUOROURACIL 5% CREAM	3	40.00	1.81	0.74727	101%-200% Above	No	No
16714018203	PAROXETINE HCL 20 MG TABLET	2	90.00	0.09	0.07237	26%-50% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	1	30.00	0.14	0.06719	101%-200% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	2	90.00	0.12	0.07237	51%-75% Above	No	No
16714019401	LAMOTRIGINE 25 MG TABLET	12	60.00	0.05	0.02741	76%-100% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	1	30.00	0.07	0.04060	51%-75% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	2	30.00	0.07	0.04292	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714019501	LAMOTRIGINE 100 MG TABLET	4	30.00	0.07	0.04475	26%-50% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	4	180.00	0.19	0.04475	200% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	12	180.00	0.06	0.04236	26%-50% Above	No	No
16714019701	LAMOTRIGINE 200 MG TABLET	1	60.00	0.06	0.07339	10%-25% Below	No	No
16714019701	LAMOTRIGINE 200 MG TABLET	2	60.00	0.05	0.07799	26%-50% Below	No	No
16714019701	LAMOTRIGINE 200 MG TABLET	3	30.00	0.09	0.08067	10%-25% Above	No	No
16714019701	LAMOTRIGINE 200 MG TABLET	3	240.00	0.04	0.08067	26%-50% Below	No	No
16714020010	ONDANSETRON ODT 4 MG TABLET	3	30.00	0.09	0.17951	51%-75% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.07	0.15819	51%-75% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.11	0.15819	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.10	0.15819	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.11	0.15819	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15819	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	16.00	0.10	0.15819	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.09	0.15819	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.13	0.15819	10%-25% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.07	0.17264	51%-75% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.07	0.17264	51%-75% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	14.00	0.10	0.17264	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.17264	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.12	0.17264	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.13	0.17264	10%-25% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.17951	51%-75% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.12	0.17951	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714020030	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.54	0.17951	200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.09	0.17506	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.13	0.17506	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.54	0.17506	200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.11	0.15648	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.10	0.15648	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.07	0.15648	51%-75% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.12	0.15648	10%-25% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.13	0.16848	10%-25% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.12	0.16848	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	3	14.00	0.09	0.18699	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.09	0.18699	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.12	0.18699	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.14	0.18699	26%-50% Below	No	No
16714021301	RALOXIFENE HCL 60 MG TABLET	1	90.00	0.13	0.24124	26%-50% Below	No	No
16714022901	CARVEDILOL ER 40 MG CAPSULE	2	90.00	0.42	5.82079	76%-100% Below	No	No
16714022901	CARVEDILOL ER 40 MG CAPSULE	12	30.00	0.50	5.08883	76%-100% Below	No	No
16714023501	PENICILLIN VK 500 MG TABLET	1	21.00	0.08	0.08704	10%-25% Below	No	No
16714023501	PENICILLIN VK 500 MG TABLET	3	28.00	0.07	0.10947	26%-50% Below	No	No
16714024601	CLINDAMYCIN PHOSP 1% LOTION	2	60.00	0.16	0.31096	26%-50% Below	No	No
16714024901	TRETINOIN 0.05% CREAM	3	20.00	0.73	1.68434	51%-75% Below	No	No
16714025802	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.22	0.04736	200% Above	No	No
16714025802	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.22	0.05240	200% Above	No	No
16714025802	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	0.22	0.05728	200% Above	No	No
16714025802	AMITRIPTYLINE HCL 25 MG TAB	12	30.00	0.22	0.04736	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714029302	AMOX-CLAV 400-57 MG/5 ML SUSP	1	150.00	0.16	0.06406	101%-200% Above	No	No
16714029303	AMOX-CLAV 400-57 MG/5 ML SUSP	1	200.00	0.16	0.05778	101%-200% Above	No	No
16714029401	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	150.00	0.05	0.07279	26%-50% Below	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	0.05	0.07790	26%-50% Below	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.05	0.06265	10%-25% Below	No	No
16714029601	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.25	0.28982	10%-25% Below	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.39	0.29656	26%-50% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.36	0.32240	10%-25% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.37	0.32240	10%-25% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.49	0.34183	26%-50% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.49	0.34183	26%-50% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	3	28.00	0.18	0.34183	26%-50% Below	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.49	0.32907	26%-50% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.38	0.27322	26%-50% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.23	0.27322	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.23	0.29656	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.29656	26%-50% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	1	28.00	0.35	0.29656	10%-25% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.20	0.32240	26%-50% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.48	0.34183	26%-50% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.40	0.34183	10%-25% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.44	0.34183	26%-50% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.42	0.32907	26%-50% Above	No	No
16714029903	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.09093	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	1	14.00	0.05	0.08158	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714029904	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.05	0.08158	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.04	0.08158	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.04	0.08158	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	18.00	0.05	0.08742	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.05	0.08742	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.04	0.08742	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	3	10.00	0.05	0.09188	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	3	15.00	0.04	0.09188	51%-75% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	4	9.00	0.14	0.09093	51%-75% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.18	0.09093	76%-100% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	12	12.00	0.05	0.08279	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.07	0.08279	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	3	60.00	0.02	0.07464	51%-75% Below	No	No
16714033202	GABAPENTIN 800 MG TABLET	2	60.00	0.02	0.10043	76%-100% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	2	84.00	0.01	0.23545	76%-100% Below	No	No
16714036304	TRI-LINYAH TABLET	1	28.00	0.20	0.12209	51%-75% Above	No	No
16714036304	TRI-LINYAH TABLET	1	84.00	0.07	0.12209	26%-50% Below	No	No
16714036304	TRI-LINYAH TABLET	2	28.00	0.17	0.12837	26%-50% Above	No	No
16714036304	TRI-LINYAH TABLET	3	28.00	0.16	0.13969	10%-25% Above	No	No
16714036304	TRI-LINYAH TABLET	4	84.00	0.06	0.14147	51%-75% Below	No	No
16714036504	ELINEST-28 TABLET	1	28.00	0.18	0.35006	26%-50% Below	No	No
16714036504	ELINEST-28 TABLET	2	28.00	0.19	0.37102	26%-50% Below	No	No
16714036504	ELINEST-28 TABLET	3	28.00	0.20	0.37794	26%-50% Below	No	No
16714036504	ELINEST-28 TABLET	4	28.00	0.18	0.37970	51%-75% Below	No	No
16714036504	ELINEST-28 TABLET	12	28.00	0.18	0.34661	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714037501	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.12	0.02834	200% Above	No	No
16714037502	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.12	0.02834	200% Above	No	No
16714037502	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.12	0.03058	200% Above	No	No
16714037502	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.12	0.03250	200% Above	No	No
16714037701	QUETIAPINE FUMARATE 100 MG TAB	1	90.00	0.15	0.04581	200% Above	No	No
16714038801	CEFADROXIL 500 MG CAPSULE	2	14.00	0.13	0.27757	51%-75% Below	No	No
16714038802	CEFADROXIL 500 MG CAPSULE	2	6.00	0.13	0.27757	51%-75% Below	No	No
16714039703	CEFPROZIL 250 MG/5 ML SUSP	12	100.00	0.11	0.17945	26%-50% Below	No	No
16714039901	CEFPROZIL 500 MG TABLET	2	20.00	0.46	1.07241	51%-75% Below	No	No
16714040001	CEFUROXIME AXETIL 250 MG TAB	3	20.00	0.55	0.29664	76%-100% Above	No	No
16714040102	CEFUROXIME AXETIL 500 MG TAB	2	14.00	0.85	0.44143	76%-100% Above	No	No
16714040504	LARIN FE 1.5-30 TABLET	1	84.00	0.08	0.14004	26%-50% Below	No	No
16714040504	LARIN FE 1.5-30 TABLET	2	84.00	0.01	0.14583	76%-100% Below	No	No
16714040504	LARIN FE 1.5-30 TABLET	3	28.00	0.26	0.14837	51%-75% Above	No	No
16714040504	LARIN FE 1.5-30 TABLET	3	84.00	0.01	0.14837	76%-100% Below	No	No
16714040504	LARIN FE 1.5-30 TABLET	4	28.00	0.09	0.14744	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	1	28.00	0.39	0.12524	200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	1	84.00	0.33	0.12524	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	2	28.00	0.01	0.12925	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	2	28.00	0.33	0.12925	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	2	84.00	0.33	0.12925	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	3	28.00	0.01	0.14667	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	3	28.00	0.13	0.14667	10%-25% Below	No	No
16714040604	LARIN FE 1-20 TABLET	3	28.00	0.30	0.14667	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	3	84.00	0.01	0.14667	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714040604	LARIN FE 1-20 TABLET	4	28.00	0.01	0.14775	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	4	28.00	0.13	0.14775	10%-25% Below	No	No
16714040604	LARIN FE 1-20 TABLET	12	84.00	0.01	0.12469	76%-100% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	1	28.00	0.01	0.19057	76%-100% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	1	84.00	0.01	0.19057	76%-100% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	2	28.00	0.01	0.20260	76%-100% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	3	84.00	0.01	0.21635	76%-100% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	4	84.00	0.30	0.22182	26%-50% Above	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	12	84.00	0.01	0.19337	76%-100% Below	No	No
16714044104	SHAROBEL 0.35 MG TABLET	2	84.00	0.04	0.08614	51%-75% Below	No	No
16714044104	SHAROBEL 0.35 MG TABLET	3	84.00	0.06	0.09016	26%-50% Below	No	No
16714044402	ENALAPRIL MALEATE 10 MG TAB	2	60.00	0.20	0.08087	101%-200% Above	No	No
16714044402	ENALAPRIL MALEATE 10 MG TAB	3	60.00	0.18	0.08672	101%-200% Above	No	No
16714044402	ENALAPRIL MALEATE 10 MG TAB	4	60.00	0.28	0.08316	200% Above	No	No
16714045201	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.13	0.02834	200% Above	No	No
16714045201	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.12	0.03058	200% Above	No	No
16714045201	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.12	0.03263	200% Above	No	No
16714045201	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.12	0.03250	200% Above	No	No
16714045201	QUETIAPINE FUMARATE 25 MG TAB	12	30.00	0.13	0.02796	200% Above	No	No
16714045601	QUETIAPINE FUMARATE 300 MG TAB	12	30.00	0.19	0.13053	26%-50% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	1	60.00	0.76	0.30150	101%-200% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	2	60.00	0.58	0.27790	101%-200% Above	No	No
16714049601	CLOTRIMAZOLE-BETAMETHASONE CRM	2	60.00	0.64	0.27790	101%-200% Above	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.15	0.20237	10%-25% Below	No	No
16714052301	DILTIAZEM 24H ER(XR) 120 MG CP	2	30.00	0.19	0.37818	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714052601	IPRATROPIUM 0.03% SPRAY	3	30.00	0.45	0.57259	10%-25% Below	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	1	15.00	0.66	0.99676	26%-50% Below	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	1	15.00	1.33	0.99676	26%-50% Above	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	3	15.00	0.95	1.12242	10%-25% Below	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	12	15.00	1.33	0.97944	26%-50% Above	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	12	15.00	1.53	0.97944	51%-75% Above	No	No
16714053701	LEVETIRACETAM 750 MG TABLET	3	120.00	0.19	0.12140	51%-75% Above	No	No
16714055701	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	0.11	0.20254	26%-50% Below	No	No
16714055701	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	0.58	0.20254	101%-200% Above	No	No
16714055701	METRONIDAZOLE VAGINAL 0.75% GL	4	70.00	0.54	0.20818	101%-200% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	1	30.00	0.08	0.05016	51%-75% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	2	30.00	0.08	0.05614	26%-50% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	3	30.00	0.29	0.06193	200% Above	No	No
16714055801	PRAVASTATIN SODIUM 10 MG TAB	12	30.00	0.10	0.05193	76%-100% Above	No	No
16714055802	PRAVASTATIN SODIUM 10 MG TAB	1	30.00	0.08	0.05016	51%-75% Above	No	No
16714055802	PRAVASTATIN SODIUM 10 MG TAB	1	30.00	0.10	0.05016	76%-100% Above	No	No
16714055802	PRAVASTATIN SODIUM 10 MG TAB	2	30.00	0.08	0.05614	26%-50% Above	No	No
16714055901	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.08	0.06083	26%-50% Above	No	No
16714056001	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.04	0.08403	26%-50% Below	No	No
16714056002	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.15	0.07702	76%-100% Above	No	No
16714056002	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.29	0.08709	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	1	30.00	0.09	0.03813	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	1	30.00	0.17	0.03813	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	1	60.00	0.18	0.03813	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.04114	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714057601	ALLOPURINOL 100 MG TABLET	2	30.00	0.17	0.04114	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	2	60.00	0.18	0.04114	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.04114	76%-100% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	2	90.00	0.17	0.04114	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	30.00	0.07	0.04351	51%-75% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	30.00	0.17	0.04351	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	60.00	0.18	0.04351	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	90.00	0.07	0.04351	51%-75% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	4	30.00	0.18	0.04294	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	4	90.00	0.17	0.04294	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	12	30.00	0.17	0.03940	200% Above	No	No
16714057603	ALLOPURINOL 100 MG TABLET	1	90.00	0.08	0.03813	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	1	30.00	0.08	0.03813	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	2	30.00	0.07	0.04114	51%-75% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.04114	76%-100% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	2	30.00	0.21	0.04114	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	3	30.00	0.07	0.04351	51%-75% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	12	30.00	0.09	0.03940	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	30.00	0.15	0.06305	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	30.00	0.17	0.06305	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	90.00	0.08	0.06305	10%-25% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	90.00	0.15	0.06305	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	135.00	0.15	0.06305	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	2	30.00	0.13	0.06601	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	2	30.00	0.15	0.06601	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714057702	ALLOPURINOL 300 MG TABLET	2	90.00	0.13	0.06601	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	2	90.00	0.15	0.06601	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	3	30.00	0.13	0.06897	76%-100% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	3	30.00	0.26	0.06897	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	3	90.00	0.13	0.06897	76%-100% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	4	30.00	0.26	0.06676	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	4	90.00	0.08	0.06676	10%-25% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	4	135.00	0.26	0.06676	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	12	30.00	0.17	0.06173	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	12	90.00	0.17	0.06173	101%-200% Above	No	No
16714060102	SERTRALINE 20 MG/ML ORAL CONC	2	30.00	0.27	0.48255	26%-50% Below	No	No
16714060102	SERTRALINE 20 MG/ML ORAL CONC	3	30.00	0.25	0.49116	26%-50% Below	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	1	30.00	0.09	0.03055	101%-200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	2	30.00	0.09	0.03240	101%-200% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	1	30.00	0.07	0.03055	101%-200% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	3	90.00	0.06	0.03260	51%-75% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	4	30.00	0.07	0.03229	101%-200% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	12	30.00	0.07	0.03225	101%-200% Above	No	No
16714061204	SERTRALINE HCL 50 MG TABLET	3	270.00	0.05	0.03731	26%-50% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	1	30.00	0.07	0.03355	101%-200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	2	30.00	0.03	0.03621	26%-50% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	2	30.00	0.07	0.03621	76%-100% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	2	90.00	0.03	0.03621	26%-50% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	3	30.00	0.07	0.03731	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714061205	SERTRALINE HCL 50 MG TABLET	3	90.00	0.04	0.03731	10%-25% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	2	30.00	0.03	0.03621	26%-50% Below	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	2	30.00	0.05	0.03621	26%-50% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	1	60.00	0.05	0.04773	10%-25% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	1	90.00	0.05	0.04773	10%-25% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	3	60.00	0.04	0.05282	10%-25% Below	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.04773	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	1	30.00	0.09	0.04773	76%-100% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.08	0.05114	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.09	0.05114	76%-100% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05114	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	3	30.00	0.08	0.05282	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	3	45.00	0.07	0.05282	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	3	60.00	0.08	0.05282	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	3	90.00	0.24	0.05282	200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	3	180.00	0.04	0.05282	10%-25% Below	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	4	30.00	0.08	0.05223	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	4	45.00	0.07	0.05223	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	12	30.00	0.08	0.04769	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	12	30.00	0.25	0.04769	200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	12	45.00	0.08	0.04769	51%-75% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	12	90.00	0.05	0.04769	10%-25% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	12	180.00	0.05	0.04769	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.02	0.02987	10%-25% Below	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	2	1.00	0.02	0.03336	26%-50% Below	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.02	0.03336	26%-50% Below	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.05	0.03520	26%-50% Above	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.03	0.03221	10%-25% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.02	0.03890	26%-50% Below	No	No
16714062201	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.00	0.02	0.03146	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03221	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.05	0.03221	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.05	0.03221	51%-75% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.02	0.03221	10%-25% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.05	0.03622	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.05	0.03622	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	0.02	0.03622	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.05	0.03890	26%-50% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.49	0.03866	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.01	0.03146	51%-75% Below	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.57	0.24394	101%-200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.57	0.25705	101%-200% Above	No	No
16714063402	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.03	0.03315	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.03	0.03315	10%-25% Below	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.09	0.03315	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.03	0.03379	10%-25% Below	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.09	0.03379	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.09	0.03019	101%-200% Above	No	No
16714064503	PIOGLITAZONE HCL 15 MG TABLET	12	30.00	0.03	0.07005	51%-75% Below	No	No
16714064702	PIOGLITAZONE HCL 45 MG TABLET	2	90.00	0.11	0.12444	10%-25% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	1	60.00	0.01	0.02079	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	3	30.00	0.01	0.02330	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	3	45.00	0.01	0.02330	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	3	45.00	0.11	0.02330	200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	4	60.00	0.11	0.02304	200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	60.00	0.01	0.02070	51%-75% Below	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	90.00	0.01	0.02070	51%-75% Below	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	2	30.00	0.04	0.03674	10%-25% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	1	60.00	0.01	0.03533	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	1	60.00	0.02	0.03533	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	1	90.00	0.02	0.03533	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	24.00	0.01	0.03674	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	60.00	0.03	0.03674	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	120.00	0.01	0.03674	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	120.00	0.01	0.03674	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714066202	GABAPENTIN 300 MG CAPSULE	3	21.00	0.01	0.03671	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	60.00	0.01	0.03671	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	60.00	0.13	0.03671	200% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03671	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	120.00	0.01	0.03671	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	12	30.00	0.02	0.03474	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	12	90.00	0.02	0.03474	26%-50% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	12	90.00	0.03	0.03474	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	12	120.00	0.02	0.03474	26%-50% Below	No	No
16714066301	GABAPENTIN 400 MG CAPSULE	2	30.00	0.03	0.04707	26%-50% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	1	120.00	0.02	0.04393	51%-75% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	2	120.00	0.02	0.04707	51%-75% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	3	90.00	0.02	0.04947	51%-75% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	3	120.00	0.02	0.04947	51%-75% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	4	120.00	0.02	0.04691	51%-75% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	4	30.00	0.17	0.29539	26%-50% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	4	50.00	0.11	0.29539	51%-75% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	4	50.00	0.37	0.29539	10%-25% Above	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	4	150.00	0.10	0.29539	51%-75% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	2	30.00	0.05	0.02839	76%-100% Above	No	No
16714068203	SIMVASTATIN 10 MG TABLET	4	90.00	0.01	0.02943	51%-75% Below	No	No
16714068203	SIMVASTATIN 10 MG TABLET	4	90.00	0.26	0.02943	200% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	1	90.00	0.01	0.02882	26%-50% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	3	90.00	0.01	0.03074	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714068303	SIMVASTATIN 20 MG TABLET	4	90.00	0.01	0.03072	51%-75% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	1	90.00	0.03	0.05196	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	1	90.00	0.03	0.05196	26%-50% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	2	90.00	0.01	0.05512	76%-100% Below	No	No
16714068403	SIMVASTATIN 40 MG TABLET	12	90.00	0.03	0.05128	26%-50% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	1	3.00	0.15	0.24962	26%-50% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	3	3.00	0.14	0.30981	51%-75% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	4	3.00	0.14	0.28326	51%-75% Below	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	12	3.00	0.15	0.22998	26%-50% Below	No	No
16714069210	FLUCONAZOLE 150 MG TABLET	1	5.00	0.89	0.52425	51%-75% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	1	2.00	1.27	0.52425	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	1	3.00	0.89	0.52425	51%-75% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	1.00	0.76	0.53979	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	2.00	0.69	0.53979	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	2.00	0.76	0.53979	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	3.00	0.76	0.53979	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	7.00	0.76	0.53979	26%-50% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	14.00	1.06	0.53979	76%-100% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	3	2.00	0.69	0.59122	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	3	2.00	1.27	0.59122	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	3	3.00	0.69	0.59122	10%-25% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	4	3.00	1.38	0.57248	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	2.00	0.86	0.51642	51%-75% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	2.00	0.89	0.51642	51%-75% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	1	1.00	0.64	0.38628	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714069301	FLUCONAZOLE 200 MG TABLET	1	2.00	0.46	0.38628	10%-25% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	2	3.00	0.22	0.41182	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	2	5.00	0.31	0.41182	10%-25% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	2	10.00	0.22	0.41182	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	3	2.00	0.22	0.43388	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	3	3.00	0.22	0.43388	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	3	4.00	0.22	0.43388	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	3	4.00	0.32	0.43388	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	4	4.00	0.32	0.43600	26%-50% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	12	4.00	0.31	0.39654	10%-25% Below	No	No
16714069601	FLUCONAZOLE 40 MG/ML SUSP	1	35.00	0.25	0.54522	51%-75% Below	No	No
16714069601	FLUCONAZOLE 40 MG/ML SUSP	3	35.00	0.22	0.58929	51%-75% Below	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.04	0.42457	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	1.04	0.44069	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	1.06	0.44069	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.36	0.44069	10%-25% Below	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	4	20.00	1.05	0.43151	101%-200% Above	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	2	10.00	0.18	0.24930	26%-50% Below	No	No
16714072002	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	10%-25% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	10%-25% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	26%-50% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.03	0.03391	10%-25% Below	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.04	0.03391	10%-25% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	0.05	0.03081	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714072003	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.05	0.03081	51%-75% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.03107	10%-25% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.03216	51%-75% Below	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.01	0.02969	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.02978	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.03107	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.03	0.03107	10%-25% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.01	0.03216	51%-75% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.03216	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.03216	26%-50% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.03	0.03216	10%-25% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.04	0.03134	10%-25% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.02	0.02969	26%-50% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.03	0.02969	10%-25% Below	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.09	0.05872	51%-75% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.08	0.06602	10%-25% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.22	0.06758	200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.08	0.05872	26%-50% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.22	0.05872	200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.19	0.06602	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.22	0.06602	200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.03	0.05938	26%-50% Below	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.09	0.05938	51%-75% Above	No	No
16714073201	CELECOXIB 100 MG CAPSULE	1	30.00	0.29	0.06795	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714073201	CELECOXIB 100 MG CAPSULE	3	30.00	0.34	0.07869	200% Above	No	No
16714073202	CELECOXIB 100 MG CAPSULE	1	30.00	0.25	0.06795	200% Above	No	No
16714073202	CELECOXIB 100 MG CAPSULE	2	30.00	0.23	0.07439	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	1	30.00	0.23	0.09097	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	1	30.00	0.43	0.09097	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.09685	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	2	30.00	0.37	0.09685	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	2	60.00	0.33	0.09685	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	3	30.00	0.33	0.10020	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	12	30.00	0.43	0.08533	200% Above	No	No
16714075801	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	1.87	0.49724	200% Above	No	No
16714079501	TERBINAFINE HCL 250 MG TABLET	4	21.00	0.36	0.15127	101%-200% Above	No	No
16714079502	TERBINAFINE HCL 250 MG TABLET	2	90.00	0.08	0.14465	26%-50% Below	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.75	0.36066	101%-200% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.29	0.37464	10%-25% Below	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.37	0.40836	10%-25% Below	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.74	0.40836	76%-100% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.74	0.43698	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.33	0.46031	26%-50% Below	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.74	0.46031	51%-75% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	4	27.00	0.87	0.45412	76%-100% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.74	0.41351	76%-100% Above	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06134	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.03	0.06134	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714079903	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
16714079903	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.04	0.06035	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	1	20.00	0.04	0.06134	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06134	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06134	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.18	0.06110	101%-200% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.04	0.06035	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.05	0.06035	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.24	0.28638	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.18	0.28638	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.22	0.28638	10%-25% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.19	0.29620	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.17	0.32049	26%-50% Below	No	No
16714081302	EZETIMIBE 10 MG TABLET	1	30.00	1.33	0.07396	200% Above	No	No
16714081302	EZETIMIBE 10 MG TABLET	2	30.00	1.03	0.07466	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	2	30.00	0.23	0.07466	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	12	90.00	0.05	0.07518	26%-50% Below	No	No
16714081303	EZETIMIBE 10 MG TABLET	12	90.00	1.33	0.07518	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	1	90.00	6.09	0.46575	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	2	90.00	6.09	0.51172	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	3	90.00	5.93	0.53566	200% Above	No	No
16714082901	BUDESONIDE DR 3 MG CAPSULE	4	90.00	3.86	0.54762	200% Above	No	No
16714083701	ZIPRASIDONE HCL 60 MG CAPSULE	2	60.00	0.25	0.31922	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714088501	ACYCLOVIR 5% OINTMENT	12	15.00	2.50	0.49681	200% Above	No	No
16714088502	ACYCLOVIR 5% OINTMENT	2	30.00	0.22	0.45831	51%-75% Below	No	No
16714089602	GLIPIZIDE ER 10 MG TABLET	1	60.00	0.13	0.15035	10%-25% Below	No	No
16714089602	GLIPIZIDE ER 10 MG TABLET	2	60.00	0.13	0.15809	10%-25% Below	No	No
16714089602	GLIPIZIDE ER 10 MG TABLET	3	60.00	0.13	0.15695	10%-25% Below	No	No
16714089602	GLIPIZIDE ER 10 MG TABLET	4	60.00	0.13	0.14820	10%-25% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.15	0.22930	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.15	0.27225	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	4	7.00	0.39	0.27180	26%-50% Above	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	4	30.00	0.20	0.27180	26%-50% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	12	30.00	0.15	0.23198	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	90.00	0.18	0.23891	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.21968	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.17	0.24512	26%-50% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.18	0.24512	26%-50% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.19	0.24512	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24512	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24512	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.24	0.27075	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.24	0.28393	10%-25% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.24	0.28393	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.18	0.33707	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.19	0.33707	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.22	0.33707	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.12	0.33707	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.17	0.33707	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.33707	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.20	0.33707	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.22	0.33707	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	15.00	0.19	0.32905	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.17	0.32905	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.19	0.32905	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.12	0.32905	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.32905	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.17	0.33907	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.18	0.33907	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.24	0.33907	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.24	0.33907	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.24	0.33601	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.12	0.33601	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.17	0.34027	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.22	0.34027	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.22	0.34027	26%-50% Below	No	No
16714095502	KETOCONAZOLE 2% CREAM	4	60.00	0.75	0.25753	101%-200% Above	No	No
16714095503	KETOCONAZOLE 2% CREAM	1	60.00	0.53	0.15335	200% Above	No	No
16714095503	KETOCONAZOLE 2% CREAM	2	60.00	0.45	0.16707	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714095503	KETOCONAZOLE 2% CREAM	3	60.00	0.41	0.17334	101%-200% Above	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	1	75.00	0.24	0.42086	26%-50% Below	No	No
16714096701	TESTOSTERONE 1.62% GEL PUMP	12	75.00	0.30	0.43299	26%-50% Below	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	1	30.00	1.22	0.14790	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	2	30.00	1.11	0.16142	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	3	30.00	1.11	0.16628	200% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	12	30.00	1.43	0.15390	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	1.22	0.12959	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	1.11	0.14027	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	1.11	0.14509	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.90	0.14621	200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	1.43	0.13123	200% Above	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	0.33	0.14027	101%-200% Above	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	1.43	0.13123	200% Above	No	No
16714098501	TRIAMCINOLONE 0.025% CREAM	4	15.00	0.10	0.12405	10%-25% Below	No	No
16714098603	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.08	0.05815	26%-50% Above	No	No
16714098604	TRIAMCINOLONE 0.1% CREAM	3	454.00	0.02	0.03279	26%-50% Below	No	No
16714098701	TRIAMCINOLONE 0.5% CREAM	3	15.00	0.34	0.23553	26%-50% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.02	0.03661	26%-50% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.02	0.03905	51%-75% Below	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03621	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.46	0.03875	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.72	0.03875	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.04089	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.33	0.04089	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.46	0.04089	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.33	0.04089	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.02	0.04246	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.46	0.04246	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	1.33	0.04246	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.46	0.04242	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.02	0.04242	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	1.72	0.03956	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.02	0.03956	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.72	0.03956	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.32	0.05857	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	1.71	0.05663	200% Above	No	No
16714099101	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	1.71	0.09008	200% Above	No	No
16714099101	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	1.45	0.09464	200% Above	No	No
16714099101	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	1.32	0.09207	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.18	0.03619	200% Above	No	No
16729000515	SIMVASTATIN 20 MG TABLET	2	90.00	0.02	0.02993	26%-50% Below	No	No
16729000617	SIMVASTATIN 40 MG TABLET	12	90.00	0.03	0.05128	26%-50% Below	No	No
16729003410	LETROZOLE 2.5 MG TABLET	1	10.00	0.09	0.13255	26%-50% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	2	12.00	0.06	0.15102	51%-75% Below	No	No
16729003515	ANASTROZOLE 1 MG TABLET	1	4.00	0.24	0.13670	51%-75% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	2	4.00	0.23	0.15102	26%-50% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	3	4.00	0.23	0.15294	26%-50% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	3	4.00	0.29	0.15294	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729003515	ANASTROZOLE 1 MG TABLET	3	90.00	0.08	0.15294	26%-50% Below	No	No
16729003515	ANASTROZOLE 1 MG TABLET	4	4.00	0.23	0.15139	26%-50% Above	No	No
16729004517	ATORVASTATIN TAB 20MG	2	30.00	0.01	.		No	No
16729009015	FINASTERIDE 5 MG TABLET	1	30.00	0.18	0.06521	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.27	0.04855	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.24	0.05223	200% Above	No	No
16729013516	ALLOPURINOL 300 MG TABLET	1	90.00	0.15	0.06305	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.01	0.01935	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.01	0.02094	51%-75% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.01	0.02178	51%-75% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.11	0.02145	200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.02	0.02070	10%-25% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	1	60.00	0.02	0.02768	10%-25% Below	Yes	No
16729013700	CLONAZEPAM 1 MG TABLET	12	30.00	0.01	0.02722	26%-50% Below	Yes	No
16729014601	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.07	0.03271	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01100	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.03	0.01100	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.04	0.01217	200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01281	51%-75% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.04	0.01281	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	26%-50% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01277	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.04	0.01277	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.03	0.01277	101%-200% Above	No	No
16729020216	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.06	0.03236	76%-100% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	1	30.00	0.05	0.04256	10%-25% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	12	30.00	0.07	0.04321	51%-75% Above	No	No
16729021301	DOXAZOSIN MESYLATE 4 MG TAB	2	30.00	0.38	0.09407	200% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	1	45.00	0.05	0.04773	10%-25% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	2	45.00	0.04	0.05114	10%-25% Below	No	No
16729022501	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.03	0.05175	51%-75% Below	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	3	30.00	0.08	0.10166	10%-25% Below	No	No
16729022601	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.16	0.08824	76%-100% Above	No	No
16729023201	ROPINIROLE TAB 0.25MG	1	90.00	0.03	.		No	No
16729028715	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.50	0.08888	200% Above	No	No
16729029901	TRAZODONE 50 MG TABLET	1	30.00	0.02	0.03179	10%-25% Below	No	No
16729032110	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.93	0.08113	200% Above	No	No
16729032110	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.17	0.08469	76%-100% Above	No	No
16729036615	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.80	0.16567	200% Above	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.07	0.10590	26%-50% Below	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.02	0.10545	76%-100% Below	No	No
16729044310	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.33	0.08952	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.09969	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.18	0.09969	76%-100% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.18	0.10590	51%-75% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.10590	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.03	0.08952	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729044416	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.29	0.13338	101%-200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.50	0.13338	200% Above	No	No
16729044416	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.29	0.13055	101%-200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.02	0.04300	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.02	0.04343	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.05	0.04343	10%-25% Above	Yes	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.02	0.04343	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.02	0.04513	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.25	0.04423	200% Above	No	No
16729044815	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.05	0.05750	10%-25% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.04	0.05075	10%-25% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.04	0.05075	10%-25% Below	Yes	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.02	0.05075	51%-75% Below	Yes	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.04	0.05075	10%-25% Below	Yes	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.03	0.05398	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.04	0.05398	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.04	0.05398	10%-25% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	78.00	0.03	0.05398	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.05398	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.03	0.05750	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.04	0.05750	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729044817	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.04	0.05750	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.04	0.05750	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.31	0.05750	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.31	0.05881	200% Above	Yes	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.03	0.05170	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.03	0.05170	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.04	0.05170	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.05079	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.05079	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.03	0.05432	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.04	0.05432	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.03	0.05769	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.05769	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.05769	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.04	0.05769	10%-25% Below	Yes	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.05779	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.05779	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.03	0.05334	26%-50% Below	No	No
16729045015	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.05	0.05802	10%-25% Below	No	No
16729045015	LEVOTHYROXINE 88 MCG TABLET	2	60.00	0.04	0.06194	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	1	28.00	0.04	0.05802	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	2	28.00	0.03	0.06194	51%-75% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.03	0.06194	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729045017	LEVOTHYROXINE 88 MCG TABLET	3	28.00	0.03	0.06733	51%-75% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.04	0.06733	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	4	28.00	0.36	0.06719	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	4	60.00	0.04	0.06719	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	12	28.00	0.04	0.05732	26%-50% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	12	90.00	0.04	0.05732	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.03	0.05386	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.03	0.05386	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.02	0.05519	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.03	0.05519	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.05	0.05519	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.03	0.05854	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.02	0.05854	51%-75% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.04	0.05854	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.04	0.05854	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.03	0.05929	26%-50% Below	No	No
16729045215	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.03	0.07192	51%-75% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	1	30.00	0.04	0.06852	26%-50% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.05	0.06852	26%-50% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	2	8.00	0.04	0.07192	26%-50% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.04	0.07192	26%-50% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.04	0.07351	26%-50% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.05	0.07308	26%-50% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	12	30.00	0.04	0.06916	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729045317	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.04	0.07133	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.04	0.07216	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.03	0.07216	51%-75% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	2	105.00	0.04	0.07216	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	3	30.00	0.04	0.07712	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.05	0.07712	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	4	30.00	0.35	0.07485	200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.05	0.07177	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.05	0.07177	10%-25% Below	No	No
16729045415	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.05	0.07827	26%-50% Below	Yes	No
16729045415	LEVOTHYROXINE 137 MCG TABLET	3	30.00	0.07	0.08487	10%-25% Below	No	No
16729045415	LEVOTHYROXINE 137 MCG TABLET	4	30.00	0.07	0.08472	10%-25% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.05	0.07130	26%-50% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.05	0.07130	26%-50% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.08267	51%-75% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.07	0.08036	10%-25% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	1	30.00	0.04	0.08637	26%-50% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	1	30.00	0.07	0.08637	10%-25% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	2	30.00	0.05	0.09185	26%-50% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	2	30.00	0.07	0.09185	10%-25% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.07	0.09462	10%-25% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.46	0.09462	200% Above	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.07	0.09532	10%-25% Below	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.05	0.10149	26%-50% Below	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	4	30.00	0.47	0.10065	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729045717	LEVOTHYROXINE 200 MCG TABLET	1	30.00	0.06	0.08973	26%-50% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	1	30.00	0.06	0.08973	26%-50% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	2	30.00	0.06	0.09532	26%-50% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.06	0.09532	26%-50% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	3	27.00	0.06	0.10149	26%-50% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	3	30.00	0.06	0.10149	26%-50% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	12	30.00	0.07	0.09085	26%-50% Below	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.39	0.11628	200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	2	30.00	0.39	0.12374	200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	4	30.00	0.39	0.13255	101%-200% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.37	0.16256	101%-200% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.34	0.16471	101%-200% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	1	32.00	0.31	0.15507	76%-100% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	2	32.00	0.31	0.15552	76%-100% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	3	32.00	0.31	0.16106	76%-100% Above	No	No
16729048601	METHOTREXATE 2.5 MG TABLET	4	32.00	0.31	0.16170	76%-100% Above	No	No
17270074000	ALBUTEROL AER HFA (PA)	1	8.50	0.96	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	1	8.50	1.66	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	1	8.50	1.76	.		Yes	No
17270074000	ALBUTEROL AER HFA (PA)	1	8.50	1.95	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	1	17.00	1.14	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	2	8.50	0.84	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	2	8.50	0.96	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	2	8.50	1.16	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	2	8.50	1.95	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
17270074000	ALBUTEROL AER HFA (PA)	3	8.50	0.96	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	3	8.50	0.99	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	3	8.50	1.16	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	3	8.50	1.66	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	4	8.50	2.34	.		No	No
17270074000	ALBUTEROL AER HFA (PA)	4	8.50	2.34	.		Yes	No
17270074000	ALBUTEROL AER HFA (PA)	12	8.50	1.66	.		No	No
17772012301	OXTELLAR XR 600 MG TABLET	2	90.00	0.01	21.95619	76%-100% Below	No	No
19515081052	FLULAVAL INJ 2024-25	3	0.50	37.20	.		Yes	No
19515081052	FLULAVAL INJ 2024-25	12	0.50	37.20	.		Yes	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	1	60.00	0.25	0.16656	26%-50% Above	Yes	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	1	60.00	0.33	0.16656	76%-100% Above	No	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	3	60.00	0.17	0.19990	10%-25% Below	Yes	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	4	60.00	0.25	0.20346	10%-25% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	1	60.00	0.25	0.14815	51%-75% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	1	60.00	0.49	0.14815	200% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	3	60.00	0.25	0.18603	26%-50% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	3	60.00	0.34	0.18603	76%-100% Above	Yes	No
21922000201	CLINDAMYCIN PH 1% SOLUTION	4	60.00	0.34	0.18150	76%-100% Above	Yes	No
21922000221	CLINDAMYCIN PH 1% SOLUTION	1	60.00	0.12	0.21720	26%-50% Below	Yes	No
21922000404	DESONIDE 0.05% OINTMENT	1	15.00	2.39	0.40024	200% Above	No	No
21922001107	TACROLIMUS 0.1% OINTMENT	3	60.00	0.38	0.81994	51%-75% Below	No	No
21922001604	CLOBETASOL 0.05% CREAM	1	15.00	0.67	0.16366	200% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	1	60.00	0.25	0.16366	51%-75% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	2	45.00	2.40	0.17208	200% Above	No	No

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21922001604	CLOBETASOL 0.05% CREAM	2	60.00	2.40	0.17208	200% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	3	15.00	0.33	0.17908	76%-100% Above	Yes	No
21922001605	CLOBETASOL 0.05% CREAM	2	30.00	0.17	0.15106	10%-25% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	2	60.00	2.40	0.15106	200% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	3	30.00	2.26	0.16338	200% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	4	30.00	2.26	0.16367	200% Above	No	No
21922001605	CLOBETASOL 0.05% CREAM	4	60.00	0.25	0.16367	51%-75% Above	No	No
21922001606	CLOBETASOL 0.05% CREAM	3	45.00	2.26	0.13058	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	1	60.00	0.17	0.10876	51%-75% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	1	60.00	0.25	0.10876	101%-200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	2	60.00	0.25	0.11227	101%-200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	2	60.00	0.25	0.11227	101%-200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	3	60.00	1.95	0.12518	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	12	60.00	0.25	0.12176	101%-200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	12	60.00	2.53	0.12176	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	2	15.00	2.91	0.20609	200% Above	Yes	No
21922001704	CLOBETASOL 0.05% OINTMENT	3	15.00	2.65	0.23466	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	3	15.00	2.65	0.23466	200% Above	Yes	No
21922001704	CLOBETASOL 0.05% OINTMENT	3	45.00	0.13	0.23466	26%-50% Below	Yes	No
21922001704	CLOBETASOL 0.05% OINTMENT	3	60.00	2.65	0.23466	200% Above	No	No
21922001705	CLOBETASOL 0.05% OINTMENT	1	30.00	2.43	0.15874	200% Above	Yes	No
21922001705	CLOBETASOL 0.05% OINTMENT	3	30.00	2.54	0.18619	200% Above	Yes	No
21922001705	CLOBETASOL 0.05% OINTMENT	4	30.00	0.16	0.18545	10%-25% Below	Yes	No
21922001705	CLOBETASOL 0.05% OINTMENT	4	30.00	2.54	0.18545	200% Above	Yes	No
21922001706	CLOBETASOL 0.05% OINTMENT	1	45.00	2.59	0.13800	200% Above	No	No

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21922001706	CLOBETASOL 0.05% OINTMENT	1	45.00	3.05	0.13800	200% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	1	60.00	0.09	0.11700	10%-25% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	1	60.00	0.25	0.11700	101%-200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	1	60.00	0.33	0.11700	101%-200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	1	60.00	2.43	0.11700	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	1	60.00	2.86	0.11700	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	0.08	0.13559	26%-50% Below	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	0.09	0.13559	26%-50% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	0.17	0.13559	10%-25% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	0.25	0.13559	76%-100% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	2.43	0.13559	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	3	60.00	0.09	0.15004	26%-50% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	3	60.00	0.25	0.15004	51%-75% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	3	60.00	2.21	0.15004	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	4	60.00	2.54	0.15235	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	4	60.00	2.54	0.15235	200% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	12	60.00	0.09	0.11894	10%-25% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	12	60.00	0.25	0.11894	101%-200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	12	60.00	2.86	0.11894	200% Above	No	No
21922002107	PERMETHRIN 5% CREAM	2	60.00	0.52	0.24421	101%-200% Above	Yes	No
21922002107	PERMETHRIN 5% CREAM	3	60.00	0.12	0.25545	51%-75% Below	No	No
21922002107	PERMETHRIN 5% CREAM	3	60.00	0.31	0.25545	10%-25% Above	No	No
21922002206	CLIND PH-BENZOYL PEROX 1.2-5%	2	45.00	0.26	0.45314	26%-50% Below	No	No
21922002504	KETOCONAZOLE 2% CREAM	1	30.00	0.66	0.27805	101%-200% Above	Yes	No
21922002504	KETOCONAZOLE 2% CREAM	3	90.00	0.65	0.37439	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922002504	KETOCONAZOLE 2% CREAM	4	30.00	0.75	0.35521	101%-200% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	1	30.00	0.70	0.21510	200% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	2	30.00	0.50	0.23948	101%-200% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	4	30.00	0.75	0.25753	101%-200% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	4	30.00	0.75	0.25753	101%-200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	2	60.00	0.25	0.16707	26%-50% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	2	60.00	0.41	0.16707	101%-200% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	2	60.00	0.41	0.16707	101%-200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	3	60.00	0.41	0.17334	101%-200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	4	60.00	0.75	0.17564	200% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	1	60.00	0.69	0.15823	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	2	60.00	0.33	0.15464	101%-200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	3	60.00	0.25	0.15808	51%-75% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	4	30.00	0.50	0.16438	200% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	4	60.00	0.58	0.16438	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	12	30.00	0.50	0.15299	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	12	60.00	0.25	0.15299	51%-75% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	3	60.00	0.08	0.13780	26%-50% Below	No	No
21922002707	CLINDAMYCIN PH 1% GEL	3	60.00	0.17	0.13780	10%-25% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	3	60.00	0.33	0.13780	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	3	60.00	0.63	0.13780	200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	4	60.00	0.33	0.14237	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	4	60.00	0.33	0.14237	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	12	60.00	0.08	0.13454	26%-50% Below	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.52	0.34489	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922003601	CLINDAMYCIN PHOSP 1% LOTION	4	60.00	0.25	0.34788	26%-50% Below	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	1	70.00	0.34	0.18910	76%-100% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	0.58	0.20183	101%-200% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	0.63	0.20183	200% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	0.29	0.20254	26%-50% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	0.58	0.20254	101%-200% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	4	70.00	0.54	0.20818	101%-200% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	12	70.00	0.34	0.20438	51%-75% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	12	70.00	0.75	0.20438	200% Above	No	No
21922005106	ADAPALENE 0.3% GEL	2	45.00	0.33	0.55994	26%-50% Below	No	No
21922005106	ADAPALENE 0.3% GEL	12	45.00	0.22	0.53054	51%-75% Below	No	No
21922005106	ADAPALENE 0.3% GEL	12	45.00	2.01	0.53054	200% Above	No	No
21922005250	ADAPALENE-BNZZYL PEROX 0.1-2.5%	2	45.00	0.22	0.49741	51%-75% Below	No	No
21922005250	ADAPALENE-BNZZYL PEROX 0.1-2.5%	4	45.00	0.31	0.42833	26%-50% Below	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	3	50.00	0.83	0.17677	200% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	3	15.00	0.09	0.13388	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	4	15.00	0.11	0.13405	10%-25% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.10	0.13405	10%-25% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.17	0.09543	76%-100% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.20	0.09543	101%-200% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.17	0.08834	76%-100% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	3	60.00	0.13	0.08834	26%-50% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.20	0.10154	76%-100% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.06	0.05162	10%-25% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.09	0.05162	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922006215	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.09	0.05608	51%-75% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	2	160.00	0.06	0.05608	10%-25% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	4	80.00	0.09	0.05812	51%-75% Above	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	3	30.00	0.04	0.12206	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	3	30.00	0.06	0.12206	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	4	15.00	0.06	0.12247	51%-75% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.03	0.05855	51%-75% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.03	0.05855	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.04	0.05855	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.04	0.05855	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	2	80.00	0.03	0.06419	51%-75% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	2	80.00	0.03	0.06419	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	2	80.00	0.03	0.06419	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	2	80.00	0.03	0.06419	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	4	80.00	0.09	0.06724	26%-50% Above	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	12	80.00	0.03	0.05903	26%-50% Below	No	No
21922006330	TRIAMCINOLONE 0.1% OINTMENT	3	80.00	0.02	0.03680	26%-50% Below	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.03	0.01100	101%-200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	51%-75% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	3	45.00	0.02	0.01281	51%-75% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	12	62.00	0.02	0.01079	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	51%-75% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.01	0.01100	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.01	0.01100	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01100	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01100	200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	45.00	0.02	0.01100	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	45.00	0.03	0.01100	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.01	0.01100	10%-25% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.01	0.01100	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	76%-100% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	180.00	0.02	0.01100	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.03	0.01217	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.04	0.01217	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	45.00	0.02	0.01217	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01217	10%-25% Below	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01217	10%-25% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01217	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01217	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.03	0.01217	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01281	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01281	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01281	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01281	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.01	0.01281	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.01	0.01281	10%-25% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.03	0.01281	101%-200% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01277	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01277	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	45.00	0.02	0.01277	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.01	0.01277	26%-50% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.01	0.01277	10%-25% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	180.00	0.02	0.01277	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.01	0.01079	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.01	0.01079	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	51%-75% Above	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	3	90.00	0.02	0.03428	26%-50% Below	Yes	No
23155002301	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.06	0.01949	200% Above	No	No
23155002301	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.06	0.02195	101%-200% Above	No	No
23155002301	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.05	0.02195	101%-200% Above	No	No
23155002301	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.07	0.02365	101%-200% Above	No	No
23155002301	BUSPIRONE HCL 5 MG TABLET	3	270.00	0.05	0.02365	101%-200% Above	No	No
23155002301	BUSPIRONE HCL 5 MG TABLET	12	180.00	0.05	0.01976	101%-200% Above	No	No
23155002305	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02365	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.01	0.02845	51%-75% Below	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.05	0.02845	76%-100% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.01	0.02845	51%-75% Below	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.01	0.03079	51%-75% Below	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.03079	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.06	0.03079	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.01	0.03236	51%-75% Below	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.05	0.03236	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	4	30.00	0.10	0.03216	200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.01	0.03216	51%-75% Below	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.01	0.02862	51%-75% Below	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.08	0.02862	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155002401	BUSPIRONE HCL 10 MG TABLET	12	180.00	0.05	0.02862	76%-100% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	12	540.00	0.08	0.02862	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.07	0.02845	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.07	0.03079	101%-200% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.03236	76%-100% Above	No	No
23155002506	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.09	0.04593	76%-100% Above	No	No
23155002801	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.05	0.03084	51%-75% Above	No	No
23155002801	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
23155002810	FLUOXETINE HCL 10 MG CAPSULE	3	60.00	0.03	0.03391	10%-25% Below	No	No
23155002901	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.03216	10%-25% Above	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	1	60.00	0.01	0.02978	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.01	0.03216	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.03216	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.15	0.03134	200% Above	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.01	0.03134	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.01	0.02969	51%-75% Below	No	No
23155002910	FLUOXETINE HCL 20 MG CAPSULE	12	60.00	0.03	0.02969	10%-25% Below	No	No
23155003003	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.19	0.06602	101%-200% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.22	0.06815	200% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.22	0.06758	200% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	4	45.00	0.13	0.06758	76%-100% Above	No	No
23155003010	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.08	0.06602	10%-25% Above	No	No
23155003010	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.08	0.06602	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155005519	NARATRIPTAN HCL 2.5 MG TABLET	1	9.00	0.56	1.06561	26%-50% Below	No	No
23155005519	NARATRIPTAN HCL 2.5 MG TABLET	2	9.00	2.81	1.18398	101%-200% Above	Yes	No
23155005519	NARATRIPTAN HCL 2.5 MG TABLET	3	9.00	0.64	1.31062	51%-75% Below	No	No
23155005519	NARATRIPTAN HCL 2.5 MG TABLET	3	9.00	2.56	1.31062	76%-100% Above	Yes	No
23155005801	GLYBURIDE 5 MG TABLET	12	120.00	0.09	0.05319	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	1	60.00	0.13	0.06948	76%-100% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	1	90.00	0.10	0.06948	26%-50% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	1	90.00	0.12	0.06948	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	2	90.00	0.13	0.07132	76%-100% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	2	270.00	0.12	0.07132	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	3	30.00	0.12	0.07469	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	3	45.00	0.12	0.07469	51%-75% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	4	90.00	0.10	0.07277	26%-50% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	12	30.00	0.15	0.06899	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	12	45.00	0.15	0.06899	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	12	90.00	0.15	0.06899	101%-200% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	12	270.00	0.15	0.06899	101%-200% Above	No	No
23155007101	METHIMAZOLE 10 MG TABLET	1	90.00	0.15	0.12062	10%-25% Above	No	No
23155007101	METHIMAZOLE 10 MG TABLET	2	90.00	0.15	0.12920	10%-25% Above	No	No
23155013401	DOXYCYCLINE MONO 75 MG TABLET	3	60.00	0.41	0.36372	10%-25% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	1	14.00	0.57	0.23515	101%-200% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	1	20.00	0.42	0.23515	76%-100% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	2	20.00	0.33	0.26452	10%-25% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	3	14.00	0.56	0.28444	76%-100% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	3	20.00	0.57	0.28444	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155014801	ACARBOSE 50 MG TABLET	4	270.00	0.15	0.18686	10%-25% Below	No	No
23155017801	ISOSORBIDE MONONIT ER 60 MG TB	1	30.00	0.25	0.08473	101%-200% Above	No	No
23155017801	ISOSORBIDE MONONIT ER 60 MG TB	3	30.00	0.22	0.09821	101%-200% Above	No	No
23155019101	BUPROPION HCL 75 MG TABLET	2	30.00	0.16	0.09768	51%-75% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	2	360.00	0.25	0.09768	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	3	30.00	0.16	0.10183	51%-75% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	3	180.00	0.09	0.10183	10%-25% Below	Yes	No
23155022801	ACYCLOVIR 800 MG TABLET	1	40.00	0.08	0.13078	26%-50% Below	No	No
23155022801	ACYCLOVIR 800 MG TABLET	12	40.00	0.07	0.13005	26%-50% Below	No	No
23155024801	VENLAFAXINE HCL 50 MG TABLET	2	60.00	0.24	0.07546	200% Above	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	1	30.00	0.61	0.37587	51%-75% Above	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	1	180.00	0.43	0.37587	10%-25% Above	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	2	30.00	0.23	0.35630	26%-50% Below	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	3	30.00	0.23	0.35509	26%-50% Below	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	3	30.00	0.61	0.35509	51%-75% Above	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	4	30.00	0.23	0.34232	26%-50% Below	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	4	30.00	0.61	0.34232	76%-100% Above	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	4	60.00	0.25	0.34232	26%-50% Below	Yes	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	4	180.00	0.55	0.34232	51%-75% Above	No	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	12	30.00	0.61	0.40552	26%-50% Above	No	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.06	0.02756	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	2	30.00	0.09	0.02999	101%-200% Above	No	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.06	0.02999	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	2	90.00	0.07	0.02999	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	3	60.00	0.06	0.03191	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155050001	HYDROXYZINE HCL 10 MG TABLET	3	90.00	0.07	0.03191	101%-200% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.04	0.03964	10%-25% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	2	4.00	0.15	0.04247	200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	3	10.00	0.10	0.04398	101%-200% Above	Yes	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.09	0.04398	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.06	0.04398	26%-50% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.02	0.03964	26%-50% Below	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.08	0.03964	76%-100% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	1	180.00	0.04	0.03964	10%-25% Above	Yes	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	1	180.00	0.06	0.03964	26%-50% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	1	180.00	0.07	0.03964	76%-100% Above	Yes	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	4	180.00	0.18	0.04214	200% Above	Yes	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	1	20.00	0.12	0.05684	101%-200% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.11	0.05684	76%-100% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.13	0.05684	101%-200% Above	Yes	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	3	90.00	0.18	0.06596	101%-200% Above	No	No
23155051905	ISOSORBIDE MONONIT ER 30 MG TB	1	90.00	0.19	0.06531	101%-200% Above	No	No
23155060601	GLYCOPYRROLATE 1 MG TABLET	3	90.00	0.20	0.11211	76%-100% Above	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	4	90.00	0.19	0.22724	10%-25% Below	No	No
23155066201	CALCITRIOL 0.25 MCG CAPSULE	3	15.00	0.33	0.16189	101%-200% Above	No	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	1	30.00	0.33	0.21383	51%-75% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	3	30.00	0.33	0.23872	26%-50% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	3	180.00	0.51	0.23872	101%-200% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	4	30.00	0.33	0.23969	26%-50% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	12	180.00	0.60	0.21164	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155066301	CALCITRIOL 0.5 MCG CAPSULE	12	270.00	0.60	0.21164	101%-200% Above	Yes	No
23155069310	ALLOPURINOL 100 MG TABLET	1	60.00	0.08	0.03813	76%-100% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	2	60.00	0.07	0.04114	51%-75% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.04114	76%-100% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	3	60.00	0.07	0.04351	51%-75% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	1	30.00	0.17	0.06305	101%-200% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	2	30.00	0.15	0.06601	101%-200% Above	No	No
23155069405	ALLOPURINOL 300 MG TABLET	3	30.00	0.13	0.06897	76%-100% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	1	60.00	0.23	0.08449	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	1	90.00	0.21	0.08449	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	2	30.00	0.23	0.08108	101%-200% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	2	60.00	0.09	0.08108	10%-25% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	2	60.00	0.23	0.08108	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	2	180.00	0.17	0.08108	101%-200% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	3	60.00	0.23	0.08306	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	3	180.00	0.17	0.08306	76%-100% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	3	180.00	0.17	0.08306	76%-100% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	4	6.00	0.16	0.08289	76%-100% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	4	60.00	0.23	0.08289	101%-200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	4	180.00	0.03	0.08289	51%-75% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	1	180.00	0.17	0.13714	10%-25% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	2	60.00	0.21	0.14637	26%-50% Above	No	No
23155072401	LABETALOL HCL 200 MG TABLET	2	60.00	0.21	0.14637	26%-50% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	3	60.00	0.19	0.14658	26%-50% Above	No	No
23155072401	LABETALOL HCL 200 MG TABLET	3	60.00	0.19	0.14658	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155072401	LABETALOL HCL 200 MG TABLET	3	180.00	0.19	0.14658	26%-50% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	3	180.00	0.19	0.14658	26%-50% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	4	3.00	0.19	0.14829	26%-50% Above	No	No
23155072401	LABETALOL HCL 200 MG TABLET	4	60.00	0.19	0.14829	26%-50% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	4	180.00	0.17	0.14829	10%-25% Above	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	12	180.00	0.23	0.13719	51%-75% Above	Yes	No
23155072405	LABETALOL HCL 200 MG TABLET	2	60.00	0.21	0.14637	26%-50% Above	No	No
23155072405	LABETALOL HCL 200 MG TABLET	3	60.00	0.19	0.14658	26%-50% Above	No	No
23155072405	LABETALOL HCL 200 MG TABLET	12	60.00	0.25	0.13719	76%-100% Above	No	No
23155072501	LABETALOL HCL 300 MG TABLET	2	60.00	0.29	0.19539	26%-50% Above	Yes	No
23155072501	LABETALOL HCL 300 MG TABLET	3	180.00	0.18	0.20309	10%-25% Below	Yes	No
23155073601	TERAZOSIN 2 MG CAPSULE	2	30.00	0.07	0.13814	26%-50% Below	No	No
23155073601	TERAZOSIN 2 MG CAPSULE	3	30.00	0.06	0.13596	51%-75% Below	No	No
23155073601	TERAZOSIN 2 MG CAPSULE	4	30.00	0.19	0.13458	26%-50% Above	No	No
23155073701	TERAZOSIN 5 MG CAPSULE	1	30.00	0.08	0.14648	26%-50% Below	Yes	No
23155073701	TERAZOSIN 5 MG CAPSULE	1	30.00	0.11	0.14648	10%-25% Below	No	No
23155073701	TERAZOSIN 5 MG CAPSULE	2	30.00	0.07	0.14773	26%-50% Below	Yes	No
23155073701	TERAZOSIN 5 MG CAPSULE	2	30.00	0.11	0.14773	10%-25% Below	No	No
23155073701	TERAZOSIN 5 MG CAPSULE	3	30.00	0.07	0.14918	26%-50% Below	Yes	No
23155073701	TERAZOSIN 5 MG CAPSULE	3	30.00	0.12	0.14918	10%-25% Below	No	No
23155073701	TERAZOSIN 5 MG CAPSULE	4	30.00	0.25	0.14364	51%-75% Above	Yes	No
23155073701	TERAZOSIN 5 MG CAPSULE	12	30.00	0.12	0.14410	10%-25% Below	Yes	No
23155073801	TERAZOSIN 10 MG CAPSULE	2	180.00	0.08	0.16070	51%-75% Below	Yes	No
23155075101	BENAZEPRIL HCL 20 MG TABLET	3	90.00	0.05	0.07116	26%-50% Below	No	No
23155075201	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.08	0.07015	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155075201	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.08	0.07015	10%-25% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	30.00	0.03	0.05282	26%-50% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	30.00	0.09	0.05282	51%-75% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	90.00	0.07	0.05282	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	90.00	0.24	0.05223	200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	135.00	0.07	0.05223	26%-50% Above	No	No
23155076301	LITHIUM CARBONATE ER 300 MG TB	4	60.00	0.17	0.22032	10%-25% Below	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	15.00	0.16	0.04258	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.13	0.04258	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.28	0.04258	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.11	0.04258	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.24	0.04258	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.13	0.04813	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.16	0.04813	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.18	0.04813	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.21	0.04813	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.24	0.04813	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.11	0.04813	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.21	0.05030	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.11	0.05030	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.21	0.05030	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.15	0.05053	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.11	0.05053	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.15	0.05053	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.21	0.05053	200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.01	0.04193	76%-100% Below	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.11	0.04193	101%-200% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.28	0.04258	200% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.24	0.04813	200% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.03	0.05030	26%-50% Below	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	1	60.00	0.23	0.07686	200% Above	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	2	90.00	0.27	0.08087	200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	1	30.00	0.28	0.10500	101%-200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	2	30.00	0.26	0.10508	101%-200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	3	90.00	0.30	0.10958	101%-200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	4	30.00	0.30	0.10824	101%-200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	12	30.00	0.33	0.10501	200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	12	90.00	0.33	0.10501	200% Above	No	No
23155080901	VITAMIN D2 1.25 MG(50,000 UNIT)	12	8.00	0.05	0.10563	26%-50% Below	No	No
23155081010	OXYBUTYNIN 5 MG TABLET	4	180.00	0.19	0.05011	200% Above	No	No
23155082373	CABERGOLINE 0.5 MG TABLET	4	8.00	4.64	1.61709	101%-200% Above	No	No
23155083201	HYDRALAZINE 10 MG TABLET	3	60.00	0.08	0.03130	101%-200% Above	No	No
23155083201	HYDRALAZINE 10 MG TABLET	12	60.00	0.06	0.02663	101%-200% Above	Yes	No
23155083201	HYDRALAZINE 10 MG TABLET	12	60.00	0.07	0.02663	101%-200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	1	60.00	0.07	0.03193	101%-200% Above	No	No
23155083301	HYDRALAZINE 25 MG TABLET	1	60.00	0.12	0.03193	200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	1	180.00	0.14	0.03193	200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	2	60.00	0.12	0.03582	200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	2	90.00	0.06	0.03582	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155083301	HYDRALAZINE 25 MG TABLET	2	180.00	0.11	0.03582	101%-200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	2	180.00	0.12	0.03582	200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	3	60.00	0.07	0.03761	76%-100% Above	No	No
23155083301	HYDRALAZINE 25 MG TABLET	3	60.00	0.11	0.03761	101%-200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	3	90.00	0.00	0.03761	76%-100% Below	No	No
23155083301	HYDRALAZINE 25 MG TABLET	3	90.00	0.06	0.03761	51%-75% Above	No	No
23155083301	HYDRALAZINE 25 MG TABLET	3	90.00	0.11	0.03761	101%-200% Above	No	No
23155083301	HYDRALAZINE 25 MG TABLET	3	180.00	0.10	0.03761	101%-200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	3	270.00	0.11	0.03761	101%-200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	4	60.00	0.10	0.03733	101%-200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	4	180.00	0.10	0.03733	101%-200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	12	60.00	0.07	0.03158	101%-200% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	12	90.00	0.07	0.03158	101%-200% Above	No	No
23155083301	HYDRALAZINE 25 MG TABLET	12	270.00	0.12	0.03158	200% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	1	60.00	0.14	0.04177	200% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	1	90.00	0.02	0.04177	26%-50% Below	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	1	90.00	0.06	0.04177	26%-50% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	1	120.00	0.14	0.04177	200% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	1	270.00	0.06	0.04177	26%-50% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	2	60.00	0.13	0.04625	101%-200% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	2	90.00	0.02	0.04625	51%-75% Below	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	2	90.00	0.08	0.04625	51%-75% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	2	180.00	0.13	0.04625	101%-200% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	2	270.00	0.13	0.04625	101%-200% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	3	60.00	0.13	0.04732	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155083401	HYDRALAZINE 50 MG TABLET	3	90.00	0.02	0.04732	51%-75% Below	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	3	90.00	0.13	0.04732	101%-200% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	3	90.00	0.13	0.04732	101%-200% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	3	180.00	0.13	0.04732	101%-200% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	4	180.00	0.09	0.04711	76%-100% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	12	180.00	0.15	0.04188	200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	1	30.00	0.26	0.07328	200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	1	180.00	0.26	0.07328	200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	2	90.00	0.00	0.08035	76%-100% Below	No	No
23155083501	HYDRALAZINE 100 MG TABLET	2	270.00	0.21	0.08035	101%-200% Above	No	No
23155083501	HYDRALAZINE 100 MG TABLET	2	270.00	0.24	0.08035	101%-200% Above	No	No
23155083501	HYDRALAZINE 100 MG TABLET	3	270.00	0.00	0.08282	76%-100% Below	No	No
23155083501	HYDRALAZINE 100 MG TABLET	12	90.00	0.14	0.07295	76%-100% Above	No	No
23155084105	METFORMIN HCL 500 MG TABLET	1	30.00	0.01	0.01323	26%-50% Below	No	No
23155084105	METFORMIN HCL 500 MG TABLET	2	30.00	0.01	0.01368	26%-50% Below	No	No
23155084105	METFORMIN HCL 500 MG TABLET	3	30.00	0.01	0.01391	26%-50% Below	No	No
23155084105	METFORMIN HCL 500 MG TABLET	12	30.00	0.01	0.01304	10%-25% Below	No	No
23155084105	METFORMIN HCL 500 MG TABLET	12	60.00	0.01	0.01304	10%-25% Below	No	No
23155084110	METFORMIN HCL 500 MG TABLET	1	30.00	0.03	0.01323	76%-100% Above	No	No
23155084110	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	26%-50% Below	No	No
23155084110	METFORMIN HCL 500 MG TABLET	1	180.00	0.02	0.01323	51%-75% Above	No	No
23155084110	METFORMIN HCL 500 MG TABLET	4	60.00	0.02	0.01388	26%-50% Above	No	No
23155084110	METFORMIN HCL 500 MG TABLET	12	30.00	0.03	0.01304	76%-100% Above	No	No
23155084110	METFORMIN HCL 500 MG TABLET	12	60.00	0.01	0.01304	10%-25% Below	No	No
23155084110	METFORMIN HCL 500 MG TABLET	12	60.00	0.02	0.01304	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155084310	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	No	No
23155084310	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02215	10%-25% Above	No	No
23155084310	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.02	0.02408	26%-50% Below	No	No
23155084403	AMLODIPINE-VALSARTAN 5-160 MG	1	90.00	0.30	0.42938	26%-50% Below	No	No
23155084703	AMLODIPINE-VALSARTAN 10-320 MG	3	90.00	0.33	0.65635	26%-50% Below	Yes	No
23155085703	ANASTROZOLE 1 MG TABLET	1	90.00	0.19	0.13670	26%-50% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	2	6.00	0.08	0.15102	26%-50% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	2	15.00	0.08	0.15102	26%-50% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	2	30.00	0.01	0.15102	76%-100% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	2	30.00	0.08	0.15102	26%-50% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	3	12.00	0.21	0.15294	26%-50% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	3	15.00	0.08	0.15294	26%-50% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	3	25.00	0.19	0.15294	10%-25% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	4	12.00	0.21	0.15139	26%-50% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	4	30.00	0.01	0.15139	76%-100% Below	No	No
23155085703	ANASTROZOLE 1 MG TABLET	4	90.00	0.19	0.15139	10%-25% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	12	2.00	0.53	0.13683	200% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	12	12.00	0.21	0.13683	51%-75% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	12	24.00	0.24	0.13683	76%-100% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	12	30.00	0.24	0.13683	76%-100% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	12	90.00	0.08	0.13683	26%-50% Below	No	No
23155085705	ANASTROZOLE 1 MG TABLET	3	4.00	0.08	0.15294	26%-50% Below	No	No
23155085709	ANASTROZOLE 1 MG TABLET	3	30.00	1.21	0.15294	200% Above	No	No
23155086401	GRISEOFULVIN ULTRA 250 MG TAB	11	60.00	1.71	3.26362	26%-50% Below	No	No
23155086705	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155086710	GABAPENTIN 300 MG CAPSULE	1	30.00	0.05	0.03533	26%-50% Above	No	No
23155086710	GABAPENTIN 300 MG CAPSULE	2	30.00	0.05	0.03674	26%-50% Above	No	No
23155086710	GABAPENTIN 300 MG CAPSULE	3	30.00	0.01	0.03671	51%-75% Below	No	No
23155086710	GABAPENTIN 300 MG CAPSULE	12	30.00	0.05	0.03474	26%-50% Above	No	No
23155087201	TORSEMIDE 10 MG TABLET	1	90.00	0.08	0.06546	26%-50% Above	No	No
23155087301	TORSEMIDE 20 MG TABLET	1	60.00	0.11	0.06414	51%-75% Above	No	No
23155087301	TORSEMIDE 20 MG TABLET	2	70.00	0.13	0.07042	76%-100% Above	No	No
23155087301	TORSEMIDE 20 MG TABLET	3	90.00	0.13	0.07349	76%-100% Above	No	No
23155087301	TORSEMIDE 20 MG TABLET	12	60.00	0.03	0.06486	51%-75% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	3	90.00	0.08	0.13983	26%-50% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	4	90.00	0.13	0.14277	10%-25% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	12	10.00	0.77	0.13398	200% Above	No	No
23155087509	LETROZOLE 2.5 MG TABLET	1	12.00	0.09	0.13255	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	1	90.00	0.08	0.13255	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	1	90.00	0.11	0.13255	10%-25% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	2	3.00	0.08	0.13700	26%-50% Below	No	No
23155087509	LETROZOLE 2.5 MG TABLET	4	5.00	0.16	0.14277	10%-25% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	4	10.00	0.17	0.14277	10%-25% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	4	12.00	0.16	0.14277	10%-25% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	4	90.00	0.16	0.14277	10%-25% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	12	5.00	0.16	0.13398	10%-25% Above	Yes	No
23155087910	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	26%-50% Below	No	No
23155087910	LISINOPRIL 20 MG TABLET	2	30.00	0.01	0.02538	26%-50% Below	No	No
23155088005	LISINOPRIL 30 MG TABLET	1	90.00	0.04	0.04735	10%-25% Below	No	No
23155088101	LISINOPRIL 40 MG TABLET	2	30.00	0.06	0.04453	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155088110	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	10%-25% Below	No	No
23155088110	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	No	No
23155088110	LISINOPRIL 40 MG TABLET	3	30.00	0.03	0.04653	26%-50% Below	No	No
23359003216	NINJACOF LIQUID	1	120.00	0.00	0.07922	76%-100% Below	Yes	No
23359003216	NINJACOF LIQUID	1	473.00	0.09	0.07922	10%-25% Above	No	No
23359003216	NINJACOF LIQUID	2	50.00	0.13	0.07922	51%-75% Above	Yes	No
23359003216	NINJACOF LIQUID	2	200.00	0.13	0.07922	51%-75% Above	Yes	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	3	5.00	1.65	1.07444	51%-75% Above	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	3.98	4.62805	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	1	10.00	0.63	0.43544	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	1	10.00	0.70	0.43544	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.54	0.46083	10%-25% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.63	0.46083	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.70	0.46083	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.74	0.46083	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.76	0.46083	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.70	0.48670	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.75	0.48670	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.95	0.48670	76%-100% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.75	0.48097	51%-75% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.79	0.48097	51%-75% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	12	10.00	0.37	0.44777	10%-25% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	12	10.00	0.64	0.44777	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	12	10.00	0.92	0.44777	101%-200% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	1	30.00	0.40	0.50976	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208039830	IPRATROPIUM 0.03% SPRAY	1	30.00	0.43	0.50976	10%-25% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	2	30.00	0.33	0.55062	26%-50% Below	No	No
24208039830	IPRATROPIUM 0.03% SPRAY	2	30.00	0.40	0.55062	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	2	30.00	0.43	0.55062	10%-25% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	2	90.00	0.40	0.55062	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	3	30.00	0.43	0.57259	10%-25% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	3	30.00	0.50	0.57259	10%-25% Below	No	No
24208039830	IPRATROPIUM 0.03% SPRAY	3	90.00	0.37	0.57259	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	4	30.00	0.74	0.57511	26%-50% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	12	30.00	0.43	0.50909	10%-25% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	12	30.00	0.56	0.50909	10%-25% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	15.00	1.14	0.99676	10%-25% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	15.00	1.21	0.99676	10%-25% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	15.00	1.23	0.99676	10%-25% Above	No	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	30.00	0.50	0.99676	26%-50% Below	No	No
24208039915	IPRATROPIUM 0.06% SPRAY	2	15.00	0.95	1.09407	10%-25% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	2	90.00	0.95	1.09407	10%-25% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	3	15.00	0.89	1.12242	10%-25% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	3	15.00	1.25	1.12242	10%-25% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	4	15.00	0.89	1.15508	10%-25% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	12	15.00	1.14	0.97944	10%-25% Above	Yes	No
24208041005	OFLOXACIN 0.3% EAR DROPS	4	10.00	7.08	1.39963	200% Above	No	No
24208045705	DICLOFENAC 0.1% EYE DROPS	2	10.00	0.99	1.64718	26%-50% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	2.50	1.19	1.66742	26%-50% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	7.50	1.33	1.66742	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208046325	LATANOPROST 0.005% EYE DROPS	1	7.50	1.41	1.66742	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	2.50	1.19	1.79597	26%-50% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	7.50	1.09	1.79597	26%-50% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	7.50	1.19	1.79597	26%-50% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	7.50	1.33	1.79597	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	7.50	2.38	1.79597	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	10.00	2.38	1.79597	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	3	2.50	1.09	1.86544	26%-50% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	3	5.00	1.09	1.86544	26%-50% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	3	7.50	1.09	1.86544	26%-50% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	4	2.50	4.64	1.81881	101%-200% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	4	7.50	4.64	1.81881	101%-200% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	2.50	1.41	1.63828	10%-25% Below	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	2.50	2.41	1.63828	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	7.50	2.27	1.63828	26%-50% Above	Yes	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	2	10.00	1.58	1.33748	10%-25% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	2	10.00	1.73	1.33748	26%-50% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	3	10.00	1.07	1.31505	10%-25% Below	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	3	10.00	1.58	1.31505	10%-25% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	3	10.00	1.58	1.31505	10%-25% Above	Yes	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	12	10.00	2.04	1.41083	26%-50% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	12	10.00	2.04	1.41083	26%-50% Above	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	1	10.00	1.47	1.06230	26%-50% Above	No	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	2	10.00	1.50	1.09440	26%-50% Above	No	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	3	10.00	1.01	1.18201	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208055555	BACITRACIN-POLYMYXIN EYE OINT	3	3.50	2.44	2.99235	10%-25% Below	No	No
24208058060	GENTAMICIN 0.3% EYE DROP	2	10.00	1.16	0.64382	76%-100% Above	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	10.00	2.23	4.62116	51%-75% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	2	10.00	2.23	5.00366	51%-75% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	2	10.00	2.78	5.00366	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	3	10.00	2.54	5.41923	51%-75% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	4	10.00	2.78	5.35313	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	12	10.00	2.78	4.62355	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	12	10.00	2.93	4.62355	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	10.00	3.14	4.39522	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	10.00	0.98	4.52660	76%-100% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	10.00	3.14	4.52660	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	10.00	2.43	4.67234	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	10.00	3.14	4.67234	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	20.00	2.49	4.67234	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	4	10.00	2.89	4.58660	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	4	10.00	2.89	4.58660	26%-50% Below	Yes	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	3	5.00	7.24	6.44957	10%-25% Above	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	4	5.00	7.24	6.29776	10%-25% Above	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	2	3.50	2.23	2.75327	10%-25% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	3	3.50	2.23	2.95949	10%-25% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	3	3.50	2.60	2.95949	10%-25% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	12	3.50	3.25	2.46962	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	2.08	1.84505	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	2.08	1.84505	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	2.25	1.84505	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	2.61	1.84505	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	3.00	1.84505	51%-75% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	1.38	1.96296	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	1.61	1.96296	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	2	10.00	1.61	1.96296	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	1.45	2.01932	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	1.61	2.01932	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	2.59	2.01932	26%-50% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	0.42	2.01537	76%-100% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	1.79	2.01537	10%-25% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	2.61	2.01537	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	1.00	1.84997	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	2.08	1.84997	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	2.41	1.84997	26%-50% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	2.61	1.84997	26%-50% Above	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	1.53	2.85410	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	2.00	2.85410	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	2.35	2.85410	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	3.43	2.85410	10%-25% Above	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	1.49	2.76708	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	2.00	2.76708	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	3.45	2.76708	10%-25% Above	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	3.61	2.76708	26%-50% Above	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	3	3.50	1.49	2.84655	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	3	3.50	1.57	2.84655	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	3	3.50	1.82	2.84655	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	3	7.00	1.82	2.84655	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	1.49	2.82769	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	3.43	2.82769	10%-25% Above	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.50	1.44	2.86652	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.50	1.49	2.86652	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.50	2.35	2.86652	10%-25% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.50	3.43	2.86652	10%-25% Above	No	No
24208091112	XIIDRA DRO 5%	12	180.00	10.87	.		No	No
24385002868	ASPIRIN 81 MG CHEWABLE TABLET	1	30.00	0.01	0.02417	26%-50% Below	No	No
24385002868	ASPIRIN 81 MG CHEWABLE TABLET	2	30.00	0.01	0.02506	26%-50% Below	No	No
24385002868	ASPIRIN 81 MG CHEWABLE TABLET	3	30.00	0.01	0.02608	26%-50% Below	No	No
24658031005	DOXYCYCL HYC TAB 100MG	3	14.00	0.69	.		Yes	No
24658031005	DOXYCYCL HYC TAB 100MG	4	20.00	0.75	.		Yes	No
24658031005	DOXYCYCL HYC TAB 100MG	4	28.00	0.53	.		Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	1	10.00	1.12	0.10787	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.35	0.10787	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.71	0.10787	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	1.12	0.10787	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.50	0.10787	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.10787	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	1	60.00	1.12	0.10787	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.95	0.11790	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	1.06	0.11790	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	1.22	0.11790	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	1.00	0.11790	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	2	60.00	0.87	0.11790	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	0.35	0.12511	101%-200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	1.26	0.12511	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	3	28.00	0.35	0.12511	101%-200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	3	30.00	0.87	0.12511	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	0.69	0.12859	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	4	30.00	0.33	0.12859	101%-200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	0.35	0.10670	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	1.12	0.10670	200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.25	0.10670	101%-200% Above	Yes	No
24658031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	1.12	0.10670	200% Above	Yes	No
24689085501	TERAZOSIN CAP 2MG	1	60.00	0.08	.		No	No
24689088201	TERAZOSIN CAP 5MG	12	30.00	0.00	.		No	No
24689090701	BUSPIRONE TAB 10MG	2	30.00	0.07	.		No	No
24689090701	BUSPIRONE TAB 10MG	2	180.00	0.07	.		No	No
24689090701	BUSPIRONE TAB 10MG	3	180.00	0.06	.		No	No
24689090701	BUSPIRONE TAB 10MG	3	180.00	0.07	.		No	No
24689092101	BUSPIRONE TAB 15MG	3	60.00	0.08	.		No	No
24979000912	NIFEDIPINE ER 90 MG TABLET	4	90.00	0.62	0.24463	101%-200% Above	Yes	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	3	90.00	0.12	0.15214	10%-25% Below	No	No
24979002702	DILTIAZEM 24H ER(CD) 180 MG CP	3	90.00	0.30	0.19378	51%-75% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	1	90.00	0.28	0.21028	26%-50% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	4	30.00	0.30	0.22093	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	12	30.00	0.11	0.21725	26%-50% Below	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	3	90.00	0.19	0.22221	10%-25% Below	No	No
24979007815	TESTOSTERONE 1.62% GEL PUMP	1	150.00	0.57	0.42086	26%-50% Above	No	No
24979007815	TESTOSTERONE 1.62% GEL PUMP	2	150.00	0.57	0.46251	10%-25% Above	No	No
24979010102	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.93	0.10545	200% Above	No	No
24979020001	DICYCLOMINE 20 MG TABLET	3	120.00	0.22	0.08697	101%-200% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	1	90.00	0.10	0.08916	10%-25% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	2	100.00	0.15	0.08997	51%-75% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	3	20.00	0.17	0.08697	76%-100% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	4	270.00	0.22	0.08330	101%-200% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	1	30.00	0.06	0.07879	10%-25% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	1	90.00	0.12	0.07879	26%-50% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	1	270.00	0.06	0.07879	10%-25% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	2	90.00	0.12	0.08345	26%-50% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	2	180.00	0.06	0.08345	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	2	270.00	0.06	0.08345	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	3	120.00	0.13	0.08613	51%-75% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	12	90.00	0.00	0.08082	76%-100% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	12	120.00	0.07	0.08082	10%-25% Below	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	1	15.00	0.13	0.07879	51%-75% Above	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	1	90.00	0.12	0.07879	51%-75% Above	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	3	270.00	0.06	0.08613	26%-50% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.05	0.09742	26%-50% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	3	60.00	0.05	0.09741	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.05	0.09742	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24979023103	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.06	0.09742	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2	180.00	0.06	0.09927	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	3	12.00	0.13	0.09741	26%-50% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	3	60.00	0.06	0.09741	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	0.04	0.09741	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	0.06	0.09741	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.13	0.09622	26%-50% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	4	270.00	0.04	0.09622	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.04	0.10167	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.05	0.10167	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.05	0.10167	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	12	180.00	0.05	0.10167	26%-50% Below	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	1	24.00	0.23	0.15652	26%-50% Above	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.18	0.15652	10%-25% Above	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.15	0.16624	10%-25% Below	No	No
24979053301	GUANFACINE HCL ER 1 MG TABLET	12	14.00	0.36	0.15640	101%-200% Above	No	No
24979053401	GUANFACINE HCL ER 2 MG TABLET	1	90.00	0.31	0.18254	51%-75% Above	No	No
24979053801	GUANFACINE HCL ER 4 MG TABLET	2	30.00	0.73	0.18530	200% Above	No	No
24979053801	GUANFACINE HCL ER 4 MG TABLET	12	30.00	0.73	0.17580	200% Above	No	No
27241000106	RISPERIDONE 1 MG TABLET	3	30.00	0.19	0.04594	200% Above	No	No
27241000106	RISPERIDONE 1 MG TABLET	3	60.00	0.02	0.04594	51%-75% Below	No	No
27241000206	RISPERIDONE 0.25 MG TABLET	1	30.00	0.03	0.03726	10%-25% Below	No	No
27241000206	RISPERIDONE 0.25 MG TABLET	2	60.00	0.02	0.03943	26%-50% Below	No	No
27241000206	RISPERIDONE 0.25 MG TABLET	3	30.00	0.02	0.04067	51%-75% Below	No	No
27241000206	RISPERIDONE 0.25 MG TABLET	3	60.00	0.02	0.04067	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241000350	RISPERIDONE 0.5 MG TABLET	1	60.00	0.02	0.03817	51%-75% Below	No	No
27241000350	RISPERIDONE 0.5 MG TABLET	2	60.00	0.02	0.04003	51%-75% Below	No	No
27241000406	RISPERIDONE 2 MG TABLET	1	60.00	0.02	0.04782	51%-75% Below	No	No
27241000406	RISPERIDONE 2 MG TABLET	3	30.00	0.15	0.05853	101%-200% Above	No	No
27241005103	ARIPIRAZOLE 2 MG TABLET	12	30.00	0.40	0.10842	200% Above	No	No
27241005403	ARIPIRAZOLE 15 MG TABLET	1	90.00	3.17	0.12551	200% Above	No	No
27241006303	VORICONAZOLE 200 MG TABLET	1	60.00	0.86	1.64810	26%-50% Below	No	No
27241006903	SILDENAFIL 100 MG TABLET	2	18.00	6.96	0.15303	200% Above	No	No
27241008609	AMLODIPINE-OLMESARTAN 10-40 MG	2	90.00	1.01	0.32581	200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	1	30.00	0.50	0.09380	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	1	90.00	0.08	0.09380	10%-25% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	2	30.00	0.50	0.10210	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	3	30.00	0.50	0.11020	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	3	90.00	0.33	0.11020	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	4	30.00	0.08	0.10560	10%-25% Below	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	4	30.00	0.26	0.10560	101%-200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	4	30.00	0.50	0.10560	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	12	90.00	0.98	0.09612	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.19	0.07189	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	1	60.00	0.08	0.07189	10%-25% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	1	60.00	0.16	0.07189	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	1	90.00	0.19	0.07189	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	1	90.00	0.42	0.07189	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.16	0.07796	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	2	60.00	0.15	0.07796	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009803	DULOXETINE HCL DR 30 MG CAP	2	60.00	0.16	0.07796	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.15	0.08381	76%-100% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	60.00	0.15	0.08381	76%-100% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.07	0.08381	10%-25% Below	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.15	0.08381	76%-100% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	180.00	0.15	0.08381	76%-100% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	4	7.00	0.07	0.08276	10%-25% Below	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	4	90.00	0.23	0.08276	101%-200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	12	90.00	0.19	0.07084	101%-200% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.08	0.07189	10%-25% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.23	0.07189	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.50	0.07189	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	1	180.00	0.16	0.07189	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	1	180.00	0.21	0.07189	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.16	0.07796	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.23	0.07796	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	90.00	0.15	0.07796	76%-100% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	180.00	0.21	0.07796	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	270.00	0.15	0.07796	76%-100% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.23	0.08381	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.23	0.08381	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.23	0.08381	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.23	0.08276	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.08	0.07084	10%-25% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	12	180.00	0.19	0.07084	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009810	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.16	0.07189	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	90.00	0.19	0.07189	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.16	0.07796	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	2	60.00	0.03	0.07796	51%-75% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.15	0.08381	76%-100% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.03	0.08381	51%-75% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.19	0.07084	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	12	60.00	0.08	0.07084	10%-25% Above	Yes	No
27241009810	DULOXETINE HCL DR 30 MG CAP	12	60.00	0.19	0.07084	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.16	0.09476	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.67	0.09476	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.16	0.09476	51%-75% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.16	0.09476	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.17	0.09476	51%-75% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.19	0.09476	76%-100% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	90.00	1.00	0.09476	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	180.00	0.16	0.09476	51%-75% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	180.00	0.19	0.09476	76%-100% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.15	0.10676	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.16	0.10676	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.16	0.10676	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.67	0.10676	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	60.00	0.08	0.10676	10%-25% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	60.00	0.25	0.10676	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.15	0.10676	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.15	0.10676	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.16	0.10676	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.16	0.10676	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.22	0.10676	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	180.00	0.16	0.10676	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.15	0.11627	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.15	0.11627	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.29	0.11627	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.67	0.11627	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	60.00	0.08	0.11627	26%-50% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	60.00	0.25	0.11627	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	60.00	0.29	0.11627	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.15	0.11627	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	180.00	0.22	0.11627	76%-100% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.07	0.11273	26%-50% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.29	0.11273	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	90.00	0.29	0.11273	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	90.00	0.29	0.11273	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	180.00	0.29	0.11273	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	180.00	0.29	0.11273	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.19	0.09160	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	30.00	1.00	0.09160	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	60.00	0.25	0.09160	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.19	0.09160	101%-200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	180.00	0.17	0.09160	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009903	DULOXETINE HCL DR 60 MG CAP	12	180.00	0.19	0.09160	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.05	0.09476	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.16	0.09476	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.19	0.09476	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.16	0.09476	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.15	0.10676	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.16	0.10676	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.05	0.11627	51%-75% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.15	0.11627	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.33	0.11627	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.06	0.11627	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	180.00	0.06	0.11627	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.06	0.11273	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	4	90.00	0.06	0.11273	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.05	0.09160	26%-50% Below	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.19	0.09160	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	1	60.00	1.46	0.23976	200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	1	60.00	1.72	0.23976	200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	2	60.00	1.46	0.27961	200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	3	60.00	1.33	0.30610	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	1	30.00	1.57	0.09799	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	2	30.00	1.85	0.10727	200% Above	No	No
27241011405	TADALAFIL 20 MG TABLET	12	30.00	0.79	0.20171	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	1	30.00	0.23	0.06971	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	2	30.00	0.21	0.07253	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241011603	FENOFIBRATE 54 MG TABLET	2	90.00	0.23	0.07253	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	3	90.00	0.07	0.07822	10%-25% Below	No	No
27241011603	FENOFIBRATE 54 MG TABLET	3	90.00	0.21	0.07822	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	30.00	0.05	0.11225	51%-75% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	30.00	0.39	0.11225	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	30.00	0.46	0.11225	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	90.00	0.46	0.11225	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	30.00	0.06	0.11759	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	30.00	0.36	0.11759	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	30.00	0.39	0.11759	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	30.00	0.50	0.11759	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	90.00	0.00	0.11759	76%-100% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	90.00	0.22	0.11759	76%-100% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	90.00	0.36	0.11759	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	90.00	0.44	0.11759	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	3	30.00	0.06	0.12820	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	3	30.00	0.36	0.12820	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	3	30.00	0.50	0.12820	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	3	90.00	0.36	0.12820	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	3	90.00	0.42	0.12820	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	4	30.00	0.06	0.12987	26%-50% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	4	30.00	0.32	0.12987	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	4	90.00	0.04	0.12987	51%-75% Below	No	No
27241011703	FENOFIBRATE 160 MG TABLET	4	90.00	0.32	0.12987	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	30.00	0.46	0.11584	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241011703	FENOFIBRATE 160 MG TABLET	12	30.00	0.50	0.11584	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	90.00	0.42	0.11584	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	90.00	0.46	0.11584	200% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	1	30.00	0.33	0.11225	101%-200% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	3	90.00	0.15	0.12820	10%-25% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	12	30.00	0.33	0.11584	101%-200% Above	No	No
27241011804	FENOFIBRATE 67 MG CAPSULE	2	90.00	0.27	0.07847	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	1	30.00	0.56	0.11542	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	1	90.00	0.56	0.11542	200% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	2	30.00	0.16	0.12518	26%-50% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	2	30.00	0.56	0.12518	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	3	30.00	0.41	0.13530	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	3	90.00	0.51	0.13530	200% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	12	90.00	0.22	0.11105	76%-100% Above	Yes	No
27241012004	FENOFIBRATE 200 MG CAPSULE	12	90.00	0.50	0.13903	200% Above	Yes	No
27241012502	RANOLAZINE ER 500 MG TABLET	1	56.00	0.86	0.18754	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	1	60.00	0.25	0.18754	26%-50% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	1	60.00	0.73	0.18754	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	1	60.00	0.86	0.18754	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	2	56.00	0.73	0.19732	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	2	60.00	0.25	0.19732	26%-50% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	2	180.00	0.67	0.19732	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	3	56.00	0.67	0.20583	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	3	60.00	0.25	0.20583	10%-25% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	3	60.00	0.67	0.20583	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241012502	RANOLAZINE ER 500 MG TABLET	4	56.00	0.97	0.20641	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	4	60.00	0.97	0.20641	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	12	56.00	0.86	0.19045	200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	1	60.00	1.20	0.31341	200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	2	60.00	0.25	0.32492	10%-25% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	2	60.00	1.09	0.32492	200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	3	60.00	0.25	0.33110	10%-25% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	3	60.00	1.09	0.33110	200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	3	180.00	1.09	0.33110	200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	4	60.00	0.25	0.31944	10%-25% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.29	0.17483	51%-75% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.34	0.17483	76%-100% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.49	0.17483	101%-200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.12	0.17483	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.13	0.17483	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.29	0.17483	51%-75% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.34	0.17483	76%-100% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	180.00	0.07	0.17483	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	180.00	0.12	0.17483	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	180.00	0.29	0.17483	51%-75% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	180.00	0.34	0.17483	76%-100% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.12	0.20046	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.25	0.20046	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.25	0.20046	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.27	0.20046	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.37	0.20046	76%-100% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.07	0.20046	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.29	0.20046	26%-50% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.37	0.20046	76%-100% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.08	0.20046	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.12	0.20095	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.13	0.20095	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.27	0.20095	26%-50% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	3	180.00	0.08	0.20095	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.00	0.34	0.17605	76%-100% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.08	0.17605	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.34	0.17605	76%-100% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	1	30.00	0.53	0.09362	200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	2	30.00	0.45	0.10120	200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	2	90.00	0.50	0.10120	200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	3	30.00	0.41	0.11205	200% Above	No	No
27241016701	DOXEPIN 10 MG CAPSULE	1	30.00	0.04	0.07377	51%-75% Below	No	No
27241016701	DOXEPIN 10 MG CAPSULE	3	30.00	0.07	0.09126	10%-25% Below	No	No
27241016701	DOXEPIN 10 MG CAPSULE	12	90.00	0.04	0.07555	26%-50% Below	No	No
27241016901	DOXEPIN 50 MG CAPSULE	1	90.00	0.08	0.13589	26%-50% Below	No	No
27241017456	VARENICLINE 1 MG TABLET	1	56.00	0.40	0.59705	26%-50% Below	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	1	30.00	1.87	0.33380	200% Above	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	2	30.00	1.70	0.32912	200% Above	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	4	30.00	2.15	0.29895	200% Above	No	No
27241019230	TOLTERODINE TART ER 4 MG CAP	12	30.00	2.20	0.33277	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241021601	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.35	0.07732	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.32	0.08497	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	12	45.00	0.02	0.07682	51%-75% Below	No	No
27241024201	GUANFACINE 1 MG TABLET	1	15.00	0.22	0.16966	26%-50% Above	No	No
27241024201	GUANFACINE 1 MG TABLET	12	15.00	0.35	0.17024	101%-200% Above	No	No
27241024301	GUANFACINE 2 MG TABLET	12	30.00	0.28	0.32574	10%-25% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.28	0.31317	10%-25% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.18	0.32376	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.28	0.32376	10%-25% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	3	50.00	0.17	0.31668	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	3	100.00	0.73	0.31668	101%-200% Above	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	4	50.00	0.73	0.27473	101%-200% Above	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	4	100.00	0.73	0.27473	101%-200% Above	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	12	50.00	0.25	0.31275	10%-25% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	12	100.00	0.25	0.31275	10%-25% Below	No	No
27241027430	FLUVOXAMINE ER 100 MG CAPSULE	2	60.00	2.56	5.42770	51%-75% Below	No	No
27241027430	FLUVOXAMINE ER 100 MG CAPSULE	3	60.00	2.56	5.56508	51%-75% Below	No	No
27241027530	FLUVOXAMINE ER 150 MG CAPSULE	4	60.00	2.46	5.49796	51%-75% Below	No	No
27808000201	RISPERIDONE 1 MG/ML SOLUTION	2	180.00	0.24	0.59108	51%-75% Below	No	No
27808000201	RISPERIDONE 1 MG/ML SOLUTION	3	180.00	0.26	0.71040	51%-75% Below	No	No
27808003501	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.06	0.12377	26%-50% Below	No	No
27808003501	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	25.00	0.07	0.12482	26%-50% Below	No	No
27808003502	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.25	0.12132	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.22	0.12377	76%-100% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.07	0.12377	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.27	0.12132	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.06	0.12132	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.19	0.12132	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.22	0.12132	76%-100% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	18.00	0.19	0.12132	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	70.00	0.06	0.12132	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	6.00	0.27	0.12126	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.06	0.12126	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.06	0.12126	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	70.00	0.06	0.12126	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.20	0.12538	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.19	0.12538	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.26	0.12538	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.32	0.12538	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	0.20	0.12538	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	9.00	0.23	0.12482	76%-100% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.06	0.12482	51%-75% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.21	0.12482	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.23	0.12482	76%-100% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	15.00	0.07	0.12482	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	30.00	0.23	0.12482	76%-100% Above	No	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	45.00	0.10	0.15673	26%-50% Below	No	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	21.00	0.09	0.16136	26%-50% Below	Yes	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.08	0.16136	26%-50% Below	No	No
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.18	0.15885	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808003701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	45.00	0.10	0.15508	26%-50% Below	No	No
27808003702	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.08	0.16136	26%-50% Below	No	No
27808005102	PROMETHAZINE 6.25 MG/5 ML SYRP	2	200.00	0.01	0.03806	51%-75% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	100.00	0.05	0.03440	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.03	0.03440	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	51%-75% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.03	0.03440	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.05	0.03440	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.06	0.03440	51%-75% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	140.00	0.04	0.03440	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	140.00	0.05	0.03440	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	150.00	0.03	0.03440	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	180.00	0.03	0.03440	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.03	0.03440	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.04	0.03440	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.04	0.03440	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.04	0.03440	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	210.00	0.03	0.03440	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	240.00	0.04	0.03440	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	240.00	0.04	0.03440	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	60.00	0.02	0.03869	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	100.00	0.03	0.03869	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.03	0.03869	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.03	0.03869	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	140.00	0.03	0.03869	10%-25% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	168.00	0.03	0.03869	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	180.00	0.03	0.03869	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	240.00	0.03	0.03869	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	70.00	0.02	0.04345	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	118.00	0.02	0.04345	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	118.00	0.05	0.04345	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.02	0.04345	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.05	0.04345	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	135.00	0.05	0.04345	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	80.00	0.05	0.04702	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	100.00	0.05	0.04702	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	120.00	0.05	0.04702	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	240.00	0.05	0.04702	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.04	0.03452	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.04	0.03452	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.05	0.03452	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.02	0.03452	51%-75% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.04	0.03452	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.04	0.03452	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.05	0.03452	26%-50% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	140.00	0.05	0.03452	51%-75% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	150.00	0.04	0.03452	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	168.00	0.05	0.03452	26%-50% Above	No	No
27808006502	PROMETHAZINE-CODEINE SOLUTION	1	120.00	0.02	0.03952	51%-75% Below	No	No
27808006502	PROMETHAZINE-CODEINE SOLUTION	1	120.00	0.03	0.03952	10%-25% Below	No	No
27808006502	PROMETHAZINE-CODEINE SOLUTION	2	120.00	0.03	0.04009	10%-25% Below	No	No
27808006502	PROMETHAZINE-CODEINE SOLUTION	2	140.00	0.03	0.04009	10%-25% Below	No	No
27808006502	PROMETHAZINE-CODEINE SOLUTION	3	140.00	0.03	0.03967	10%-25% Below	No	No
27808006502	PROMETHAZINE-CODEINE SOLUTION	3	300.00	0.03	0.03967	10%-25% Below	No	No
27808008601	HYDROCODONE-CHLORPHEN ER SUSP	4	70.00	0.26	0.47714	26%-50% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	2	70.00	0.14	0.32288	51%-75% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	2	70.00	0.21	0.32288	26%-50% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	2	70.00	0.26	0.32288	10%-25% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	12	60.00	0.25	0.31700	10%-25% Below	Yes	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	1	30.00	0.14	0.25892	26%-50% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	3	30.00	0.14	0.27059	26%-50% Below	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	1	60.00	0.06	0.38865	76%-100% Below	No	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	2	60.00	0.06	0.37734	76%-100% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	1.33	0.04135	200% Above	No	No
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.02	0.03905	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.11	0.03875	101%-200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.11	0.03875	101%-200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.11	0.04246	101%-200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.11	0.04242	101%-200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.46	0.04242	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.11	0.03956	101%-200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.02	0.03875	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.46	0.03875	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.72	0.03875	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.04089	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.46	0.04089	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.04246	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.02	0.04242	26%-50% Below	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	1.72	0.03956	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.72	0.03956	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	1.71	0.05528	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.16	0.09008	76%-100% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.04	0.09086	51%-75% Below	No	No
27808019001	COLESEVELAM 625 MG TABLET	1	180.00	0.12	0.21945	26%-50% Below	No	No
27808022301	PALIPERIDONE ER 3 MG TABLET	12	30.00	0.87	1.41602	26%-50% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.07	0.10693	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.07	0.10693	200% Above	Yes	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.07	0.10693	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	17.00	0.59	0.10693	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.50	0.10693	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	1.07	0.10693	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	1.07	0.10693	200% Above	Yes	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	1.26	0.10693	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	1.26	0.10693	200% Above	Yes	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	28.00	1.07	0.10693	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	0.50	0.10693	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	1.26	0.10693	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	60.00	0.25	0.10693	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	12.00	1.25	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.36	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	1.07	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.35	0.11870	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.75	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.97	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	1.07	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	28.00	0.18	0.11870	26%-50% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	0.50	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	1.07	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	40.00	0.43	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	48.00	1.07	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	50.00	0.10	0.11870	10%-25% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	90.00	0.50	0.11870	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	1.07	0.12632	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.25	0.12632	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.45	0.12632	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.75	0.12632	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.97	0.12632	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	1.00	0.12632	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	28.00	0.54	0.12632	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	30.00	0.50	0.12632	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.97	0.12632	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	90.00	0.97	0.12632	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	0.45	0.12629	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	0.71	0.12629	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.45	0.12629	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	28.00	0.45	0.12629	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	60.00	1.76	0.12629	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	7.00	0.71	0.10669	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	1.07	0.10669	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	1.26	0.10669	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.57	0.10669	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.66	0.10669	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	1.26	0.10669	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	1.00	1.12	0.10787	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.71	0.10787	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.95	0.10787	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	1.07	0.10787	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.50	0.10787	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	28.00	0.95	0.10787	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	60.00	0.25	0.10787	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	60.00	1.12	0.10787	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.95	0.11790	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.87	0.11790	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	3	10.00	1.00	0.12511	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	0.36	0.12511	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	1.12	0.10670	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.75	0.10670	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	12	60.00	0.25	0.10670	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.50	0.10787	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.10787	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.95	0.10787	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	1.12	0.10787	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.95	0.11790	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	28.00	0.87	0.11790	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	0.87	0.12511	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.87	0.12511	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	4	6.00	0.69	0.12859	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	12	4.00	1.13	0.10670	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	1.07	0.10670	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	12	60.00	1.12	0.10670	200% Above	No	No
27808026402	LEVETIRACETAM 500 MG TABLET	1	60.00	0.08	0.07155	10%-25% Above	No	No
27808026402	LEVETIRACETAM 500 MG TABLET	2	270.00	0.10	0.07844	26%-50% Above	No	No
27808026601	LEVETIRACETAM 1,000 MG TABLET	1	180.00	0.27	0.15814	51%-75% Above	No	No
29033000301	SUCRALFATE 1 GM TABLET	4	60.00	0.15	0.17648	10%-25% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	1	30.00	0.08	0.16605	51%-75% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	1	30.00	0.08	0.16605	26%-50% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	1	120.00	0.13	0.16605	10%-25% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	2	60.00	0.18	0.21879	10%-25% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	2	360.00	0.08	0.17224	51%-75% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	3	60.00	0.06	0.17750	51%-75% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	3	60.00	0.20	0.17750	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29033000305	SUCRALFATE 1 GM TABLET	3	120.00	0.08	0.17750	51%-75% Below	No	No
29033000305	SUCRALFATE 1 GM TABLET	4	15.00	0.22	0.17648	26%-50% Above	No	No
29033000305	SUCRALFATE 1 GM TABLET	12	30.00	0.08	0.16521	26%-50% Below	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	1	53.00	0.04	0.02750	26%-50% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	2	60.00	0.04	0.02955	26%-50% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	2	90.00	0.04	0.02955	26%-50% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	3	60.00	0.04	0.03163	10%-25% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	4	30.00	0.08	0.03120	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	12	53.00	0.15	0.02741	200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	1	60.00	0.06	0.02750	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	1	60.00	0.08	0.02750	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	2	60.00	0.08	0.02955	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	2	270.00	0.05	0.02955	76%-100% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	1	60.00	0.07	0.04060	51%-75% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	1	135.00	0.06	0.04060	26%-50% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	2	30.00	0.05	0.04292	10%-25% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	2	135.00	0.05	0.04292	10%-25% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	2	180.00	0.06	0.04292	26%-50% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	3	180.00	0.05	0.04446	10%-25% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	12	180.00	0.11	0.04236	101%-200% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	1	30.00	0.05	0.04060	10%-25% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	1	90.00	0.05	0.04060	10%-25% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	3	90.00	0.06	0.04446	10%-25% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	12	90.00	0.11	0.04236	101%-200% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	1	180.00	0.05	0.05997	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011305	LAMOTRIGINE 150 MG TABLET	2	60.00	0.05	0.06338	10%-25% Below	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	4	30.00	0.18	0.06371	101%-200% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	4	60.00	0.18	0.06371	101%-200% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	1	90.00	0.10	0.05997	51%-75% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	1	180.00	0.09	0.05997	51%-75% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	3	90.00	0.07	0.06399	10%-25% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	4	180.00	0.09	0.06371	26%-50% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	12	90.00	0.15	0.06212	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	1	30.00	0.05	0.07339	26%-50% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	1	60.00	0.05	0.07339	26%-50% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	2	30.00	0.04	0.07799	26%-50% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	3	30.00	0.07	0.08067	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	3	60.00	0.04	0.08067	26%-50% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	4	60.00	0.36	0.07913	200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	12	30.00	0.06	0.07217	10%-25% Below	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	1	30.00	0.09	0.07339	10%-25% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	2	30.00	0.09	0.07799	10%-25% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	4	30.00	0.09	0.07913	10%-25% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	12	30.00	0.30	0.07217	200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	1	180.00	0.06	0.02517	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	3	90.00	0.00	0.02806	76%-100% Below	No	No
29300011505	TOPIRAMATE 25 MG TABLET	3	270.00	0.04	0.02806	51%-75% Above	Yes	No
29300011505	TOPIRAMATE 25 MG TABLET	4	180.00	0.15	0.02783	200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	1	90.00	0.06	0.03608	51%-75% Above	Yes	No
29300011605	TOPIRAMATE 50 MG TABLET	1	120.00	0.06	0.03608	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011605	TOPIRAMATE 50 MG TABLET	1	180.00	0.05	0.03608	26%-50% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	1	180.00	0.06	0.03608	51%-75% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	1	270.00	0.05	0.03608	26%-50% Above	Yes	No
29300011605	TOPIRAMATE 50 MG TABLET	3	30.00	0.05	0.04015	10%-25% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	3	60.00	0.06	0.04015	26%-50% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	3	120.00	0.06	0.04015	51%-75% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	4	60.00	0.06	0.03987	26%-50% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	4	180.00	0.05	0.03987	26%-50% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	12	60.00	0.10	0.03634	101%-200% Above	No	No
29300011705	TOPIRAMATE 100 MG TABLET	4	90.00	0.16	0.06370	101%-200% Above	Yes	No
29300011705	TOPIRAMATE 100 MG TABLET	12	90.00	0.15	0.05653	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	1	30.00	0.03	0.01541	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	1	30.00	0.04	0.01541	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	1	30.00	0.05	0.01541	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	1	30.00	0.05	0.01541	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	1	60.00	0.05	0.01541	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	30.00	0.01	0.01655	26%-50% Below	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	30.00	0.03	0.01655	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	30.00	0.04	0.01655	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	60.00	0.03	0.01655	51%-75% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	60.00	0.05	0.01655	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	90.00	0.04	0.01655	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01729	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	3	30.00	0.07	0.01729	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	3	60.00	0.04	0.01729	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 402

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300012410	MELOXICAM 7.5 MG TABLET	3	90.00	0.04	0.01729	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	4	30.00	0.07	0.01690	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	12	14.00	0.34	0.01557	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	12	30.00	0.06	0.01557	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	12	90.00	0.06	0.01557	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	28.00	0.03	0.01812	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.01	0.01812	26%-50% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.02	0.01812	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.01812	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.01812	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.01812	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	90.00	0.03	0.01812	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	7.00	0.02	0.01913	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	28.00	0.03	0.01913	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.02	0.01913	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.07	0.01913	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 403

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300012510	MELOXICAM 15 MG TABLET	2	60.00	0.03	0.01913	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	82.00	0.03	0.01913	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	15.00	0.12	0.02018	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	30.00	0.07	0.02018	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	90.00	0.03	0.02018	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	90.00	0.07	0.02018	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	28.00	0.03	0.02022	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	28.00	0.12	0.02022	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	30.00	0.07	0.02022	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	30.00	0.12	0.02022	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	90.00	0.07	0.02022	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	90.00	0.12	0.02022	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	8.00	0.52	0.01840	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	28.00	0.03	0.01840	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	30.00	0.52	0.01840	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	45.00	0.03	0.01840	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	90.00	0.03	0.01840	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	90.00	0.49	0.01840	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	15.00	0.03	0.01100	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 404

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.02	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01100	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01100	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	60.00	0.02	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.03	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.03	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.03	0.01100	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	28.00	0.02	0.01217	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.02	0.01217	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.02	0.01217	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.04	0.01217	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	45.00	0.02	0.01217	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	28.00	0.02	0.01281	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01281	51%-75% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01281	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	60.00	0.02	0.01281	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.01	0.01281	51%-75% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.03	0.01281	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.03	0.01281	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01277	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.04	0.01277	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.04	0.01277	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	60.00	0.03	0.01277	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.03	0.01277	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	15.00	0.03	0.01079	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	28.00	0.03	0.01079	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01079	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.04	0.01079	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	60.00	0.02	0.01079	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.03	0.01079	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.04	0.02806	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.05	0.02806	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.04	0.02806	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.05	0.02806	76%-100% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.04	0.02926	26%-50% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.04	0.03012	26%-50% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.05	0.03012	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.07	0.02958	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.13	0.02958	200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.11	0.02958	200% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.04	0.02806	51%-75% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.06	0.02806	101%-200% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.02926	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.04	0.03012	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.06	0.03012	76%-100% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.04	0.02958	26%-50% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.00	0.07	0.02881	101%-200% Above	No	No
29300013201	ZALEPLON 10 MG CAPSULE	1	30.00	0.06	0.13469	51%-75% Below	No	No
29300013201	ZALEPLON 10 MG CAPSULE	2	30.00	0.06	0.15531	51%-75% Below	No	No
29300013201	ZALEPLON 10 MG CAPSULE	3	90.00	0.06	0.18430	51%-75% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	1	30.00	0.02	0.03180	26%-50% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.02	0.03382	26%-50% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.02	0.03442	26%-50% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.13	0.03445	200% Above	No	No
29300013605	CLONIDINE HCL 0.2 MG TABLET	1	30.00	0.02	0.03851	26%-50% Below	No	No
29300013605	CLONIDINE HCL 0.2 MG TABLET	3	90.00	0.02	0.03442	26%-50% Below	No	No
29300013705	CLONIDINE HCL 0.3 MG TABLET	2	30.00	0.02	0.03903	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300013705	CLONIDINE HCL 0.3 MG TABLET	3	30.00	0.03	0.04050	26%-50% Below	No	No
29300013705	CLONIDINE HCL 0.3 MG TABLET	12	30.00	0.03	0.03613	10%-25% Below	No	No
29300014001	DIVALPROEX SOD DR 500 MG TAB	4	60.00	0.15	0.17468	10%-25% Below	No	No
29300014001	DIVALPROEX SOD DR 500 MG TAB	12	60.00	0.09	0.16434	26%-50% Below	No	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	1	15.00	0.02	0.02834	10%-25% Below	Yes	No
29300014701	QUETIAPINE FUMARATE 25 MG TAB	2	90.00	0.05	0.03058	51%-75% Above	Yes	No
29300014710	QUETIAPINE FUMARATE 25 MG TAB	3	90.00	0.05	0.03263	51%-75% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	1	90.00	0.07	0.04581	26%-50% Above	Yes	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	1	180.00	0.07	0.04581	26%-50% Above	Yes	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	1	30.00	0.19	0.13370	26%-50% Above	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	2	90.00	0.01	0.14588	76%-100% Below	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	3	60.00	0.27	0.15275	76%-100% Above	No	No
29300015201	QUETIAPINE FUMARATE 400 MG TAB	1	45.00	0.14	0.16222	10%-25% Below	Yes	No
29300015201	QUETIAPINE FUMARATE 400 MG TAB	2	30.00	0.13	0.17380	26%-50% Below	Yes	No
29300015201	QUETIAPINE FUMARATE 400 MG TAB	2	90.00	0.14	0.17380	10%-25% Below	Yes	No
29300015201	QUETIAPINE FUMARATE 400 MG TAB	3	30.00	0.13	0.18093	26%-50% Below	Yes	No
29300015519	ALFUZOSIN HCL ER 10 MG TABLET	3	90.00	0.17	0.10819	51%-75% Above	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	1	90.00	0.02	0.03142	10%-25% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	1	90.00	0.13	0.03142	200% Above	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	1	180.00	0.02	0.03142	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	2	30.00	0.02	0.03136	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	2	90.00	0.07	0.03136	101%-200% Above	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	3	60.00	0.07	0.03404	76%-100% Above	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	3	90.00	0.02	0.03404	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	3	90.00	0.07	0.03404	76%-100% Above	No	No

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10:58 Tuesday, March 24, 2026 408

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300016815	TIZANIDINE HCL 2 MG TABLET	4	60.00	0.07	0.03550	76%-100% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.02	0.04397	51%-75% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.02	0.04397	51%-75% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.04397	51%-75% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.01	0.04664	76%-100% Below	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.18	0.04417	200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	1	28.00	0.03	0.04397	10%-25% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.04397	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	1	180.00	0.02	0.04397	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.02	0.04664	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.03	0.04664	26%-50% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.04	0.04664	10%-25% Below	Yes	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	15.00	0.02	0.04558	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.02	0.04558	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.07	0.04558	26%-50% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.02	0.04558	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.07	0.04558	26%-50% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.04558	51%-75% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	270.00	0.02	0.04558	51%-75% Below	Yes	No
29300016915	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.07	0.04417	51%-75% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	12	10.00	0.05	0.04042	26%-50% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.03	0.04042	10%-25% Below	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	2	90.00	0.17	0.21053	10%-25% Below	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	3	30.00	0.29	0.22405	26%-50% Above	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	3	90.00	0.19	0.22405	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	12	30.00	0.25	0.20040	10%-25% Above	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	12	90.00	0.25	0.20040	10%-25% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	1	90.00	0.21	0.17208	10%-25% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	3	180.00	0.08	0.20772	51%-75% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	4	30.00	0.27	0.20520	26%-50% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	4	90.00	0.27	0.20520	26%-50% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	30.00	0.28	0.18208	51%-75% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	90.00	0.16	0.18208	10%-25% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	30.00	0.28	0.22881	10%-25% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	90.00	0.14	0.22881	26%-50% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	11	30.00	0.28	0.12269	101%-200% Above	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	12	30.00	0.28	0.18397	26%-50% Above	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	90.00	0.16	0.18208	10%-25% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	2	90.00	0.14	0.20598	26%-50% Below	No	No
29300019010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.03	0.06913	51%-75% Below	No	No
29300021213	IRBESARTAN 75 MG TABLET	2	30.00	0.07	0.11845	26%-50% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.03	0.04855	26%-50% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.07	0.04855	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.08	0.04855	51%-75% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.20	0.04855	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.23	0.04855	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	60.00	0.03	0.04855	26%-50% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.07	0.04855	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.08	0.04855	51%-75% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.20	0.04855	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022010	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.23	0.04855	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.03	0.05223	26%-50% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.06	0.05223	10%-25% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.07	0.05223	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.20	0.05223	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.02	0.05223	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.06	0.05223	10%-25% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.07	0.05223	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	14.00	0.22	0.05461	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.06	0.05461	10%-25% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.17	0.05461	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.20	0.05461	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.06	0.05461	10%-25% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.05	0.05317	10%-25% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.17	0.05317	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.23	0.05317	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.25	0.05317	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.02	0.05317	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.08	0.05317	26%-50% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.24	0.05317	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.02	0.04984	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.02	0.04984	51%-75% Below	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.13	0.04984	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.19	0.04984	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.20	0.04984	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022013	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.20	0.04855	200% Above	No	No
29300022013	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.20	0.05223	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.00	0.04855	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.07	0.04855	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.08	0.04855	51%-75% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.19	0.04855	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.20	0.04855	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.06	0.04855	10%-25% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.06	0.04855	10%-25% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.07	0.04855	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.20	0.04855	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.21	0.04855	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.06	0.05223	10%-25% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.07	0.05223	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.19	0.05223	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.20	0.05223	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	60.00	0.21	0.05223	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.00	0.05223	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.07	0.05223	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.08	0.05223	26%-50% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.18	0.05223	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.22	0.05223	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.06	0.05461	10%-25% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.20	0.05461	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.24	0.05461	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.06	0.05461	10%-25% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.18	0.05461	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.20	0.05461	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.20	0.05317	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.25	0.05317	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.01	0.05317	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.17	0.05317	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.18	0.05317	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.20	0.05317	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.61	0.04984	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.08	0.04984	51%-75% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.24	0.04984	200% Above	No	No
29300022605	METRONIDAZOLE 250 MG TABLET	2	120.00	0.21	0.09857	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	14.00	0.19	0.09121	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	14.00	0.35	0.09121	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	20.00	0.34	0.09121	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	21.00	0.19	0.09121	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	32.00	0.31	0.09121	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	2	4.00	0.41	0.09996	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	2	14.00	0.35	0.09996	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	2	28.00	0.33	0.09996	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	14.00	0.15	0.10911	26%-50% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	14.00	0.34	0.10911	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	14.00	0.35	0.10911	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	21.00	0.34	0.10911	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022701	METRONIDAZOLE 500 MG TABLET	4	14.00	0.35	0.10748	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	4	14.00	0.42	0.10748	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	4	14.00	0.52	0.10748	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	4	20.00	0.34	0.10748	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	12	10.00	0.43	0.09079	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	12	20.00	0.34	0.09079	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	12	60.00	0.25	0.09079	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.16	0.09121	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.34	0.09121	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.35	0.09121	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.38	0.09121	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.42	0.09121	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.43	0.09121	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	21.00	0.16	0.09121	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	28.00	0.39	0.09121	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	30.00	0.19	0.09121	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	14.00	0.15	0.09996	26%-50% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	14.00	0.16	0.09996	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	21.00	0.16	0.09996	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.15	0.10911	26%-50% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.34	0.10911	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.35	0.10911	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.38	0.10911	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.41	0.10911	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.42	0.10911	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300022705	METRONIDAZOLE 500 MG TABLET	3	21.00	0.15	0.10911	26%-50% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	30.00	0.33	0.10911	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	14.00	0.35	0.10748	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	14.00	0.35	0.10748	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	20.00	0.32	0.10748	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	42.00	0.35	0.10748	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	12	4.00	0.54	0.09079	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	12	14.00	0.41	0.09079	200% Above	No	No
29300024016	TOLTERODINE TARTRATE 2 MG TAB	1	180.00	1.06	0.22375	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.06	0.01949	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.06	0.01949	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	90.00	0.06	0.01949	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	90.00	0.06	0.01949	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	180.00	0.06	0.01949	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02195	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02195	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.06	0.02195	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.06	0.02195	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.05	0.02195	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	180.00	0.04	0.02195	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	180.00	0.05	0.02195	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	30.00	0.06	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02365	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.07	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.12	0.02365	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	180.00	0.05	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	180.00	0.05	0.02365	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.05	0.02403	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.12	0.02403	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.06	0.02403	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.12	0.02403	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.05	0.01976	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.06	0.01976	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	180.00	0.06	0.01976	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	30.00	0.01	0.01949	26%-50% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	45.00	0.02	0.01949	10%-25% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.05	0.01949	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.05	0.01949	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.05	0.01949	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.06	0.01949	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	180.00	0.05	0.01949	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	270.00	0.05	0.01949	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	30.00	0.01	0.02195	26%-50% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	30.00	0.05	0.02195	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02195	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02195	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02195	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.06	0.02195	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.06	0.02195	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	132.00	0.05	0.02195	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02365	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02365	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02365	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02365	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02365	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02365	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.12	0.02365	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02365	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02365	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02365	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	180.00	0.03	0.02365	10%-25% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	30.00	0.01	0.02403	26%-50% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.12	0.02403	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	90.00	0.05	0.02403	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.05	0.02403	76%-100% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.05	0.02403	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.06	0.01976	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.06	0.01976	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.06	0.01976	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	90.00	0.06	0.01976	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024405	BUSPIRONE HCL 5 MG TABLET	12	180.00	0.06	0.01976	200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	1	270.00	0.05	0.02845	76%-100% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	3	30.00	0.07	0.03236	101%-200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.07	0.03236	101%-200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	4	30.00	0.07	0.03216	101%-200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	12	30.00	0.02	0.02862	26%-50% Below	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.02	0.02862	26%-50% Below	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.05	0.02862	76%-100% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	12	180.00	0.02	0.02862	26%-50% Below	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.06	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.07	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.07	0.02845	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.07	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.08	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.07	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.08	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	120.00	0.08	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.05	0.02845	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.07	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.07	0.02845	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.07	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.08	0.02845	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	30.00	0.08	0.03079	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.06	0.03079	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.07	0.03079	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.07	0.03079	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.07	0.03079	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.07	0.03079	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.07	0.03079	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.05	0.03079	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.07	0.03079	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.07	0.03079	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	270.00	0.07	0.03079	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.03236	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.03236	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.03236	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.07	0.03236	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.06	0.03236	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.06	0.03236	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	30.00	0.10	0.03216	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.06	0.03216	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.06	0.03216	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.07	0.03216	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.07	0.03216	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.07	0.03216	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.07	0.03216	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.10	0.03216	200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	11	60.00	0.06	0.02582	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	14.00	0.08	0.02862	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.06	0.02862	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.07	0.02862	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.08	0.02862	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	100.00	0.08	0.02862	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	270.00	0.07	0.02862	101%-200% Above	Yes	No
29300028705	TADALAFIL 5 MG TABLET	2	30.00	1.57	0.10727	200% Above	No	No
29300032819	SOLIFENACIN 5 MG TABLET	1	90.00	2.02	0.16692	200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	1	30.00	0.08	0.03813	76%-100% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	1	30.00	0.08	0.03813	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	1	90.00	0.08	0.03813	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	1	90.00	0.09	0.03813	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	1	90.00	0.09	0.03813	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	1	90.00	0.20	0.03813	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.04114	76%-100% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.04114	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.04114	76%-100% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	90.00	0.11	0.04114	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	30.00	0.07	0.04351	51%-75% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	30.00	0.16	0.04351	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	90.00	0.07	0.04351	51%-75% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	90.00	0.11	0.04351	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	4	30.00	0.16	0.04294	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	4	30.00	0.18	0.04294	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	4	90.00	0.18	0.04294	200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	4	90.00	0.18	0.04294	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	12	90.00	0.09	0.03940	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300034901	ALLOPURINOL 100 MG TABLET	12	90.00	0.11	0.03940	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	12	180.00	0.08	0.03940	101%-200% Above	Yes	No
29300034905	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.04114	76%-100% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	2	30.00	0.27	0.04114	200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	2	60.00	0.07	0.04114	51%-75% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.04114	76%-100% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	3	30.00	0.27	0.04351	200% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	3	90.00	0.07	0.04351	51%-75% Above	No	No
29300034905	ALLOPURINOL 100 MG TABLET	12	90.00	0.11	0.03940	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	1	15.00	0.15	0.06305	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	1	16.00	0.46	0.06305	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	30.00	0.15	0.06305	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	90.00	0.15	0.06305	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	1	90.00	0.15	0.06305	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	90.00	0.17	0.06305	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	90.00	0.24	0.06305	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	90.00	0.27	0.06305	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	2	15.00	0.13	0.06601	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	2	16.00	0.46	0.06601	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	2	30.00	0.15	0.06601	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	0.11	0.06601	51%-75% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	0.13	0.06601	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	0.15	0.06601	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	0.24	0.06601	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	16.00	0.46	0.06897	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035005	ALLOPURINOL 300 MG TABLET	3	30.00	0.13	0.06897	76%-100% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	30.00	0.16	0.06897	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	90.00	0.13	0.06897	76%-100% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	90.00	0.22	0.06897	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	90.00	0.24	0.06897	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	90.00	0.27	0.06897	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	3	180.00	0.13	0.06897	76%-100% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	45.00	0.26	0.06676	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.24	0.06676	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.24	0.06676	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.26	0.06676	200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.26	0.06676	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	12	16.00	0.46	0.06173	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	12	30.00	0.17	0.06173	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	12	90.00	0.17	0.06173	101%-200% Above	Yes	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	10.00	0.06	0.02332	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	12.00	0.02	0.02332	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	12.00	0.05	0.02332	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	14.00	0.02	0.02332	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	14.00	0.04	0.02332	76%-100% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	15.00	0.04	0.02332	51%-75% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	21.00	0.03	0.02332	26%-50% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	25.00	0.02	0.02332	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	25.00	0.03	0.02332	10%-25% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	28.00	0.03	0.02332	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035501	TRAMADOL HCL 50 MG TABLET	1	28.00	0.03	0.02332	10%-25% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	60.00	0.02	0.02332	10%-25% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	112.00	0.02	0.02332	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	14.00	0.04	0.02473	51%-75% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	14.00	0.04	0.02473	76%-100% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	40.00	0.02	0.02473	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	40.00	0.03	0.02473	10%-25% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	90.00	0.01	0.02473	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	112.00	0.02	0.02473	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	14.00	0.04	0.02594	51%-75% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	20.00	0.01	0.02594	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	60.00	0.01	0.02594	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	60.00	0.02	0.02594	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	90.00	0.01	0.02594	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	10.00	0.05	0.02596	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	20.00	0.10	0.02596	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	24.00	0.10	0.02596	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	60.00	0.02	0.02596	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	90.00	0.02	0.02596	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	14.00	0.04	0.02546	51%-75% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	42.00	0.02	0.02546	10%-25% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	60.00	0.02	0.02546	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	72.00	0.02	0.02546	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	90.00	0.02	0.02546	10%-25% Below	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	1	9.00	0.09	0.02332	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035505	TRAMADOL HCL 50 MG TABLET	1	12.00	0.02	0.02332	26%-50% Below	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	1	20.00	0.02	0.02332	26%-50% Below	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	2	12.00	0.05	0.02473	76%-100% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	2	30.00	0.02	0.02473	26%-50% Below	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	3	14.00	0.04	0.02594	51%-75% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	4	12.00	0.05	0.02596	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	4	20.00	0.10	0.02596	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	4	112.00	0.02	0.02596	10%-25% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	14.00	0.02	0.02332	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	30.00	0.02	0.02332	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	60.00	0.02	0.02332	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	69.00	0.02	0.02332	10%-25% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	120.00	0.02	0.02332	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	180.00	0.02	0.02332	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	2	120.00	0.02	0.02473	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	2	180.00	0.02	0.02473	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	3	14.00	0.01	0.02594	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	3	30.00	0.01	0.02594	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	3	60.00	0.01	0.02594	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	3	120.00	0.01	0.02594	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	3	180.00	0.01	0.02594	26%-50% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	75.00	0.02	0.02596	10%-25% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	90.00	0.02	0.02596	10%-25% Below	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	180.00	0.10	0.02596	200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	12	30.00	0.02	0.02546	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035905	AMIODARONE HCL 200 MG TABLET	4	180.00	0.08	0.12233	26%-50% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	1	30.00	0.00	0.11145	76%-100% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	3	30.00	0.06	0.12502	51%-75% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	3	30.00	0.06	0.12502	26%-50% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	4	90.00	0.09	0.12233	10%-25% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	12	30.00	0.35	0.10606	200% Above	No	No
29300038001	DIVALPROEX SOD ER 250 MG TAB	4	30.00	0.32	0.14614	101%-200% Above	No	No
29300038201	CARBAMAZEPINE 200 MG TABLET	3	20.00	0.55	0.13844	200% Above	No	No
29300038210	CARBAMAZEPINE 200 MG TABLET	1	60.00	0.25	0.12772	76%-100% Above	No	No
29300038210	CARBAMAZEPINE 200 MG TABLET	2	60.00	0.25	0.12951	76%-100% Above	No	No
29300038210	CARBAMAZEPINE 200 MG TABLET	3	60.00	0.25	0.13844	76%-100% Above	No	No
29300038210	CARBAMAZEPINE 200 MG TABLET	4	60.00	0.25	0.13765	76%-100% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.05	0.01003	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.04	0.01003	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.04	0.01087	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.04	0.01087	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.02	0.01087	76%-100% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.04	0.01087	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.04	0.01087	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.02	0.01110	76%-100% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.04	0.01110	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	0.26	0.01109	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.05	0.00985	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.03	0.01003	101%-200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.04	0.01003	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.05	0.01003	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.05	0.01003	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.02	0.01087	76%-100% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.04	0.01087	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.04	0.01087	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	0.03	0.01110	101%-200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.03	0.01110	101%-200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.04	0.01110	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.04	0.01110	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.26	0.01109	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.04	0.00985	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	0.02	0.00985	101%-200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	0.05	0.00985	200% Above	No	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.04	0.01003	200% Above	No	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.05	0.01003	200% Above	No	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.04	0.01087	200% Above	No	No
29300039619	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.26	0.01109	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01037	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01037	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	45.00	0.04	0.01037	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	60.00	0.02	0.01037	76%-100% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	60.00	0.02	0.01037	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	51%-75% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	10%-25% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	45.00	0.04	0.01082	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	60.00	0.02	0.01082	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	10%-25% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	76%-100% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	15.00	0.01	0.01111	10%-25% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01111	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01111	10%-25% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.23	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	45.00	0.04	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	60.00	0.02	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	60.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.23	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	180.00	0.01	0.01111	10%-25% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.23	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	45.00	0.04	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	60.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01111	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.03	0.01111	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.23	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	180.00	0.02	0.01111	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01040	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	60.00	0.01	0.01040	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	60.00	0.02	0.01040	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	26%-50% Below	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.03	0.01040	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	180.00	0.01	0.01040	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.00	0.01037	76%-100% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01037	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01037	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01037	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01037	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01037	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.04	0.01037	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.04	0.01037	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	54.00	0.01	0.01037	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.03	0.01037	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	180.00	0.01	0.01037	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.00	0.01082	76%-100% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.04	0.01082	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.04	0.01082	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.07	0.01082	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.03	0.01082	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.07	0.01082	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	135.00	0.00	0.01082	76%-100% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	135.00	0.02	0.01082	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	180.00	0.02	0.01082	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.00	0.01111	76%-100% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01111	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01111	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01111	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.07	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	45.00	0.01	0.01111	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	45.00	0.01	0.01111	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	60.00	0.01	0.01111	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	60.00	0.07	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.00	0.01111	76%-100% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	26%-50% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 431

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.03	0.01111	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.07	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.23	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.23	0.01111	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	180.00	0.01	0.01111	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	180.00	0.01	0.01111	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	12.00	0.05	0.01111	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.01	0.01111	10%-25% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.07	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.23	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.23	0.01111	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01111	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01111	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01111	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.23	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.23	0.01111	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01040	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01040	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 432

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01040	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01040	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.04	0.01040	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.04	0.01040	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.19	0.01040	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.27	0.01040	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.03	0.01040	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.18	0.01040	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.19	0.01040	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.27	0.01040	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.01	0.01568	26%-50% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	26%-50% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01694	51%-75% Above	No	No

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10:58 Tuesday, March 24, 2026 433

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01694	51%-75% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	26%-50% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	10%-25% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.01	0.01716	51%-75% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.01	0.01716	26%-50% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.01	0.01544	51%-75% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.01	0.01544	51%-75% Below	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.03	0.01544	51%-75% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.03	0.01544	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	15.00	0.04	0.01568	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.00	0.01568	76%-100% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.03	0.01568	76%-100% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01568	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01568	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.05	0.01568	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.13	0.01568	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.00	0.01568	76%-100% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.01	0.01568	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01568	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01568	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01568	101%-200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01568	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.04	0.01568	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.25	0.01568	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	20.00	0.01	0.01694	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.04	0.01694	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.04	0.01694	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.05	0.01694	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.13	0.01694	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.00	0.01694	76%-100% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01694	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01694	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.07	0.01694	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	10%-25% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	10%-25% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01745	76%-100% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01745	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01745	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01745	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.05	0.01745	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.13	0.01745	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	58.00	0.02	0.01745	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01745	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01745	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01745	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.07	0.01745	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.22	0.01745	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.22	0.01745	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	15.00	0.22	0.01716	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.03	0.01716	76%-100% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.03	0.01716	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 436

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01716	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.05	0.01716	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.22	0.01716	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.22	0.01716	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.01	0.01716	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.03	0.01716	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.03	0.01716	51%-75% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.03	0.01716	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.07	0.01716	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.22	0.01716	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.22	0.01716	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.02	0.01544	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.03	0.01544	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.04	0.01544	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.05	0.01544	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.26	0.01544	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.01	0.01544	51%-75% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.01	0.01544	10%-25% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.03	0.01544	51%-75% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.03	0.01544	76%-100% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.03	0.01544	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.04	0.01544	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.24	0.01544	200% Above	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	1	30.00	0.37	0.30449	10%-25% Above	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	2	90.00	0.44	0.34185	26%-50% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	1	90.00	0.03	0.02075	26%-50% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	1	90.00	0.07	0.02075	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	2	90.00	0.03	0.02272	10%-25% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	2	90.00	0.05	0.02272	101%-200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	3	30.00	0.07	0.02404	101%-200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	12	30.00	0.08	0.02053	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	12	90.00	0.01	0.02288	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	1	20.00	0.03	0.01854	76%-100% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.02	0.01854	10%-25% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.02	0.01854	26%-50% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.04	0.01854	76%-100% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	1	60.00	0.01	0.01854	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	5.00	0.01	0.02055	51%-75% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	9.00	0.01	0.02055	51%-75% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.01	0.02055	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.02	0.02055	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	60.00	0.01	0.02055	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	15.00	0.03	0.02186	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	20.00	0.03	0.02186	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.02	0.02186	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.03	0.02186	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.07	0.02186	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	50.00	0.19	0.02186	200% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	60.00	0.01	0.02186	51%-75% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	18.00	0.03	0.02187	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.02	0.02187	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.03	0.02187	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.07	0.02187	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	40.00	0.19	0.02187	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	90.00	0.19	0.02187	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	12	21.00	0.03	0.01908	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	12	42.00	0.18	0.01908	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	12	60.00	0.18	0.01908	200% Above	No	No
29300041305	CYCLOBENZAPRINE 5 MG TABLET	1	90.00	0.01	0.01854	26%-50% Below	No	No
29300041305	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.01	0.02186	51%-75% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	1	10.00	0.01	0.01854	26%-50% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	2	15.00	0.04	0.02055	76%-100% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.01	0.02055	26%-50% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.02	0.02055	10%-25% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.03	0.02055	51%-75% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.19	0.02187	200% Above	No	No
29300041401	CYCLOBENZAPRINE 7.5 MG TABLET	1	7.00	1.10	0.31440	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	12.00	0.01	0.01624	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	20.00	0.03	0.01624	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	21.00	0.03	0.01624	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01624	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.03	0.01624	76%-100% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	40.00	0.01	0.01624	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01624	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01624	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	9.00	0.07	0.01757	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	10.00	0.07	0.01757	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	12.00	0.01	0.01757	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	14.00	0.04	0.01757	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.01	0.01757	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.04	0.01757	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.07	0.01757	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.01	0.01757	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.07	0.01757	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	21.00	0.03	0.01757	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01757	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01757	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01757	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01757	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	60.00	0.01	0.01757	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.07	0.01774	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	21.00	0.01	0.01774	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.01	0.01774	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.02	0.01774	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.02	0.01774	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.07	0.01774	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	45.00	0.01	0.01774	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.01	0.01774	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.07	0.01774	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	15.00	0.18	0.01758	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.02	0.01758	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.18	0.01758	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.18	0.01758	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.01	0.01758	51%-75% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.07	0.01758	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	10.00	0.01	0.01633	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	20.00	0.01	0.01633	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.01	0.01633	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.12	0.01633	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	45.00	0.05	0.01633	101%-200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	60.00	0.12	0.01633	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	10.00	0.01	0.01624	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	45.00	0.01	0.01624	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.24	0.01624	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	270.00	0.01	0.01624	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.01	0.01757	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01757	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	45.00	0.01	0.01757	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	7.00	0.01	0.01774	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	14.00	0.04	0.01774	101%-200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.01	0.01774	51%-75% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.02	0.01774	10%-25% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.18	0.01774	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	270.00	0.01	0.01774	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	7.00	0.18	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	14.00	0.18	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	15.00	0.18	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.18	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.18	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.18	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	180.00	0.01	0.01758	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.24	0.01633	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.07	0.03370	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.09	0.03370	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.14	0.03370	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	60.00	0.09	0.03370	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	90.00	0.09	0.03370	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	30.00	0.13	0.04109	200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	60.00	0.09	0.04109	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.03	0.04109	26%-50% Below	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.07	0.04109	51%-75% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	180.00	0.07	0.04109	51%-75% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	12	30.00	0.13	0.03287	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.13	0.03370	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	1	60.00	0.06	0.03370	76%-100% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	1	90.00	0.07	0.03370	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	30.00	0.13	0.03750	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	30.00	0.13	0.03750	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	60.00	0.13	0.03750	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	0.10	0.03750	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	3	30.00	0.07	0.04109	51%-75% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	3	30.00	0.12	0.04109	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	3	30.00	0.13	0.04109	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	3	60.00	0.12	0.04109	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.10	0.04109	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	3	180.00	0.11	0.04109	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	4	30.00	0.13	0.04074	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	4	90.00	0.12	0.04074	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	12	30.00	0.12	0.03287	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	12	30.00	0.13	0.03287	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041910	AMITRIPTYLINE HCL 10 MG TAB	12	60.00	0.12	0.03287	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	12	90.00	0.10	0.03287	101%-200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	3	90.00	0.21	0.05728	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.11	0.04736	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.17	0.04736	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.01	0.05240	76%-100% Below	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	0.01	0.05728	76%-100% Below	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	180.00	0.11	0.05728	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	0.13	0.05682	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.11	0.05682	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.17	0.05682	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	30.00	0.20	0.04736	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	90.00	0.11	0.04736	101%-200% Above	No	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	0.33	0.07513	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	1	30.00	0.33	0.07183	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	1	90.00	0.11	0.07183	51%-75% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	0.28	0.07513	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2	90.00	0.11	0.07513	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	3	30.00	0.13	0.08587	51%-75% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	3	30.00	0.26	0.08587	101%-200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	3	90.00	0.11	0.08587	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	0.13	0.08920	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	0.28	0.08920	200% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	1	30.00	0.13	0.10231	26%-50% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	2	30.00	0.13	0.10092	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300042301	AMITRIPTYLINE HCL 100 MG TAB	1	30.00	0.55	0.12807	200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	3	30.00	0.50	0.15204	200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	3	60.00	0.50	0.15204	200% Above	No	No
29300043001	ZONISAMIDE 100 MG CAPSULE	4	30.00	0.16	0.11287	26%-50% Above	No	No
29300043001	ZONISAMIDE 100 MG CAPSULE	4	180.00	0.14	0.11287	26%-50% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	1	30.00	0.23	0.16966	26%-50% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	1	30.00	0.27	0.16966	51%-75% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	2	30.00	0.21	0.18102	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	2	30.00	0.23	0.18102	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	12	30.00	0.29	0.17024	51%-75% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	12	90.00	0.24	0.17024	26%-50% Above	Yes	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.01	0.02305	26%-50% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.03	0.02305	10%-25% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.01	0.02500	51%-75% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.01	0.02583	51%-75% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.09	0.02563	200% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.01	0.02290	26%-50% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.03	0.02290	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.00	0.02305	76%-100% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.01	0.02305	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.03	0.02305	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.01	0.02305	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.02	0.02305	10%-25% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	180.00	0.01	0.02305	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	15.00	0.01	0.02500	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.01	0.02500	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.03	0.02500	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.01	0.02500	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.02	0.02500	10%-25% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	15.00	0.01	0.02583	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.00	0.02583	76%-100% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.01	0.02583	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.03	0.02583	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.01	0.02583	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.02	0.02583	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	180.00	0.01	0.02583	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.03	0.02563	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.09	0.02563	200% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.01	0.02290	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.03	0.02290	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.08	0.02290	200% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	12	60.00	0.03	0.02290	10%-25% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.07	0.04256	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.08	0.04256	76%-100% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	1	120.00	0.05	0.04256	10%-25% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	1	120.00	0.06	0.04256	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.07	0.04256	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	2	30.00	0.05	0.04593	10%-25% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.05	0.04593	10%-25% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.07	0.04593	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300047701	BUSPIRONE HCL 15 MG TABLET	3	60.00	0.07	0.04755	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.07	0.04664	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.12	0.04664	101%-200% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	4	120.00	0.12	0.04664	101%-200% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.11	0.04321	101%-200% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	30.00	0.09	0.04256	101%-200% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.05	0.04256	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.09	0.04256	101%-200% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.05	0.04256	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.07	0.04256	51%-75% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	270.00	0.05	0.04256	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	270.00	0.05	0.04256	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	30.00	0.09	0.04593	76%-100% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	30.00	0.09	0.04593	76%-100% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.05	0.04593	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.06	0.04593	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.08	0.04593	76%-100% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.05	0.04593	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.05	0.04593	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	270.00	0.05	0.04593	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	30.00	0.09	0.04755	76%-100% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	180.00	0.06	0.04755	10%-25% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	180.00	0.12	0.04755	101%-200% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	270.00	0.12	0.04755	101%-200% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.07	0.04664	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300047705	BUSPIRONE HCL 15 MG TABLET	4	180.00	0.12	0.04664	101%-200% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.07	0.04321	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.07	0.04321	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.05	0.04321	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.07	0.04321	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	180.00	0.05	0.04321	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	270.00	0.05	0.04321	26%-50% Above	Yes	No
29300047716	BUSPIRONE HCL 15 MG TABLET	2	120.00	0.05	0.04593	10%-25% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.05	0.04256	10%-25% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.06	0.04256	26%-50% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	3	26.00	0.12	0.04755	101%-200% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	4	30.00	0.12	0.04664	101%-200% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.12	0.04664	101%-200% Above	No	No
29300047805	BUSPIRONE HCL 30 MG TABLET	4	60.00	0.27	0.12444	101%-200% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	1	60.00	0.39	0.11375	200% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	1	60.00	0.46	0.11375	200% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	3	90.00	0.11	0.08891	10%-25% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	4	60.00	0.27	0.09078	101%-200% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	4	90.00	0.11	0.09078	10%-25% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	4	90.00	0.27	0.09078	101%-200% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	12	7.00	0.09	0.08146	10%-25% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	12	90.00	0.39	0.08146	200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.08	0.08482	10%-25% Below	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.14	0.08482	51%-75% Above	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.07	0.09140	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722000390	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.08	0.09140	10%-25% Below	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	2	270.00	0.08	0.09140	10%-25% Below	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.14	0.09563	26%-50% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.22	0.09563	101%-200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.07	0.09563	26%-50% Below	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.14	0.09563	26%-50% Above	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.22	0.09399	101%-200% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.22	0.09399	101%-200% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.07	0.11690	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.08	0.11690	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.17	0.11690	26%-50% Above	Yes	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.07	0.12532	26%-50% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.06	0.13255	51%-75% Below	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	3	180.00	0.18	0.13255	26%-50% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.42	0.13321	200% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.08	0.11715	26%-50% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	1	60.00	0.04	0.02934	51%-75% Above	No	No
31722001701	FAMOTIDINE 20 MG TABLET	1	90.00	0.02	0.02934	10%-25% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	3	60.00	0.02	0.03313	26%-50% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	3	90.00	0.02	0.03313	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	2	30.00	0.02	0.03188	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	2	60.00	0.02	0.03188	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	2	60.00	0.02	0.03188	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	2	60.00	0.05	0.03188	26%-50% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	3	30.00	0.02	0.03313	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722001710	FAMOTIDINE 20 MG TABLET	3	60.00	0.17	0.03313	200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	3	180.00	0.02	0.03313	26%-50% Below	No	No
31722001710	FAMOTIDINE 20 MG TABLET	4	20.00	0.05	0.03173	51%-75% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	4	60.00	0.17	0.03173	200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	12	60.00	0.02	0.02888	10%-25% Below	No	No
31722001801	FAMOTIDINE 40 MG TABLET	1	30.00	0.08	0.05152	26%-50% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	1	30.00	0.09	0.05152	76%-100% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	1	90.00	0.14	0.05152	101%-200% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	1	180.00	0.09	0.05152	76%-100% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	2	90.00	0.07	0.05417	26%-50% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	4	180.00	0.23	0.05508	200% Above	No	No
31722001801	FAMOTIDINE 40 MG TABLET	12	30.00	0.50	0.05230	200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	30.00	0.08	0.05152	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	30.00	0.09	0.05152	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	60.00	0.08	0.05152	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	60.00	0.11	0.05152	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	90.00	0.08	0.05152	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	90.00	0.14	0.05152	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	30.00	0.07	0.05417	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	30.00	0.14	0.05417	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	30.00	0.15	0.05417	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	60.00	0.08	0.05417	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05597	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.14	0.05597	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722001810	FAMOTIDINE 40 MG TABLET	3	60.00	0.07	0.05597	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	90.00	0.07	0.05597	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05597	76%-100% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	90.00	0.14	0.05597	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	180.00	0.12	0.05597	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	30.00	0.14	0.05508	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	90.00	0.08	0.05508	26%-50% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05508	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	12	30.00	0.09	0.05230	51%-75% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	12	30.00	0.12	0.05230	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	12	90.00	0.09	0.05230	51%-75% Above	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	1	60.00	0.14	0.11803	10%-25% Above	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	4	180.00	0.11	0.13127	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	1	30.00	0.15	0.17017	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	2	30.00	0.15	0.18222	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	3	30.00	0.15	0.18730	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	3	360.00	0.09	0.18730	26%-50% Below	No	No
31722002790	SOLIFENACIN 5 MG TABLET	1	90.00	1.84	0.16692	200% Above	Yes	No
31722002790	SOLIFENACIN 5 MG TABLET	3	30.00	1.56	0.18925	200% Above	No	No
31722002790	SOLIFENACIN 5 MG TABLET	3	90.00	1.56	0.18925	200% Above	Yes	No
31722002790	SOLIFENACIN 5 MG TABLET	4	30.00	1.70	0.17940	200% Above	No	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	1	10.00	1.01	1.95137	26%-50% Below	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	4	12.00	3.29	2.52380	26%-50% Above	Yes	No
31722005201	DICYCLOMINE CAP 10MG	2	90.00	0.06	.		Yes	No
31722005201	DICYCLOMINE CAP 10MG	3	120.00	0.06	.		Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722005201	DICYCLOMINE CAP 10MG	4	60.00	0.10	.		Yes	No
31722005201	DICYCLOMINE CAP 10MG	4	60.00	0.13	.		Yes	No
31722005201	DICYCLOMINE CAP 10MG	4	120.00	0.13	.		Yes	No
31722005360	IVABRADINE HCL 5 MG TABLET	1	60.00	1.58	3.91433	51%-75% Below	No	No
31722005360	IVABRADINE HCL 5 MG TABLET	1	60.00	1.82	3.91433	51%-75% Below	No	No
31722005360	IVABRADINE HCL 5 MG TABLET	2	60.00	1.82	3.89381	51%-75% Below	No	No
31722005360	IVABRADINE HCL 5 MG TABLET	3	60.00	1.21	3.83604	51%-75% Below	No	No
31722005460	IVABRADINE HCL 7.5 MG TABLET	3	60.00	1.30	4.33232	51%-75% Below	No	No
31722006601	BUPROPION HCL SR 100 MG TABLET	3	180.00	0.02	0.10116	76%-100% Below	No	No
31722006705	BUPROPION HCL SR 150 MG TABLET	2	60.00	0.07	0.07985	10%-25% Below	No	No
31722006705	BUPROPION HCL SR 150 MG TABLET	3	60.00	0.07	0.08298	10%-25% Below	No	No
31722006705	BUPROPION HCL SR 150 MG TABLET	4	60.00	0.18	0.08267	101%-200% Above	No	No
31722006801	BUPROPION HCL SR 200 MG TABLET	1	30.00	0.33	0.11572	101%-200% Above	No	No
31722006801	BUPROPION HCL SR 200 MG TABLET	2	30.00	0.33	0.12680	101%-200% Above	No	No
31722006801	BUPROPION HCL SR 200 MG TABLET	12	30.00	0.47	0.11496	200% Above	No	No
31722010330	CINACALCET HCL 30 MG TABLET	12	30.00	3.89	0.30748	200% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	1	180.00	0.07	0.09552	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	3	180.00	0.12	0.10611	10%-25% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	3	180.00	0.12	0.10611	10%-25% Above	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	12	180.00	0.06	0.09561	26%-50% Below	Yes	No
31722012805	GEMFIBROZIL 600 MG TABLET	12	180.00	0.07	0.09561	26%-50% Below	No	No
31722013001	POTASSIUM CITRATE ER 10 MEQ TB	1	270.00	0.17	0.19088	10%-25% Below	No	No
31722013130	DUTASTERIDE 0.5 MG CAPSULE	4	30.00	0.32	0.19085	51%-75% Above	No	No
31722013201	POTASSIUM CITRATE ER 15 MEQ TB	4	180.00	0.68	0.23742	101%-200% Above	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	1	90.00	0.05	0.03055	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722014505	SERTRALINE HCL 25 MG TABLET	2	30.00	0.07	0.03240	101%-200% Above	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	3	30.00	0.07	0.03260	101%-200% Above	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	4	42.00	0.14	0.03229	200% Above	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	4	90.00	0.07	0.03229	101%-200% Above	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	12	30.00	0.31	0.03225	200% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	1	30.00	0.03	0.03355	10%-25% Below	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	1	90.00	0.05	0.03355	26%-50% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	2	30.00	0.03	0.03621	26%-50% Below	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	2	90.00	0.02	0.03621	26%-50% Below	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	3	135.00	0.02	0.03731	26%-50% Below	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	4	90.00	0.20	0.03666	200% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	12	30.00	0.31	0.03381	200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	2	30.00	0.05	0.05114	10%-25% Below	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	2	30.00	0.08	0.05114	51%-75% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	3	30.00	0.04	0.05282	10%-25% Below	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	4	30.00	0.24	0.05223	200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	4	90.00	0.24	0.05223	200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	12	30.00	0.31	0.04769	200% Above	No	No
31722014801	GABAPENTIN 100 MG CAPSULE	1	60.00	0.01	0.02079	51%-75% Below	No	No
31722014801	GABAPENTIN 100 MG CAPSULE	3	60.00	0.02	0.02330	26%-50% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	1	60.00	0.01	0.02079	51%-75% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	1	60.00	0.02	0.02079	10%-25% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	1	90.00	0.02	0.02079	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722014805	GABAPENTIN 100 MG CAPSULE	2	60.00	0.02	0.02246	10%-25% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	2	90.00	0.02	0.02246	26%-50% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	2	90.00	0.02	0.02246	10%-25% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	3	60.00	0.02	0.02330	10%-25% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02330	51%-75% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	42.00	0.01	0.02070	51%-75% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	60.00	0.01	0.02070	51%-75% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	90.00	0.00	0.02070	76%-100% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	30.00	0.01	0.03533	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	60.00	0.01	0.03533	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	60.00	0.04	0.03533	10%-25% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	90.00	0.02	0.03533	26%-50% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03533	10%-25% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	270.00	0.03	0.03533	26%-50% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	360.00	0.01	0.03533	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	30.00	0.04	0.03674	10%-25% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	60.00	0.07	0.03674	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03674	10%-25% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	90.00	0.07	0.03674	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	252.00	0.03	0.03674	10%-25% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	3	30.00	0.01	0.03671	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	3	30.00	0.05	0.03671	26%-50% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	3	30.00	0.07	0.03671	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722014905	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	3	90.00	0.07	0.03671	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	3	540.00	0.02	0.03671	26%-50% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	4	90.00	0.07	0.03509	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	4	180.00	0.13	0.03509	200% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	4	252.00	0.03	0.03509	10%-25% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	12	60.00	0.04	0.03474	10%-25% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	12	60.00	0.14	0.03474	200% Above	No	No
31722015005	GABAPENTIN 400 MG CAPSULE	1	1.00	0.47	0.04393	200% Above	No	No
31722015005	GABAPENTIN 400 MG CAPSULE	1	180.00	0.03	0.04393	26%-50% Below	No	No
31722015005	GABAPENTIN 400 MG CAPSULE	2	180.00	0.03	0.04707	26%-50% Below	No	No
31722015005	GABAPENTIN 400 MG CAPSULE	3	90.00	0.03	0.04947	26%-50% Below	No	No
31722015005	GABAPENTIN 400 MG CAPSULE	3	180.00	0.03	0.04947	26%-50% Below	No	No
31722015005	GABAPENTIN 400 MG CAPSULE	3	270.00	0.07	0.04947	26%-50% Above	No	No
31722015005	GABAPENTIN 400 MG CAPSULE	4	180.00	0.03	0.04691	26%-50% Below	No	No
31722015005	GABAPENTIN 400 MG CAPSULE	12	90.00	0.00	0.04450	76%-100% Below	No	No
31722015130	VALSARTAN 40 MG TABLET	1	30.00	0.37	0.12159	200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	2	30.00	0.37	0.12836	101%-200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	3	30.00	0.37	0.13810	101%-200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	4	30.00	0.40	0.13643	101%-200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	12	30.00	0.37	0.12315	200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	1	30.00	0.18	0.11869	26%-50% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	1	90.00	0.18	0.11869	26%-50% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	1	120.00	0.51	0.11869	200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	2	30.00	0.15	0.12697	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722015290	VALSARTAN 80 MG TABLET	4	30.00	0.37	0.13170	101%-200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	4	90.00	0.33	0.13170	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	1	30.00	0.17	0.14772	10%-25% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	1	30.00	0.20	0.14772	26%-50% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	1	90.00	0.17	0.14772	10%-25% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	3	30.00	0.57	0.16742	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	12	90.00	0.07	0.15036	26%-50% Below	No	No
31722015490	VALSARTAN 320 MG TABLET	1	90.00	0.25	0.19030	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	2	90.00	0.25	0.20518	10%-25% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	4	30.00	0.51	0.21570	101%-200% Above	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.17	0.29620	26%-50% Below	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.18	0.29620	26%-50% Below	No	No
31722016401	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.17	0.32049	26%-50% Below	No	No
31722016605	GABAPENTIN 600 MG TABLET	1	90.00	0.02	0.06691	51%-75% Below	No	No
31722016605	GABAPENTIN 600 MG TABLET	2	60.00	0.02	0.07091	51%-75% Below	No	No
31722016605	GABAPENTIN 600 MG TABLET	12	60.00	0.03	0.07351	51%-75% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	3	30.00	0.21	0.12941	51%-75% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.37	0.15808	101%-200% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.44	0.15808	101%-200% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.37	0.16256	101%-200% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.34	0.16471	101%-200% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	4	30.00	0.21	0.15528	26%-50% Above	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	1	30.00	0.53	0.21496	101%-200% Above	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	3	30.00	0.49	0.22966	101%-200% Above	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	4	30.00	0.26	0.20940	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722018601	DEXTROAMP-AMPHET ER 10 MG CAP	1	28.00	3.43	0.63695	200% Above	No	No
31722018601	DEXTROAMP-AMPHET ER 10 MG CAP	2	28.00	3.43	0.59443	200% Above	No	No
31722018601	DEXTROAMP-AMPHET ER 10 MG CAP	3	28.00	3.43	0.66278	200% Above	No	No
31722018701	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.17	0.63922	51%-75% Below	No	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.67969	26%-50% Below	No	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.55	0.67969	10%-25% Below	No	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	2.64	0.67969	200% Above	Yes	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.50	0.71123	26%-50% Below	No	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	2.64	0.71123	200% Above	Yes	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.43	0.71123	200% Above	No	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	4.29	0.71123	200% Above	Yes	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	2	60.00	3.43	0.71123	200% Above	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.64	0.73253	10%-25% Below	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	4.60	0.73253	200% Above	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	4.60	0.75366	200% Above	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	0.50	0.70525	26%-50% Below	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	0.50	0.60523	10%-25% Below	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	4.60	0.60523	200% Above	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	0.50	0.69015	26%-50% Below	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	2.64	0.59466	200% Above	Yes	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.50	0.58801	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.50	0.59149	10%-25% Below	No	No
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	4	30.00	1.78	0.91188	76%-100% Above	No	No
31722023101	DEXMETHYLPHENIDATE ER 15 MG CP	12	30.00	2.55	0.85973	101%-200% Above	No	No
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	2.62	1.40740	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	2	30.00	2.03	1.43439	26%-50% Above	No	No
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	2.31	1.58059	26%-50% Above	No	No
31722025201	ALLOPURINOL 100 MG TABLET	3	60.00	0.07	0.04351	51%-75% Above	No	No
31722025205	ALLOPURINOL 100 MG TABLET	1	180.00	0.08	0.03813	76%-100% Above	No	No
31722025205	ALLOPURINOL 100 MG TABLET	4	90.00	0.18	0.04294	200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	1	60.00	0.17	0.03813	200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.04114	76%-100% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	2	60.00	0.17	0.04114	200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	1	90.00	0.15	0.06305	101%-200% Above	No	No
31722029912	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	360.00	0.39	0.66378	26%-50% Below	No	No
31722035101	LISDEXAMFETA CAP 20MG	12	30.00	7.96	.		No	No
31722035101	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	2.70	4.50447	26%-50% Below	No	No
31722035101	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	0.17	4.13384	76%-100% Below	No	No
31722035101	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	0.33	4.13384	76%-100% Below	No	No
31722035301	LISDEXAMFETA CAP 40MG	12	30.00	7.96	.		No	No
31722035501	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	3.02	5.59938	26%-50% Below	No	No
31722035501	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	3.16	5.18947	26%-50% Below	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	0.17	6.08993	76%-100% Below	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	7.96	6.08993	26%-50% Above	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	0.17	5.66960	76%-100% Below	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	7.96	5.66960	26%-50% Above	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	2.27	5.74826	51%-75% Below	No	No
31722035601	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	7.96	5.74826	26%-50% Above	No	No
31722042410	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	12	90.00	0.01	0.03166	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722042510	ATORVASTATIN 20 MG TABLET	1	30.00	0.13	0.03178	200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	2	30.00	0.13	0.03400	200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	1	30.00	0.10	0.04591	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	51%-75% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	1	30.00	0.16	0.07532	101%-200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	1	90.00	0.11	0.07532	51%-75% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	2	30.00	0.16	0.08222	76%-100% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	3	30.00	0.16	0.08492	76%-100% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	4	90.00	0.26	0.08502	200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	12	30.00	0.02	0.07506	51%-75% Below	No	No
31722042705	ATORVASTATIN 80 MG TABLET	12	30.00	0.16	0.07506	101%-200% Above	No	No
31722042710	ATORVASTATIN 80 MG TABLET	3	30.00	0.18	0.08492	101%-200% Above	No	No
31722051901	HYDRALAZINE 10 MG TABLET	3	180.00	0.05	0.03130	51%-75% Above	Yes	No
31722051901	HYDRALAZINE 10 MG TABLET	3	180.00	0.08	0.03130	101%-200% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	1	90.00	0.04	0.03193	26%-50% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	1	180.00	0.07	0.03193	101%-200% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	1	180.00	0.12	0.03193	200% Above	Yes	No
31722052001	HYDRALAZINE 25 MG TABLET	1	270.00	0.06	0.03193	51%-75% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	3	90.00	0.04	0.03761	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722052001	HYDRALAZINE 25 MG TABLET	3	180.00	0.04	0.03761	10%-25% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	4	270.00	0.06	0.03733	26%-50% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	4	360.00	0.10	0.03733	101%-200% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	12	90.00	0.04	0.03158	26%-50% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	12	180.00	0.06	0.03158	101%-200% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	4	30.00	0.10	0.03733	101%-200% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	4	90.00	0.10	0.03733	101%-200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	2	60.00	0.08	0.04625	51%-75% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	3	60.00	0.08	0.04732	51%-75% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	3	180.00	0.13	0.04732	101%-200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	3	270.00	0.04	0.04732	10%-25% Below	No	No
31722052101	HYDRALAZINE 50 MG TABLET	4	60.00	0.08	0.04711	51%-75% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	12	180.00	0.15	0.04188	200% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	12	270.00	0.04	0.04188	10%-25% Below	No	No
31722052110	HYDRALAZINE 50 MG TABLET	1	60.00	0.14	0.04177	200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	1	90.00	0.01	0.04177	51%-75% Below	No	No
31722052110	HYDRALAZINE 50 MG TABLET	1	120.00	0.14	0.04177	200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	3	90.00	0.01	0.04732	51%-75% Below	No	No
31722052110	HYDRALAZINE 50 MG TABLET	3	120.00	0.13	0.04732	101%-200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	4	60.00	0.09	0.04711	76%-100% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	4	90.00	0.01	0.04711	51%-75% Below	No	No
31722052110	HYDRALAZINE 50 MG TABLET	4	120.00	0.09	0.04711	76%-100% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	12	60.00	0.07	0.04188	51%-75% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	12	90.00	0.01	0.04188	51%-75% Below	No	No
31722052201	HYDRALAZINE 100 MG TABLET	2	270.00	0.26	0.08035	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722052201	HYDRALAZINE 100 MG TABLET	3	60.00	0.24	0.08282	101%-200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	12	60.00	0.31	0.07295	200% Above	No	No
31722052510	FINASTERIDE 5 MG TABLET	3	90.00	0.11	0.07167	51%-75% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	1	90.00	0.13	0.06521	76%-100% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	3	30.00	0.05	0.07167	10%-25% Below	No	No
31722052530	FINASTERIDE 5 MG TABLET	3	90.00	0.05	0.07167	10%-25% Below	No	No
31722052530	FINASTERIDE 5 MG TABLET	4	30.00	0.34	0.06956	200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	4	90.00	0.13	0.06956	76%-100% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	2	60.00	0.08	0.07042	10%-25% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	2	180.00	0.14	0.07042	101%-200% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	3	90.00	0.12	0.07349	51%-75% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	12	90.00	0.12	0.06486	76%-100% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	12	180.00	0.15	0.06486	101%-200% Above	Yes	No
31722053201	TORSEMIDE 100 MG TABLET	2	90.00	0.06	0.20949	51%-75% Below	No	No
31722053201	TORSEMIDE 100 MG TABLET	3	30.00	0.29	0.22248	26%-50% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	20.00	0.04	0.03283	10%-25% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	20.00	0.07	0.03283	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	30.00	0.07	0.03283	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	30.00	0.09	0.03283	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	30.00	0.09	0.03283	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	30.00	0.11	0.03283	200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	60.00	0.07	0.03283	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	84.00	0.07	0.03283	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	90.00	0.02	0.03283	26%-50% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	90.00	0.06	0.03283	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722053301	METHOCARBAMOL 500 MG TABLET	2	6.00	0.09	0.03582	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	20.00	0.07	0.03582	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	21.00	0.04	0.03582	10%-25% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	30.00	0.03	0.03582	10%-25% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	45.00	0.07	0.03582	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	60.00	0.07	0.03582	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	84.00	0.07	0.03582	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	20.00	0.02	0.03806	51%-75% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	20.00	0.07	0.03806	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	30.00	0.07	0.03806	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	60.00	0.07	0.03806	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	90.00	0.02	0.03806	26%-50% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	180.00	0.07	0.03806	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	40.00	0.03	0.03676	26%-50% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	45.00	0.07	0.03676	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	12	180.00	0.07	0.03199	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	1	30.00	0.07	0.03283	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	1	56.00	0.07	0.03283	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	2	20.00	0.07	0.03582	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	2	30.00	0.03	0.03582	10%-25% Below	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	2	90.00	0.07	0.03582	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	2	180.00	0.09	0.03582	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	3	30.00	0.03	0.03806	26%-50% Below	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	4	30.00	0.03	0.03676	10%-25% Below	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	4	30.00	0.07	0.03676	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722053305	METHOCARBAMOL 500 MG TABLET	4	80.00	0.07	0.03676	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	12	30.00	0.03	0.03199	10%-25% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	1	15.00	0.05	0.03745	26%-50% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	1	30.00	0.02	0.03745	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	1	90.00	0.02	0.03745	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	1	180.00	0.03	0.03745	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	20.00	0.02	0.03991	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	21.00	0.02	0.03991	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	21.00	0.06	0.03991	26%-50% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	30.00	0.02	0.03991	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	60.00	0.03	0.03991	10%-25% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	270.00	0.01	0.03991	51%-75% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	360.00	0.07	0.03991	51%-75% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	3	30.00	0.04	0.04251	10%-25% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	3	120.00	0.02	0.04251	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	4	15.00	0.02	0.04261	51%-75% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	4	60.00	0.03	0.04261	10%-25% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	4	120.00	0.02	0.04261	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	12	15.00	0.05	0.03852	26%-50% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	12	30.00	0.02	0.03852	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	12	120.00	0.01	0.03852	51%-75% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	12	120.00	0.08	0.03852	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	15.00	0.02	0.03745	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	30.00	0.05	0.03745	10%-25% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	45.00	0.01	0.03745	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722053405	METHOCARBAMOL 750 MG TABLET	1	90.00	0.02	0.03745	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	270.00	0.02	0.03745	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	2	30.00	0.03	0.03991	10%-25% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	2	90.00	0.02	0.03991	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	20.00	0.02	0.04251	51%-75% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	30.00	0.18	0.04261	200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	90.00	0.18	0.04261	200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	270.00	0.02	0.04261	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	12	18.00	0.02	0.03852	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	12	45.00	0.03	0.03852	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	12	90.00	0.02	0.03852	26%-50% Below	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	1	60.00	0.12	0.07155	51%-75% Above	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	2	60.00	0.12	0.07844	26%-50% Above	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	3	60.00	0.11	0.08216	26%-50% Above	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	12	12.00	0.15	0.07118	101%-200% Above	No	No
31722053712	LEVETIRACETAM 500 MG TABLET	2	90.00	0.12	0.07844	51%-75% Above	Yes	No
31722053712	LEVETIRACETAM 500 MG TABLET	2	180.00	0.03	0.07844	51%-75% Below	No	No
31722053712	LEVETIRACETAM 500 MG TABLET	3	180.00	0.03	0.08216	51%-75% Below	No	No
31722053712	LEVETIRACETAM 500 MG TABLET	4	180.00	0.03	0.08232	51%-75% Below	No	No
31722053805	LEVETIRACETAM 750 MG TABLET	1	360.00	0.20	0.10687	76%-100% Above	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	1	120.00	0.00	0.10687	76%-100% Below	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	1	120.00	0.20	0.10687	76%-100% Above	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	2	90.00	0.20	0.11487	76%-100% Above	Yes	No
31722053812	LEVETIRACETAM 750 MG TABLET	2	120.00	0.01	0.11487	76%-100% Below	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	3	120.00	0.01	0.12140	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722053960	LEVETIRACETAM 1,000 MG TABLET	2	60.00	0.08	0.16891	26%-50% Below	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	3	180.00	0.21	0.17482	10%-25% Above	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	3	180.00	0.21	0.17482	10%-25% Above	Yes	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	3	180.00	0.25	0.17482	26%-50% Above	No	No
31722054201	INDOMETHACIN 25 MG CAPSULE	1	18.00	0.11	0.09094	10%-25% Above	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	1	15.00	0.14	0.11016	10%-25% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	1	90.00	0.12	0.11016	10%-25% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	4	15.00	0.17	0.12103	26%-50% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	4	15.00	0.26	0.12103	101%-200% Above	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	4	30.00	0.26	0.12103	101%-200% Above	Yes	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.11	0.06069	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.12	0.06069	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.23	0.06069	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.29	0.06069	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.11	0.06069	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.10	0.06095	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.11	0.06095	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.23	0.06095	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.29	0.06095	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.08	0.06095	10%-25% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.10	0.06095	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.11	0.06095	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.10	0.06228	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.16	0.06228	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.23	0.06228	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.23	0.06228	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.10	0.06228	51%-75% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.16	0.05920	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.23	0.05920	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.28	0.05920	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.12	0.05912	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.24	0.05912	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.29	0.05912	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.12	0.05912	101%-200% Above	No	No
31722056030	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	2	60.00	0.26	0.56882	51%-75% Below	No	No
31722056030	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	3	90.00	30.45	0.60321	200% Above	No	No
31722056501	INDOMETHACIN ER 75 MG CAPSULE	12	30.00	0.50	0.16694	101%-200% Above	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	4	30.00	0.33	0.19392	51%-75% Above	No	No
31722057030	LANSOPRAZOLE DR 15 MG CAPSULE	2	90.00	0.15	0.17895	10%-25% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	1	425.00	0.04	0.02770	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	4	473.00	0.06	0.03077	76%-100% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	4	1080.00	0.06	0.03077	76%-100% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	12	30.00	0.77	0.10297	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	1	30.00	0.23	0.10355	101%-200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	2	30.00	0.01	0.11119	76%-100% Below	No	No
31722058630	NEBIVOLOL 5 MG TABLET	2	90.00	0.63	0.11119	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	3	30.00	0.28	0.11800	101%-200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	3	90.00	0.66	0.11800	200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	12	30.00	0.74	0.10259	200% Above	No	No
31722058730	NEBIVOLOL 10 MG TABLET	1	90.00	0.44	0.13237	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722058730	NEBIVOLOL 10 MG TABLET	2	90.00	0.58	0.14323	200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	2	90.00	0.63	0.14323	200% Above	No	No
31722058730	NEBIVOLOL 10 MG TABLET	3	90.00	0.46	0.15233	200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	4	90.00	0.28	0.15266	76%-100% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	12	90.00	0.74	0.13394	200% Above	Yes	No
31722058790	NEBIVOLOL 10 MG TABLET	1	30.00	0.23	0.13237	51%-75% Above	No	No
31722058790	NEBIVOLOL 10 MG TABLET	2	30.00	0.23	0.14323	51%-75% Above	No	No
31722058790	NEBIVOLOL 10 MG TABLET	3	30.00	0.23	0.15233	26%-50% Above	No	No
31722058790	NEBIVOLOL 10 MG TABLET	12	30.00	0.06	0.13394	51%-75% Below	No	No
31722058830	NEBIVOLOL 20 MG TABLET	1	90.00	0.77	0.17083	200% Above	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	2	30.00	0.33	0.18987	51%-75% Above	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	3	30.00	0.33	0.19433	51%-75% Above	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	4	30.00	0.33	0.19259	51%-75% Above	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	4	90.00	0.48	0.19259	101%-200% Above	Yes	No
31722058910	METOPROLOL SUCC ER 25 MG TAB	2	60.00	0.10	0.05453	76%-100% Above	No	No
31722059590	FENOFIBRATE 48 MG TABLET	3	90.00	0.15	0.10204	26%-50% Above	No	No
31722059590	FENOFIBRATE 48 MG TABLET	12	90.00	0.19	0.09171	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	1	90.00	0.26	0.12478	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	2	30.00	0.30	0.13525	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	2	90.00	0.26	0.13525	76%-100% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	3	30.00	0.24	0.13841	51%-75% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	3	90.00	0.24	0.13841	51%-75% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	4	30.00	0.30	0.13666	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	12	30.00	0.31	0.12293	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	12	90.00	0.27	0.12293	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722061105	PREGABALIN 50 MG CAPSULE	2	90.00	0.03	0.05352	26%-50% Below	No	No
31722061105	PREGABALIN 50 MG CAPSULE	3	90.00	0.03	0.05408	26%-50% Below	No	No
31722061205	PREGABALIN 75 MG CAPSULE	3	60.00	0.03	0.06446	51%-75% Below	No	No
31722061305	PREGABALIN 100 MG CAPSULE	1	60.00	0.04	0.05297	26%-50% Below	No	No
31722061305	PREGABALIN 100 MG CAPSULE	4	60.00	0.04	0.06914	26%-50% Below	No	No
31722061390	PREGABALIN 100 MG CAPSULE	2	60.00	0.04	0.06095	26%-50% Below	No	No
31722061390	PREGABALIN 100 MG CAPSULE	2	90.00	0.03	0.06095	26%-50% Below	No	No
31722061390	PREGABALIN 100 MG CAPSULE	3	60.00	0.04	0.06693	26%-50% Below	No	No
31722061405	PREGABALIN 150 MG CAPSULE	1	60.00	0.03	0.05830	26%-50% Below	No	No
31722061405	PREGABALIN 150 MG CAPSULE	2	60.00	0.03	0.06407	26%-50% Below	No	No
31722061405	PREGABALIN 150 MG CAPSULE	4	60.00	0.66	0.06938	200% Above	No	No
31722061405	PREGABALIN 150 MG CAPSULE	12	60.00	0.03	0.05914	51%-75% Below	No	No
31722061790	PREGABALIN 300 MG CAPSULE	1	60.00	0.04	0.07162	26%-50% Below	No	No
31722061790	PREGABALIN 300 MG CAPSULE	3	60.00	0.04	0.08041	51%-75% Below	No	No
31722061790	PREGABALIN 300 MG CAPSULE	12	60.00	0.05	0.07094	10%-25% Below	No	No
31722062330	ROFLUMILAST 500 MCG TABLET	3	30.00	2.37	0.35421	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	2	14.00	1.13	0.07466	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	2	30.00	1.13	0.07466	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	3	30.00	1.03	0.07731	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	4	30.00	0.61	0.07594	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	4	90.00	0.61	0.07594	200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.18	0.99337	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.22	0.99337	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.28	0.99337	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.47	0.99337	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.71	0.99337	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.85	1.15416	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.28	1.15416	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.50	1.15416	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.90	1.20618	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.23	0.91545	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.28	0.91545	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.66	0.91545	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.71	0.91545	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.90	0.91545	101%-200% Above	No	No
31722063630	SILODOSIN 8 MG CAPSULE	12	90.00	1.30	0.48491	101%-200% Above	No	No
31722063690	SILODOSIN 8 MG CAPSULE	3	90.00	0.17	0.56992	51%-75% Below	No	No
31722065931	LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	75.00	0.20	0.14882	26%-50% Above	No	No
31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	1	90.00	1.30	0.14790	200% Above	Yes	No
31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	3	90.00	0.28	0.16628	51%-75% Above	Yes	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.44	0.12959	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.42	0.14027	101%-200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.50	0.14027	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.50	0.14509	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.90	0.14509	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.50	0.14621	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	0.67	0.13123	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.50	0.13123	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	1.43	0.13123	200% Above	No	No
31722066860	RANOLAZINE ER 500 MG TABLET	4	180.00	0.25	0.20641	10%-25% Above	No	No
31722067632	ROFLUMILAST 250 MCG TABLET	2	90.00	1.68	2.50727	26%-50% Below	No	No
31722067956	VARENICLINE 1 MG TABLET	3	56.00	2.35	0.58443	200% Above	No	No
31722068147	ACYCLOVIR 200 MG/5 ML SUSP	3	225.00	0.07	0.08754	10%-25% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	2	15.00	0.23	0.25658	10%-25% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	2	15.00	0.73	0.25658	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	2	20.00	0.23	0.25658	10%-25% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	2	20.00	0.69	0.25658	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	2	20.00	0.83	0.25658	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	3	12.00	0.86	0.29265	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	3	20.00	0.23	0.29265	10%-25% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	3	20.00	0.72	0.29265	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	10.00	0.50	0.29173	51%-75% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	12.00	0.64	0.29173	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	20.00	0.64	0.29173	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	30.00	0.50	0.29173	51%-75% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	12	20.00	0.69	0.29587	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	12	20.00	0.72	0.29587	101%-200% Above	No	No
31722069031	VARENICLINE STARTING MONTH BOX	2	53.00	1.25	0.60418	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	15.00	0.07	0.02706	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.07	0.02706	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.08	0.02706	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.09	0.02706	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	60.00	0.04	0.02706	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	60.00	0.09	0.02706	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.07	0.02706	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.08	0.02706	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.08	0.02921	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	60.00	0.07	0.02921	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.08	0.03000	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.03000	76%-100% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.08	0.03031	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.25	0.03031	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.01	0.02707	26%-50% Below	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.07	0.02707	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.08	0.02707	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.09	0.02707	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.07	0.02706	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02706	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02706	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.07	0.02706	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.08	0.02706	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.09	0.02706	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.08	0.02921	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.25	0.03000	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.03000	76%-100% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.09	0.03031	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.25	0.03031	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.03031	76%-100% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.03031	76%-100% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.09	0.02707	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.09	0.02707	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.05	0.03558	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.06	0.03558	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.10	0.03558	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	45.00	0.07	0.03558	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	60.00	0.05	0.03558	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.05	0.03558	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03558	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.10	0.03558	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	135.00	0.09	0.03558	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	180.00	0.06	0.03558	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	10%-25% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.10	0.03818	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	60.00	0.08	0.03818	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	10%-25% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	26%-50% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03818	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.09	0.03818	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.09	0.03818	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.05	0.03867	10%-25% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.10	0.03867	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.23	0.03867	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.05	0.03867	10%-25% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.08	0.03867	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.05	0.03867	10%-25% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.23	0.03803	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	60.00	0.23	0.03803	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	60.00	0.23	0.03803	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.07	0.03803	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.23	0.03803	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.06	0.03610	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.08	0.03610	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.06	0.03610	51%-75% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.10	0.03610	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	180.00	0.06	0.03610	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.09	0.03558	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.05	0.03558	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03558	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03558	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.10	0.03818	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	26%-50% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03818	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.05	0.03867	10%-25% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.10	0.03867	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03867	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.05	0.03867	10%-25% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.01	0.03867	51%-75% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.05	0.03867	10%-25% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03867	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03867	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03867	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.10	0.03803	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03803	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.23	0.03803	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.23	0.03803	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.08	0.03610	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.01	0.03610	51%-75% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.07	0.03610	76%-100% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.09	0.03610	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	15.00	0.09	0.04729	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.08	0.04729	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.09	0.04729	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.15	0.04729	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.16	0.04729	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.08	0.04729	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.09	0.04729	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04729	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.14	0.04729	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.03	0.05123	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.07	0.05123	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.08	0.05123	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.15	0.05123	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.16	0.05123	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	45.00	0.08	0.05123	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.07	0.05123	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.08	0.05123	51%-75% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.05123	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.14	0.05123	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.03	0.05310	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.07	0.05310	26%-50% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.16	0.05310	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.26	0.05310	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.07	0.05310	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.26	0.05310	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.03	0.05322	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.14	0.05322	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.03	0.04831	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.09	0.04831	76%-100% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.14	0.04831	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.03	0.04831	26%-50% Below	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.09	0.04831	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.08	0.04729	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.09	0.04729	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.08	0.04729	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.09	0.04729	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04729	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.07	0.05123	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.08	0.05123	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.05123	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.15	0.05123	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.07	0.05123	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.08	0.05123	51%-75% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.14	0.05123	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.01	0.05310	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.07	0.05310	26%-50% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.05310	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.15	0.05310	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.07	0.05310	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.05310	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.12	0.05310	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.01	0.05322	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.03	0.05322	26%-50% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.15	0.05322	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.01	0.05322	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.26	0.05322	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.09	0.04831	76%-100% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.27	0.04831	200% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	14.00	0.48	0.23463	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.21	0.23463	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.43	0.23463	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.46	0.23463	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.18	0.23463	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.49	0.23463	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.44	0.24930	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.46	0.24930	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.16	0.24930	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.42	0.24930	51%-75% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.44	0.24930	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	10.00	0.16	0.24832	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	12.00	0.16	0.24832	26%-50% Below	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	20.00	0.50	0.24832	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.43	0.24832	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.46	0.24832	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.50	0.24832	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	60.00	0.33	0.24832	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.16	0.24832	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.33	0.24832	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.41	0.24832	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	180.00	0.56	0.24832	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	60.00	0.56	0.24564	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	6.00	0.51	0.23739	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	10.00	0.21	0.23739	10%-25% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	90.00	0.19	0.23739	10%-25% Below	Yes	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	60.00	0.18	0.23463	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	60.00	0.57	0.23463	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.17	0.23463	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.33	0.23463	26%-50% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	6.00	0.16	0.24930	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	14.00	0.48	0.24930	76%-100% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.43	0.24930	51%-75% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.22	0.24930	10%-25% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.16	0.24832	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.17	0.24832	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.16	0.24832	26%-50% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.56	0.24832	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	12	90.00	0.17	0.23739	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	0.47	0.42457	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	0.47	0.42457	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.07	0.42457	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	5.00	1.24	0.42457	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	10.00	0.47	0.42457	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	10.00	0.88	0.42457	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	14.00	0.94	0.42457	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	21.00	0.47	0.42457	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	21.00	0.47	0.42457	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.47	0.42457	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.50	0.42457	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.86	0.42457	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	90.00	0.47	0.42457	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	90.00	0.50	0.42457	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	0.37	0.44748	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	0.37	0.44748	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	0.40	0.44748	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	1.07	0.44748	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	1.16	0.44748	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	1.25	0.44748	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	7.00	0.40	0.44748	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	8.00	1.09	0.44748	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	14.00	1.01	0.44748	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	21.00	0.36	0.44748	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	21.00	0.40	0.44748	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.40	0.44748	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.50	0.44748	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.50	0.44748	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	32.00	0.31	0.44748	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	45.00	0.40	0.44748	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.40	0.44748	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.40	0.44748	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	0.37	0.44069	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	12.00	0.37	0.44069	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	14.00	0.37	0.44069	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	14.00	1.07	0.44069	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	20.00	0.37	0.44069	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.24	0.44069	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.36	0.44069	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.83	0.44069	76%-100% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.36	0.44069	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.50	0.44069	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	60.00	0.33	0.44069	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	60.00	1.05	0.44069	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	90.00	0.36	0.44069	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	2.00	1.06	0.43151	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	1.25	0.43151	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	5.00	0.98	0.43151	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	20.00	1.05	0.43151	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	21.00	1.05	0.43151	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	21.00	1.05	0.43151	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	1.05	0.43151	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	32.00	1.05	0.43151	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	90.00	1.05	0.43151	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	8.00	0.97	0.43060	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	14.00	0.94	0.43060	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	14.00	1.09	0.43060	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	20.00	0.75	0.43060	51%-75% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.23	0.42457	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	6.00	0.47	0.42457	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.33	0.42457	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.47	0.42457	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	10.00	0.37	0.44748	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	10.00	0.40	0.44748	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	20.00	0.75	0.44748	51%-75% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	21.00	0.40	0.44748	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.40	0.44748	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	60.00	0.40	0.44748	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.36	0.44748	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.40	0.44748	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	1.09	0.44069	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.36	0.44069	10%-25% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.25	0.44069	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.25	0.43151	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.50	0.43151	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	4	60.00	0.25	0.43151	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.00	0.20	0.43060	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070930	SILDENAFIL 25 MG TABLET	4	8.00	2.94	0.10689	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	1	15.00	8.20	0.09541	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	4	30.00	2.94	0.10963	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	4	60.00	21.28	0.10963	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	3	10.00	6.35	0.16083	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	2	15.00	6.96	0.15303	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.12	0.04207	101%-200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.18	0.04207	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.08	0.04529	76%-100% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.11	0.04529	101%-200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	3	90.00	0.17	0.04727	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	12	30.00	0.12	0.04188	101%-200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	12	90.00	0.22	0.04188	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.06	0.03549	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.13	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.14	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.06	0.03549	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.07	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.14	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	28.00	0.06	0.03674	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03674	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.13	0.03674	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	28.00	0.06	0.03797	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03797	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.12	0.03797	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.13	0.03797	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.23	0.03797	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03766	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.12	0.03766	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.23	0.03766	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03766	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03766	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.23	0.03766	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	28.00	0.07	0.04069	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.02	0.04069	51%-75% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.07	0.04069	76%-100% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.04069	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.12	0.04069	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.14	0.04069	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.02	0.04069	51%-75% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.09	0.04069	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.10	0.04069	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.06	0.03549	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.06	0.03549	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.07	0.03549	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03549	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.12	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.13	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.06	0.03549	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.06	0.03549	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.07	0.03549	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03549	101%-200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03549	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03674	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03674	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.14	0.03674	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.06	0.03674	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.01	0.03674	51%-75% Below	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03674	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03674	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03674	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03674	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03674	101%-200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03674	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	51%-75% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03797	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.12	0.03797	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.13	0.03797	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.14	0.03797	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.23	0.03797	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.06	0.03797	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03797	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03797	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.23	0.03797	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.10	0.03766	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.10	0.03766	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03766	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.13	0.03766	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.23	0.03766	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.23	0.03766	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03766	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03766	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03766	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03766	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.23	0.03766	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.23	0.03766	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.07	0.04069	76%-100% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.24	0.04069	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.07	0.04069	76%-100% Above	No	No
31722071430	ATOMOXETINE HCL 10 MG CAPSULE	1	60.00	0.25	0.39059	26%-50% Below	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	1	90.00	0.50	0.37074	26%-50% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	2	30.00	1.89	0.39639	200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	12	30.00	1.53	0.38255	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	0.45	0.54802	10%-25% Below	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	1.87	0.49724	200% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	1	30.00	2.42	0.51973	200% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	3	30.00	1.87	0.52976	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	1	7.00	0.08	0.12997	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	1	10.00	0.08	0.12997	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072250	LEVOFLOXACIN 500 MG TABLET	1	10.00	0.15	0.12997	10%-25% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	7.00	0.07	0.14580	51%-75% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	7.00	0.13	0.14580	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	10.00	0.07	0.14580	51%-75% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	3	7.00	0.07	0.15685	51%-75% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	3	7.00	0.13	0.15685	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	3	10.00	0.07	0.15685	51%-75% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	4	7.00	0.84	0.16052	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	12	6.00	0.16	0.12744	10%-25% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	12	7.00	0.08	0.12744	26%-50% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	12	10.00	0.06	0.12744	51%-75% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	1	7.00	0.18	0.24839	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	1	10.00	0.16	0.24839	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	1	10.00	0.22	0.24839	10%-25% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	2	7.00	0.18	0.27587	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	12	5.00	0.16	0.24697	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	12	7.00	0.16	0.24697	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	12	7.00	0.18	0.24697	26%-50% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	28.00	0.08	0.04855	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.01	0.04855	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.07	0.04855	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.08	0.04855	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.14	0.04855	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.21	0.04855	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.23	0.04855	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.24	0.04855	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.01	0.04855	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.07	0.04855	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.08	0.04855	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	28.00	0.07	0.05223	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.06	0.05223	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.07	0.05223	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.20	0.05223	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.24	0.05223	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.25	0.05223	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.06	0.05223	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.07	0.05223	26%-50% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	28.00	0.06	0.05461	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.06	0.05461	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.14	0.05461	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.16	0.05461	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.24	0.05461	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.06	0.05461	10%-25% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.05461	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.20	0.05461	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.24	0.05461	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	14.00	0.26	0.05317	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	28.00	0.25	0.05317	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.25	0.05317	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.18	0.05317	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072610	MONTELUKAST SOD 10 MG TABLET	12	28.00	0.08	0.04984	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.08	0.04984	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.16	0.04984	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.20	0.04984	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.24	0.04984	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.08	0.04984	51%-75% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.17	0.04984	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.25	0.04855	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.18	0.04855	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.06	0.05223	10%-25% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.20	0.05223	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.19	0.05461	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.19	0.05461	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.06	0.05461	10%-25% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.07	0.05461	10%-25% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.05461	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.24	0.05461	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.25	0.05317	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.24	0.05317	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.08	0.04984	51%-75% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	1	30.00	0.09	0.07108	26%-50% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	3	30.00	0.07	0.07914	10%-25% Below	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	3	30.00	0.31	0.07914	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	4	30.00	0.31	0.07749	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	12	30.00	0.09	0.07059	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	12	30.00	0.17	0.07059	101%-200% Above	No	No
31722072830	MONTELUKAST SOD 5 MG TAB CHEW	1	90.00	0.14	0.06909	101%-200% Above	No	No
31722072830	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.12	0.07440	51%-75% Above	No	No
31722072830	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.31	0.07440	200% Above	No	No
31722072830	MONTELUKAST SOD 5 MG TAB CHEW	4	90.00	0.31	0.07524	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.11	0.07440	26%-50% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.12	0.07440	51%-75% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.27	0.07440	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.11	0.07698	26%-50% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.31	0.07698	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	0.27	0.06629	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	0.29	0.06629	200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	3	90.00	0.17	0.12155	26%-50% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	12	90.00	0.22	0.11182	76%-100% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	1	90.00	0.20	0.11057	76%-100% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	2	10.00	0.38	0.11764	200% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	3	60.00	0.08	0.12409	26%-50% Below	No	No
31722073090	IRBESARTAN 150 MG TABLET	3	90.00	0.17	0.12409	26%-50% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	2	90.00	0.22	0.17935	10%-25% Above	No	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.05	0.03263	51%-75% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	3	90.00	0.05	0.03263	51%-75% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	4	90.00	0.21	0.03250	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	4	120.00	0.21	0.03250	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	4	180.00	0.21	0.03250	200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	1	90.00	0.11	0.03271	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722076501	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.13	0.04106	200% Above	No	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	3	90.00	0.06	0.04106	26%-50% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	3	90.00	0.11	0.05618	76%-100% Above	Yes	No
31722076860	QUETIAPINE FUMARATE 300 MG TAB	4	180.00	0.27	0.14891	76%-100% Above	Yes	No
31722077701	ACYCLOVIR 400 MG TABLET	1	50.00	0.12	0.07973	51%-75% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	1	180.00	0.10	0.07973	26%-50% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	2	50.00	0.12	0.08773	26%-50% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	2	60.00	0.12	0.08773	26%-50% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	3	20.00	0.16	0.09406	51%-75% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	3	30.00	0.11	0.09406	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	3	180.00	0.06	0.09406	26%-50% Below	No	No
31722077701	ACYCLOVIR 400 MG TABLET	3	180.00	0.06	0.09406	26%-50% Below	Yes	No
31722077701	ACYCLOVIR 400 MG TABLET	4	30.00	0.22	0.09291	101%-200% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	4	40.00	0.11	0.09291	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	4	60.00	0.22	0.09291	101%-200% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	12	21.00	0.12	0.08023	26%-50% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	12	40.00	0.04	0.08023	51%-75% Below	No	No
31722077705	ACYCLOVIR 400 MG TABLET	1	180.00	0.10	0.07973	10%-25% Above	Yes	No
31722077705	ACYCLOVIR 400 MG TABLET	3	60.00	0.22	0.09406	101%-200% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	3	42.00	0.11	0.15158	10%-25% Below	No	No
31722077801	ACYCLOVIR 800 MG TABLET	12	20.00	0.21	0.13005	51%-75% Above	No	No
31722081260	LACOSAMIDE 50 MG TABLET	1	90.00	1.09	0.13599	200% Above	No	No
31722081260	LACOSAMIDE 50 MG TABLET	2	90.00	1.00	0.14870	200% Above	No	No
31722081260	LACOSAMIDE 50 MG TABLET	3	60.00	1.22	0.15122	200% Above	No	No
31722081260	LACOSAMIDE 50 MG TABLET	3	90.00	1.00	0.15122	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722081260	LACOSAMIDE 50 MG TABLET	12	90.00	0.05	0.13599	51%-75% Below	No	No
31722081360	LACOSAMIDE 100 MG TABLET	2	180.00	0.09	0.24508	51%-75% Below	No	No
31722081360	LACOSAMIDE 100 MG TABLET	3	180.00	1.51	0.25136	200% Above	No	No
31722081560	LACOSAMIDE 200 MG TABLET	2	60.00	1.60	0.31594	200% Above	No	No
31722082030	ARIPIRAZOLE 5 MG TABLET	2	30.00	3.33	0.10802	200% Above	No	No
31722082730	ARIPIRAZOLE 10 MG TABLET	1	90.00	3.73	0.12268	200% Above	No	No
31722082730	ARIPIRAZOLE 10 MG TABLET	4	30.00	1.06	0.14373	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	2	30.00	0.31	0.09574	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	2	30.00	0.33	0.09574	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	2	30.00	0.33	0.09574	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	2	30.00	0.34	0.09574	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	3	30.00	0.33	0.10495	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	4	30.00	0.35	0.10204	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	12	90.00	0.40	0.09608	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	3	30.00	0.31	0.10287	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	3	30.00	0.31	0.10287	200% Above	Yes	No
31722085701	ESZOPICLONE 3 MG TABLET	3	90.00	0.22	0.10287	101%-200% Above	Yes	No
31722085701	ESZOPICLONE 3 MG TABLET	4	30.00	0.44	0.09985	200% Above	Yes	No
31722087690	PITAVASTATIN 2 MG TABLET	2	90.00	1.86	1.48145	10%-25% Above	Yes	No
31722087690	PITAVASTATIN 2 MG TABLET	12	90.00	8.05	1.44772	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.95	0.03661	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.46	0.03661	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.44	0.03905	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.33	0.03905	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.46	0.03905	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	1.33	0.04135	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.07	0.04135	51%-75% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.52	0.04135	200% Above	No	No
31722088290	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	1.72	0.03621	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.00	0.03875	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.46	0.03875	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.72	0.03875	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.00	0.03875	76%-100% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.17	0.03875	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03875	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.46	0.03875	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.07	0.04089	51%-75% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.33	0.04089	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.46	0.04089	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.33	0.04089	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.07	0.04246	51%-75% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.17	0.04246	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.07	0.04246	51%-75% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.46	0.04246	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	1.33	0.04246	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.07	0.04242	51%-75% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.17	0.04242	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.46	0.04242	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.07	0.04242	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.04242	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.23	0.05528	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.67	0.05528	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	1.45	0.05528	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	1.71	0.05528	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.67	0.05857	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.00	0.05857	76%-100% Below	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05857	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.32	0.05857	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.45	0.05857	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.67	0.05912	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.33	0.05912	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.45	0.05912	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	1.32	0.05912	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.45	0.05897	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	12	20.00	0.96	0.05663	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.23	0.05663	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.96	0.05663	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.50	0.09008	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	1.71	0.09008	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.50	0.09464	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	1.45	0.09464	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.50	0.09207	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	1.32	0.09207	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	1	20.00	2.37	0.17873	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722089901	COLCHICINE 0.6 MG TABLET	1	30.00	2.01	0.17873	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	1	90.00	0.11	0.17873	26%-50% Below	No	No
31722089901	COLCHICINE 0.6 MG TABLET	2	30.00	1.83	0.18049	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	2	60.00	1.83	0.18049	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	3	30.00	1.83	0.18875	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	3	60.00	1.93	0.18875	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	12	14.00	2.37	0.19012	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	12	30.00	0.10	0.19012	26%-50% Below	No	No
31722089901	COLCHICINE 0.6 MG TABLET	12	30.00	2.37	0.19012	200% Above	No	No
31722093432	DROSPIRENONE-EE 3-0.02 MG TAB	1	84.00	0.08	0.14233	26%-50% Below	No	No
31722093432	DROSPIRENONE-EE 3-0.02 MG TAB	2	84.00	0.08	0.15369	26%-50% Below	No	No
31722093432	DROSPIRENONE-EE 3-0.02 MG TAB	4	28.00	0.08	0.15699	51%-75% Below	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	120.00	0.27	0.17898	26%-50% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	180.00	0.29	0.17898	51%-75% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	360.00	0.29	0.17898	51%-75% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	180.00	0.51	0.17727	101%-200% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	180.00	0.28	0.17354	51%-75% Above	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	12.00	0.07	0.15504	51%-75% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	20.00	0.11	0.15504	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.00	0.16084	76%-100% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	1	84.00	0.09	0.16084	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	2	28.00	0.00	0.17027	76%-100% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	2	84.00	0.00	0.17027	76%-100% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	2	84.00	0.07	0.17027	51%-75% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	2	84.00	0.72	0.17027	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	3	84.00	0.09	0.19107	51%-75% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	3	84.00	0.24	0.19107	10%-25% Above	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	12	84.00	0.28	0.15661	76%-100% Above	No	No
31722094701	METHADONE HCL 10 MG TABLET	3	160.00	0.08	0.18065	51%-75% Below	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	30.00	0.05	0.12407	51%-75% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	26.00	0.06	0.13022	51%-75% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.09	0.13388	26%-50% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.37	0.13388	101%-200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.37	0.12826	101%-200% Above	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	12.00	0.13	0.24460	26%-50% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	105.00	0.11	0.27219	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	112.00	0.10	0.27865	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.12	0.22183	26%-50% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.12	0.24460	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.11	0.24460	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.12	0.27219	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.11	0.27219	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.11	0.27865	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.19	0.27865	26%-50% Below	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	3	15.00	1.33	0.68560	76%-100% Above	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	3	30.00	0.35	0.68560	26%-50% Below	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	3	30.00	5.91	0.68560	200% Above	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	4	30.00	5.91	0.71558	200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	1	30.00	6.06	0.62425	200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	3	30.00	0.50	0.70515	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722095501	METHYLPHENIDATE ER 54 MG TAB	4	30.00	6.80	0.88291	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	1	20.00	0.05	0.09755	26%-50% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	1	30.00	0.05	0.09755	26%-50% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	2	20.00	0.28	0.10616	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	2	30.00	0.05	0.10616	26%-50% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	2	30.00	0.27	0.10616	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	3	15.00	0.05	0.11069	51%-75% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	3	21.00	0.29	0.11069	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	12	14.00	0.30	0.09845	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	12	20.00	0.34	0.09845	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	12	30.00	0.28	0.09845	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	12	30.00	0.32	0.09845	200% Above	No	No
31722095805	BENZONATATE 200 MG CAPSULE	1	20.00	0.06	0.09755	26%-50% Below	No	No
31722095805	BENZONATATE 200 MG CAPSULE	12	30.00	0.28	0.09845	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.07	0.12377	26%-50% Below	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	24.00	0.20	0.12377	51%-75% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	40.00	0.19	0.12377	51%-75% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	45.00	0.19	0.12377	51%-75% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.19	0.12538	51%-75% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.00	0.07	0.12482	26%-50% Below	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.21	0.12377	51%-75% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.06	0.12377	26%-50% Below	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.24	0.12377	76%-100% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	7.00	0.22	0.12126	76%-100% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.21	0.12482	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.06	0.15572	51%-75% Below	No	No
31722099701	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.08	0.15508	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	22.00	0.11	0.15673	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.09	0.15673	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	60.00	0.09	0.15508	26%-50% Below	No	No
31722099810	BACLOFEN 10 MG TABLET	1	60.00	0.01	0.03351	51%-75% Below	No	No
31722099810	BACLOFEN 10 MG TABLET	2	60.00	0.01	0.03547	51%-75% Below	No	No
31722099810	BACLOFEN 10 MG TABLET	2	90.00	0.01	0.03547	51%-75% Below	No	No
31722099810	BACLOFEN 10 MG TABLET	3	90.00	0.01	0.03805	51%-75% Below	No	No
31722099910	BACLOFEN 20 MG TABLET	1	90.00	0.04	0.04889	10%-25% Below	No	No
31722099910	BACLOFEN 20 MG TABLET	2	90.00	0.04	0.05263	26%-50% Below	No	No
33332002403	AFLURIA INJ 2024-25	1	0.50	40.72	.		No	No
33332002403	AFLURIA INJ 2024-25	2	0.50	40.64	.		No	No
33332002403	AFLURIA INJ 2024-25	12	0.50	40.72	.		No	No
33332012410	AFLURIA INJ 2024-25	1	0.50	37.56	.		No	No
33332012410	AFLURIA INJ 2024-25	12	0.50	37.62	.		No	No
33342002208	LEVOFLOXACIN 500 MG TABLET	3	20.00	0.11	0.15685	26%-50% Below	No	No
33342002607	FAMCICLOVIR 500 MG TABLET	1	20.00	1.00	0.70654	26%-50% Above	No	No
33342002607	FAMCICLOVIR 500 MG TABLET	12	20.00	1.00	0.70367	26%-50% Above	No	No
33342004444	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
33342004644	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.08	0.04729	51%-75% Above	No	No
33342004644	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.15	0.04729	200% Above	No	No
33342004710	IRBESARTAN 75 MG TABLET	1	90.00	0.22	0.11172	76%-100% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	2	90.00	0.19	0.11845	51%-75% Above	Yes	No
33342004710	IRBESARTAN 75 MG TABLET	4	90.00	0.31	0.12078	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342004810	IRBESARTAN 150 MG TABLET	1	90.00	0.24	0.11057	101%-200% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	2	30.00	0.30	0.11764	101%-200% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	3	30.00	0.30	0.12409	101%-200% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	3	90.00	0.06	0.12409	51%-75% Below	No	No
33342004810	IRBESARTAN 150 MG TABLET	3	90.00	0.17	0.12409	26%-50% Above	No	No
33342004810	IRBESARTAN 150 MG TABLET	3	90.00	0.18	0.12409	26%-50% Above	No	No
33342004810	IRBESARTAN 150 MG TABLET	4	90.00	0.29	0.12348	101%-200% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	1	30.00	0.29	0.16880	51%-75% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	2	30.00	0.24	0.17935	26%-50% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	3	90.00	0.22	0.18274	10%-25% Above	No	No
33342004910	IRBESARTAN 300 MG TABLET	3	90.00	0.22	0.18274	10%-25% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	12	90.00	0.26	0.17447	26%-50% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	12	90.00	0.50	0.17447	101%-200% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	30.00	0.13	0.06913	76%-100% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.11	0.06913	51%-75% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.13	0.07531	76%-100% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.11	0.07531	26%-50% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	30.00	0.13	0.07816	51%-75% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.11	0.07816	26%-50% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	30.00	0.13	0.07748	51%-75% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.11	0.07748	26%-50% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.11	0.06902	51%-75% Above	No	No
33342005044	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.28	0.07816	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.50	0.08669	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.01	0.08669	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.42	0.08669	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.50	0.08669	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	30.00	0.50	0.09594	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.42	0.09594	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	0.33	0.09510	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	0.50	0.09510	200% Above	No	No
33342005144	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.04	0.08669	51%-75% Below	No	No
33342005144	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	30.00	0.05	0.09594	26%-50% Below	No	No
33342005144	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	0.08	0.09510	10%-25% Below	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.50	0.08282	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.50	0.08282	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.43	0.08622	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.42	0.08622	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.39	0.08792	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.50	0.08792	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.17	0.08564	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.32	0.08564	200% Above	No	No
33342005244	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.39	0.08792	200% Above	No	No
33342005407	PIOGLITAZONE HCL 15 MG TABLET	2	90.00	0.11	0.07521	51%-75% Above	No	No
33342005407	PIOGLITAZONE HCL 15 MG TABLET	12	30.00	0.75	0.07005	200% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.13	0.09641	26%-50% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.16	0.10348	51%-75% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	12	30.00	1.15	0.09642	200% Above	No	No
33342005510	PIOGLITAZONE HCL 30 MG TABLET	12	90.00	0.16	0.09642	51%-75% Above	No	No
33342005615	PIOGLITAZONE HCL 45 MG TABLET	1	90.00	0.20	0.11374	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342005710	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	1	90.00	0.41	0.15400	101%-200% Above	Yes	No
33342005710	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	2	90.00	0.37	0.16663	101%-200% Above	Yes	No
33342005710	IRBESARTAN-HYDROCHLOROTHIAZIDE 150-12.5 MG TB	4	90.00	0.31	0.16799	76%-100% Above	Yes	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	3	90.00	0.29	0.20283	26%-50% Above	Yes	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	12	90.00	0.22	0.19627	10%-25% Above	Yes	No
33342006510	VALSARTAN 320 MG TABLET	4	90.00	0.51	0.21570	101%-200% Above	Yes	No
33342006707	OLANZAPINE 2.5 MG TABLET	2	30.00	0.06	0.08494	10%-25% Below	Yes	No
33342006707	OLANZAPINE 2.5 MG TABLET	3	30.00	0.06	0.08329	10%-25% Below	Yes	No
33342006807	OLANZAPINE 5 MG TABLET	1	30.00	0.07	0.08130	10%-25% Below	No	No
33342006807	OLANZAPINE 5 MG TABLET	2	30.00	0.05	0.08525	26%-50% Below	No	No
33342006807	OLANZAPINE 5 MG TABLET	3	30.00	0.05	0.08821	26%-50% Below	No	No
33342006807	OLANZAPINE 5 MG TABLET	12	30.00	0.17	0.08080	101%-200% Above	No	No
33342007007	OLANZAPINE 10 MG TABLET	1	30.00	0.05	0.10214	26%-50% Below	No	No
33342007007	OLANZAPINE 10 MG TABLET	2	30.00	0.03	0.10873	51%-75% Below	No	No
33342007007	OLANZAPINE 10 MG TABLET	2	90.00	0.05	0.10873	51%-75% Below	Yes	No
33342007007	OLANZAPINE 10 MG TABLET	3	30.00	0.03	0.10815	51%-75% Below	No	No
33342007007	OLANZAPINE 10 MG TABLET	4	30.00	0.28	0.10470	101%-200% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	60.00	0.01	0.15342	76%-100% Below	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	12	60.00	0.02	0.13146	76%-100% Below	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	30.00	0.30	0.14989	76%-100% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	2	30.00	0.30	0.16686	76%-100% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	30.00	0.30	0.17942	51%-75% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	90.00	0.27	0.17942	26%-50% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	4	30.00	0.30	0.18398	51%-75% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	12	30.00	0.30	0.15482	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	12	90.00	0.21	0.15482	26%-50% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	15.00	0.18	0.14910	10%-25% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	2	15.00	0.18	0.15982	10%-25% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	90.00	0.27	0.17127	51%-75% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	12	25.00	0.21	0.14788	26%-50% Above	No	No
33342007810	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	0.33	0.23318	26%-50% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	1	18.00	0.55	0.34665	51%-75% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	1	27.00	0.80	0.34665	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	2	10.00	1.16	0.36943	200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	2	10.00	1.22	0.36943	200% Above	Yes	No
33342008841	RIZATRIPTAN 10 MG TABLET	2	12.00	1.06	0.36943	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	2	18.00	0.55	0.36943	26%-50% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	3	12.00	0.99	0.39946	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	3	18.00	0.55	0.39946	26%-50% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	3	27.00	0.56	0.39946	26%-50% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	4	9.00	0.82	0.41788	76%-100% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	4	10.00	0.82	0.41788	76%-100% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	4	27.00	0.82	0.41788	76%-100% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	2	30.00	0.67	0.36943	76%-100% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	3	9.00	1.08	0.39946	101%-200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	3	9.00	1.16	0.39946	101%-200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	4	9.00	1.16	0.41788	101%-200% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.23	0.05223	200% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.23	0.05461	200% Above	No	No
33342011010	MONTELUKAST SOD 4 MG TAB CHEW	1	30.00	0.03	0.07108	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342011010	MONTELUKAST SOD 4 MG TAB CHEW	2	30.00	0.03	0.07510	51%-75% Below	No	No
33342011010	MONTELUKAST SOD 4 MG TAB CHEW	4	30.00	0.06	0.07749	10%-25% Below	No	No
33342011010	MONTELUKAST SOD 4 MG TAB CHEW	12	30.00	0.03	0.07059	51%-75% Below	No	No
33342011110	MONTELUKAST SOD 5 MG TAB CHEW	3	180.00	0.04	0.07698	51%-75% Below	No	No
33342011710	CANDESARTAN CILEXETIL 32 MG TB	2	90.00	0.50	0.78308	26%-50% Below	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	2	10.00	0.10	0.04928	76%-100% Above	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.22	0.18345	10%-25% Above	No	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.07	0.08469	10%-25% Below	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	3	45.00	0.43	0.08393	200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	4	45.00	0.43	0.08394	200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	12	45.00	0.85	0.08267	200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	12	45.00	0.98	0.08267	200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	12	90.00	0.85	0.08267	200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	12	90.00	0.93	0.08267	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	30.00	1.31	0.11950	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.22	0.11950	76%-100% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.33	0.11950	101%-200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.42	0.11950	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	1.11	0.11950	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	1.31	0.11950	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	1.11	0.12398	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	1.01	0.12382	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	0.69	0.12382	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	1.01	0.12382	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	1.01	0.12382	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.69	0.12300	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.00	1.31	0.12121	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	0.28	0.12121	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	1.19	0.12121	200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	1.31	0.12121	200% Above	No	No
33342019007	AMLODIPINE-OLMESARTAN 5-20 MG	3	90.00	0.20	0.32376	26%-50% Below	Yes	No
33342019207	AMLODIPINE-OLMESARTAN 10-20 MG	2	90.00	0.44	0.32666	26%-50% Above	Yes	No
33342019307	AMLODIPINE-OLMESARTAN 10-40 MG	4	90.00	2.26	0.34094	200% Above	Yes	No
33342020010	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.11	0.06069	51%-75% Above	No	No
33342021558	SEVELAMER CARBONATE 800 MG TAB	3	270.00	0.11	0.21858	26%-50% Below	Yes	No
33342024257	SEVELAMER HCL 800 MG TABLET	3	630.00	0.70	1.17738	26%-50% Below	No	No
33342025666	OSELTAMIVIR PHOS 30 MG CAPSULE	1	20.00	0.25	0.99362	51%-75% Below	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.71	0.99337	51%-75% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.74	0.99337	51%-75% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	Yes	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	2	7.00	1.71	1.15416	26%-50% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.85	1.15416	26%-50% Below	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.71	1.15416	26%-50% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.90	1.20618	51%-75% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.71	0.91545	76%-100% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.90	0.91545	101%-200% Above	No	No
33342027507	FEBUXOSTAT 80 MG TABLET	4	90.00	3.02	0.47013	200% Above	No	No
33342027507	FEBUXOSTAT 80 MG TABLET	12	90.00	3.68	0.48943	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342029815	MEMANTINE HCL 10 MG TABLET	1	30.00	0.91	0.06059	200% Above	No	No
33342029815	MEMANTINE HCL 10 MG TABLET	2	30.00	0.70	0.06475	200% Above	No	No
33342029815	MEMANTINE HCL 10 MG TABLET	4	30.00	0.21	0.06682	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	1	30.00	0.34	0.08840	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	1	30.00	0.40	0.08840	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	1	30.00	0.50	0.08840	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	2	30.00	0.31	0.09574	200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	3	30.00	0.31	0.10495	101%-200% Above	Yes	No
33342030011	ESZOPICLONE 2 MG TABLET	12	2.00	0.40	0.09608	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	1	30.00	0.33	0.09029	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	1	30.00	0.34	0.09029	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	1	30.00	0.40	0.09029	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	2	30.00	0.33	0.09492	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	2	30.00	0.34	0.09492	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	2	90.00	0.31	0.09492	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	3	30.00	0.31	0.10287	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	3	30.00	0.33	0.10287	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	3	30.00	0.44	0.10287	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	4	30.00	0.33	0.09985	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	4	30.00	0.44	0.09985	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	12	30.00	0.07	0.09870	26%-50% Below	No	No
33342030111	ESZOPICLONE 3 MG TABLET	12	30.00	0.39	0.09870	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	12	30.00	0.40	0.09870	200% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	1	50.00	0.10	0.17183	26%-50% Below	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	1	50.00	0.30	0.17183	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342032186	CLOBETASOL 0.05% SOLUTION	1	50.00	1.07	0.17183	200% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	2	50.00	0.30	0.17286	51%-75% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	3	50.00	0.83	0.17677	200% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	12	50.00	0.30	0.18278	51%-75% Above	No	No
33342032780	TRIAMCINOLONE 0.025% CREAM	1	80.00	0.06	0.05260	10%-25% Above	Yes	No
33342032780	TRIAMCINOLONE 0.025% CREAM	1	80.00	0.07	0.05260	26%-50% Above	Yes	No
33342032780	TRIAMCINOLONE 0.025% CREAM	3	160.00	0.07	0.06197	10%-25% Above	Yes	No
33342032780	TRIAMCINOLONE 0.025% CREAM	3	320.00	0.10	0.06197	51%-75% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	2	15.00	0.33	0.22135	26%-50% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	2	75.00	0.20	0.22135	10%-25% Below	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.18	0.12708	26%-50% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	1	160.00	0.10	0.05162	76%-100% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.09	0.05608	51%-75% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.13	0.05608	101%-200% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.13	0.05815	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.13	0.05815	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	3	240.00	0.04	0.05815	26%-50% Below	Yes	No
33342033180	TRIAMCINOLONE 0.025% OINT	3	80.00	0.05	0.07443	26%-50% Below	No	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	2	15.00	0.27	0.30882	10%-25% Below	Yes	No
33342033215	TRIAMCINOLONE 0.5% OINTMENT	3	15.00	0.17	0.31502	26%-50% Below	Yes	No
33342033354	TRIAMCINOLONE 0.1% OINTMENT	1	454.00	0.02	0.03397	26%-50% Below	No	No
33342033354	TRIAMCINOLONE 0.1% OINTMENT	12	454.00	0.02	0.03393	26%-50% Below	No	No
33342033380	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.03	0.05855	51%-75% Below	No	No
33342033380	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.04	0.05855	26%-50% Below	No	No
33342033380	TRIAMCINOLONE 0.1% OINTMENT	3	80.00	0.03	0.06737	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342033511	METHIMAZOLE 5 MG TABLET	1	270.00	0.10	0.06948	26%-50% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.02	0.04300	26%-50% Below	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	105.00	0.25	0.04423	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.04	0.05750	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.02	0.05750	51%-75% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.04	0.05750	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.31	0.05750	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.28	0.05881	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.31	0.05881	200% Above	Yes	No
33342039711	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.05	0.05519	10%-25% Below	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.39	0.05929	200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.06	0.07712	10%-25% Below	Yes	No
33342040044	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.04	0.07359	26%-50% Below	No	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.04	0.08267	51%-75% Below	No	No
33342040210	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.07	0.09462	26%-50% Below	No	No
33342040550	LIDOCAINE 5% OINTMENT	2	30.00	0.05	0.15779	51%-75% Below	No	No
33342041907	LURASIDONE HCL 20 MG TABLET	2	60.00	0.25	0.20225	10%-25% Above	No	No
33342041907	LURASIDONE HCL 20 MG TABLET	3	60.00	0.25	0.20793	10%-25% Above	No	No
33342042007	LURASIDONE HCL 40 MG TABLET	4	30.00	0.50	0.29699	51%-75% Above	No	No
33342048315	NYSTATIN-TRIAMCINOLONE OINTMENT	3	30.00	2.29	0.38376	200% Above	No	No
33342048315	NYSTATIN-TRIAMCINOLONE OINTMENT	3	60.00	0.17	0.38376	51%-75% Below	No	No
33342053208	LEVOFLOXACIN 500 MG TABLET	1	7.00	0.06	0.12997	51%-75% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	2	10.00	0.11	0.14580	26%-50% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	2	14.00	0.06	0.14580	51%-75% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	4	7.00	0.84	0.16052	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342053332	LEVOFLOXACIN 750 MG TABLET	2	7.00	0.14	0.27587	26%-50% Below	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	4	7.00	0.27	0.30102	10%-25% Below	Yes	No
35573044525	LEVALBUTEROL 1.25 MG/3 ML SOL	12	150.00	0.34	0.26739	26%-50% Above	No	No
35573045491	BENZOYL PEROXIDE 10% WASH	1	148.00	0.08	0.04975	51%-75% Above	Yes	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	1	28.00	3.43	0.63695	200% Above	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.50	0.63695	10%-25% Below	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.55	0.63695	10%-25% Below	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	1.38	0.59443	101%-200% Above	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	1.38	0.66278	101%-200% Above	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	1.21	0.60837	76%-100% Above	No	No
35573046502	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	1.38	0.60837	101%-200% Above	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.17	0.68971	51%-75% Below	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	1.34	0.63922	101%-200% Above	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	1.34	0.61772	101%-200% Above	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	2.82	0.67969	200% Above	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.43	0.67969	200% Above	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	2	60.00	0.25	0.71123	51%-75% Below	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	2.82	0.69996	200% Above	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	3	60.00	0.25	0.69996	51%-75% Below	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	3	60.00	2.82	0.69996	200% Above	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	2.82	0.68677	200% Above	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.01	0.61752	76%-100% Below	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.50	0.61752	10%-25% Below	No	No
35573046702	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	3.50	0.61752	200% Above	No	No
35573046802	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	3.50	0.60523	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
35573046802	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	3.50	0.69015	200% Above	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	2.01	0.59466	200% Above	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.50	0.58820	10%-25% Below	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	2.01	0.58820	200% Above	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.50	0.63305	10%-25% Below	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	2.01	0.63305	200% Above	No	No
35573046902	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	2.01	0.58801	200% Above	No	No
41100081088	CLARITIN-D TAB 10-240MG	2	30.00	1.31	.		No	No
41167432007	ALLEGRA-D TAB 24 HOUR	12	15.00	1.67	.		No	No
42135010009	COMPACT SPAC MIS MD MASK	2	1.00	26.05	.		No	No
42135010010	COMPACT SPAC MIS LG MASK	1	1.00	28.03	.		No	No
42192013316	SULFACETAMIDE-SULFUR 8-4% SUSP	1	473.00	0.04	0.10075	51%-75% Below	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	2	170.30	0.06	0.16057	51%-75% Below	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	2	170.30	0.50	0.16057	200% Above	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	4	170.30	0.06	0.15716	51%-75% Below	No	No
42192032090	PNV-SELECT TAB	1	30.00	1.63	.		No	No
42192032090	PNV-SELECT TAB	2	30.00	0.87	.		No	No
42192032090	PNV-SELECT TAB	2	30.00	1.63	.		No	No
42192032090	PNV-SELECT TAB	3	30.00	1.63	.		No	No
42192032701	NP THYROID 15 MG TABLET	1	30.00	0.73	0.49383	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	3	30.00	0.66	0.52850	10%-25% Above	Yes	No
42192032701	NP THYROID 15 MG TABLET	4	90.00	0.70	0.53490	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	12	30.00	0.66	0.49836	26%-50% Above	Yes	No
42192032801	NP THYROID 120 MG TABLET	1	90.00	1.70	1.12077	51%-75% Above	No	No
42192032801	NP THYROID 120 MG TABLET	4	90.00	1.70	1.23192	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.73	0.56929	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.85	0.56929	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.86	0.56929	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.87	0.56929	51%-75% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	90.00	0.81	0.56929	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	0.73	0.59645	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	0.82	0.59645	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	0.85	0.59645	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	0.87	0.59645	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	90.00	0.77	0.59645	26%-50% Above	Yes	No
42192032901	NP THYROID 30 MG TABLET	2	90.00	0.83	0.59645	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	30.00	0.77	0.61672	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	30.00	0.82	0.61672	26%-50% Above	Yes	No
42192032901	NP THYROID 30 MG TABLET	3	30.00	0.82	0.61672	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	90.00	0.73	0.61672	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	90.00	0.77	0.61672	10%-25% Above	Yes	No
42192032901	NP THYROID 30 MG TABLET	4	30.00	0.85	0.61927	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	12	30.00	0.73	0.56977	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	12	30.00	0.83	0.56977	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	12	30.00	0.87	0.56977	51%-75% Above	No	No
42192032901	NP THYROID 30 MG TABLET	12	45.00	0.83	0.56977	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	1	30.00	0.84	0.63083	26%-50% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	1	30.00	0.87	0.63083	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	1	30.00	0.96	0.63083	51%-75% Above	No	No
42192033001	NP THYROID 60 MG TABLET	1	60.00	0.94	0.63083	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192033001	NP THYROID 60 MG TABLET	1	90.00	0.93	0.63083	26%-50% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	1	90.00	0.94	0.63083	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	2	30.00	0.84	0.66113	26%-50% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	2	30.00	0.87	0.66113	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	2	30.00	0.96	0.66113	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	2	90.00	0.91	0.66113	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	2	90.00	0.94	0.66113	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	3	30.00	0.77	0.68858	10%-25% Above	No	No
42192033001	NP THYROID 60 MG TABLET	3	30.00	0.87	0.68858	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	3	90.00	0.93	0.68858	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	4	30.00	0.77	0.68687	10%-25% Above	No	No
42192033001	NP THYROID 60 MG TABLET	4	90.00	0.93	0.68687	26%-50% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	12	30.00	0.84	0.62585	26%-50% Above	Yes	No
42192033001	NP THYROID 60 MG TABLET	12	30.00	0.87	0.62585	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	1	30.00	1.49	0.98249	51%-75% Above	No	No
42192033101	NP THYROID 90 MG TABLET	3	30.00	1.44	1.06353	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	4	30.00	1.44	1.05761	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	12	30.00	1.49	0.94307	51%-75% Above	No	No
42192033101	NP THYROID 90 MG TABLET	12	90.00	1.36	0.94307	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	12	90.00	1.41	0.94307	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	12	90.00	1.44	0.94307	51%-75% Above	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	3	20.00	0.48	0.20435	101%-200% Above	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	3	90.00	0.17	0.20435	10%-25% Below	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	1	15.00	0.48	0.17943	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	1	30.00	0.50	0.17943	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192033901	HYOSCYAMINE 0.125 MG TAB SL	2	30.00	0.48	0.20567	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	2	270.00	0.48	0.20567	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	3	30.00	0.50	0.21895	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	3	30.00	0.67	0.21895	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	3	60.00	0.25	0.21895	10%-25% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	4	20.00	0.70	0.22428	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	4	30.00	0.50	0.22428	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	4	270.00	0.48	0.22428	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	12	25.00	0.57	0.17465	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	12	30.00	0.33	0.17465	76%-100% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	12	30.00	0.50	0.17465	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	12	30.00	0.67	0.17465	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	12	60.00	0.25	0.17465	26%-50% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	1	90.00	0.22	0.14562	51%-75% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	2	30.00	0.48	0.18015	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	3	90.00	0.22	0.20002	10%-25% Above	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	118.00	0.05	0.08654	26%-50% Below	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08654	26%-50% Below	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.05	0.08115	26%-50% Below	No	No
42192060704	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	118.00	0.05	0.09309	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	60.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	105.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.06	0.08815	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	150.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	180.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	240.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	100.00	0.05	0.08343	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.08343	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.08343	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	150.00	0.05	0.08343	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.08343	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	0.05	0.08343	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	250.00	0.05	0.08343	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.04	0.09145	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.04	0.09145	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.05	0.09145	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	140.00	0.05	0.09145	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	150.00	0.04	0.09145	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	200.00	0.07	0.09145	10%-25% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	240.00	0.05	0.09145	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	400.00	0.05	0.09145	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	105.00	0.05	0.09101	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	120.00	0.07	0.09101	10%-25% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	200.00	0.05	0.09101	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	200.00	0.07	0.09101	10%-25% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	240.00	0.07	0.09101	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	9	120.00	0.05	0.06538	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	11	120.00	0.05	0.10527	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	60.00	0.05	0.09227	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.04	0.09227	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.09227	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.09227	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.06	0.09227	26%-50% Below	Yes	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	150.00	0.06	0.09227	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	400.00	0.04	0.09227	51%-75% Below	No	No
42192061801	BENZONATATE 200 MG CAPSULE	2	20.00	0.05	0.10616	26%-50% Below	No	No
42192063004	BROM/PSE/DM SYP 2-30-10	3	240.00	0.04	.		No	No
42291002610	AMLODIPINE TAB 5MG	2	30.00	0.01	.		No	No
42291002610	AMLODIPINE TAB 5MG	3	30.00	0.01	.		No	No
42291002790	AMLODIPINE TAB 10MG	2	90.00	0.01	.		No	No
42291002790	AMLODIPINE TAB 10MG	3	90.00	0.03	.		No	No
42291009430	AZELASTINE SPR NSL 0.1%	1	30.00	0.37	.		No	No
42291009430	AZELASTINE SPR NSL 0.1%	2	30.00	0.37	.		No	No
42291009430	AZELASTINE SPR NSL 0.1%	3	30.00	0.34	.		No	No
42291015410	CYCLOBENZAPR TAB 10MG	10	90.00	0.01	.		No	No
42291015460	CYCLOBENZAPR TAB 10MG	2	60.00	0.01	.		No	No
42291015460	CYCLOBENZAPR TAB 10MG	4	60.00	0.01	.		No	No
42291015490	CYCLOBENZAPR TAB 10MG	1	90.00	0.01	.		No	No
42291015490	CYCLOBENZAPR TAB 10MG	3	90.00	0.01	.		No	No
42291015490	CYCLOBENZAPR TAB 10MG	4	90.00	0.18	.		No	No
42291015490	CYCLOBENZAPR TAB 10MG	8	90.00	0.01	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42291015490	CYCLOBENZAPR TAB 10MG	12	90.00	0.01	.		No	No
42291082590	METFORMIN TAB 500MG ER	2	90.00	0.02	.		No	No
42291086810	TRAZODONE TAB 50MG	4	15.00	0.16	.		No	No
42385094711	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	10%-25% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	1	90.00	0.01	0.01323	26%-50% Below	Yes	No
42385094711	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01323	10%-25% Below	Yes	No
42385094711	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01368	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	2	90.00	0.01	0.01368	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01391	26%-50% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01391	51%-75% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01391	51%-75% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	10%-25% Below	No	No
42385094711	METFORMIN HCL 500 MG TABLET	4	60.00	0.12	0.01388	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	4	180.00	0.12	0.01388	200% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02215	10%-25% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02215	26%-50% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.11	0.02401	200% Above	Yes	No
42385094911	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02215	26%-50% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	1	30.00	30.45	0.52584	200% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	2	30.00	0.00	0.56882	76%-100% Below	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	2	90.00	11.20	0.56882	200% Above	No	No
42385097305	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42385097305	GABAPENTIN 300 MG CAPSULE	2	60.00	0.03	0.03674	10%-25% Below	No	No
42385097305	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No
42385097305	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03674	10%-25% Below	No	No
42385097305	GABAPENTIN 300 MG CAPSULE	2	120.00	0.01	0.03674	51%-75% Below	No	No
42385097305	GABAPENTIN 300 MG CAPSULE	3	180.00	0.00	0.03671	76%-100% Below	No	No
42385097305	GABAPENTIN CAP 300MG	1	30.00	0.05	.		No	No
42385097305	GABAPENTIN CAP 300MG	1	90.00	0.04	.		No	No
42385097305	GABAPENTIN CAP 300MG	1	120.00	0.01	.		No	No
42385097305	GABAPENTIN CAP 300MG	1	180.00	0.02	.		No	No
42385097701	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.11	0.02993	200% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.02	0.02993	26%-50% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	270.00	0.02	0.02993	26%-50% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.11	0.02993	200% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.02	0.02980	26%-50% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.03	0.02980	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.11	0.02980	200% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.02	0.02667	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.03	0.02667	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.02	0.02667	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.03	0.02667	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.04	0.02667	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.02	0.02667	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.04	0.02863	51%-75% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.04	0.02863	51%-75% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.03	0.02863	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42385097711	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.03	0.02863	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.02	0.02863	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.02	0.02863	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.02	0.02863	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.02	0.02863	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.02	0.02863	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.03	0.02863	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.02	0.02993	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.04	0.02993	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.03	0.02993	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.03	0.02993	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.04	0.02993	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.02	0.02993	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.03	0.02993	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.11	0.02993	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.02	0.02993	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.03	0.02993	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.03	0.02993	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.11	0.02993	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.02	0.02993	26%-50% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.03	0.02993	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.04	0.02980	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.11	0.02980	200% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.11	0.02980	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	60.00	0.04	0.02980	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42385097711	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.11	0.02980	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.11	0.02980	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.11	0.02980	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	360.00	0.03	0.02708	10%-25% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.11	0.05745	76%-100% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	2	30.00	0.10	0.05636	51%-75% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	3	90.00	0.10	0.05633	76%-100% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	4	90.00	0.09	0.05450	51%-75% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	4	90.00	0.11	0.05450	76%-100% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	4	90.00	0.17	0.05450	200% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	12	90.00	0.08	0.06044	26%-50% Above	Yes	No
42388002546	CABOMETYX TAB 40MG	12	30.00	808.99	.		No	No
42543096407	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.06324	51%-75% Below	No	No
42543096507	IBUPROFEN 600 MG TABLET	2	90.00	0.03	0.04873	26%-50% Below	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	10.00	0.11	0.06069	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.11	0.06069	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.12	0.06069	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.23	0.06069	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.25	0.06069	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.29	0.06069	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.31	0.06069	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.11	0.06069	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.10	0.06095	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.11	0.06095	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.24	0.06095	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.29	0.06095	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.30	0.06095	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.11	0.06095	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.10	0.06228	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.16	0.06228	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.23	0.06228	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.23	0.06228	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.24	0.06228	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.29	0.06228	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.10	0.06228	51%-75% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.22	0.06228	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	10.00	0.16	0.05920	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.16	0.05920	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.25	0.05920	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.16	0.05920	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.12	0.05912	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.33	0.05912	200% Above	No	No
42571012835	BIMATOPROST 0.03% EYE DROPS	12	2.50	15.05	10.55153	26%-50% Above	No	No
42571013021	TRAVOPROST 0.004% EYE DROP	2	5.00	8.00	14.81059	26%-50% Below	No	No
42571013252	CROMOLYN 100 MG/5 ML ORAL CONC	1	480.00	0.12	0.22021	26%-50% Below	No	No
42571013252	CROMOLYN 100 MG/5 ML ORAL CONC	1	480.00	0.45	0.22021	101%-200% Above	No	No
42571013252	CROMOLYN 100 MG/5 ML ORAL CONC	2	480.00	0.12	0.25194	51%-75% Below	No	No
42571013252	CROMOLYN 100 MG/5 ML ORAL CONC	3	480.00	0.14	0.25724	26%-50% Below	No	No
42571013252	CROMOLYN 100 MG/5 ML ORAL CONC	4	480.00	0.14	0.26029	26%-50% Below	No	No
42571013252	CROMOLYN 100 MG/5 ML ORAL CONC	12	480.00	0.45	0.23545	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571013725	KETOROLAC 0.5% OPTH SOLUTION	1	5.00	1.79	1.29471	26%-50% Above	No	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	2	5.00	1.79	1.39066	26%-50% Above	Yes	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	3	5.00	1.77	1.50928	10%-25% Above	No	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	4	5.00	2.00	1.46660	26%-50% Above	Yes	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	3	10.00	1.01	1.18201	10%-25% Below	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	12	10.00	3.35	1.03405	200% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.21	0.28982	26%-50% Below	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	3	20.00	0.19	0.33062	26%-50% Below	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	4	20.00	0.49	0.33090	26%-50% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.25	0.28982	10%-25% Below	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.48	0.28982	51%-75% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	1	20.00	0.51	0.28982	51%-75% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	1	21.00	0.25	0.28982	10%-25% Below	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.48	0.31954	51%-75% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.28	0.31412	10%-25% Below	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.53	0.33062	51%-75% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	4	14.00	0.49	0.33090	26%-50% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	10	20.00	0.24	0.34250	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.43	0.29656	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.20	0.29656	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.23	0.29656	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.37	0.29656	10%-25% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.20	0.32240	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.20	0.32240	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.43	0.32240	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571016201	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.18	0.32240	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.20	0.32240	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.42	0.32240	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.18	0.34183	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	10.00	0.16	0.32907	51%-75% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.49	0.32907	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.15	0.27322	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.36	0.27322	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.38	0.27322	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.25	0.27322	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.35	0.27322	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.44	0.27322	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.20	0.29656	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.23	0.29656	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.39	0.29656	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.20	0.29656	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.29656	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.29656	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.42	0.29656	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.44	0.29656	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.44	0.29656	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.18	0.32240	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.20	0.32240	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.18	0.32240	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571016242	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.43	0.34183	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.48	0.34183	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.44	0.34183	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.49	0.32907	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.49	0.32907	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	4	28.00	0.49	0.32907	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	6.00	0.54	0.27322	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.23	0.27322	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.36	0.27322	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.23	0.27322	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.35	0.27322	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.44	0.27322	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.54	0.27322	76%-100% Above	No	No
42571017310	ATORVASTATIN 20 MG TABLET	1	30.00	0.00	0.03178	76%-100% Below	No	No
42571017310	ATORVASTATIN 20 MG TABLET	1	90.00	0.10	0.03178	200% Above	No	No
42571017310	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
42571017310	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
42571017310	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
42571023405	AMOXICILLIN 500 MG CAPSULE	2	15.00	0.04	0.08742	26%-50% Below	No	No
42571023405	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.05	0.08742	26%-50% Below	No	No
42571023405	AMOXICILLIN 500 MG CAPSULE	3	4.00	0.22	0.09188	101%-200% Above	No	No
42571023590	AMLODIPINE-OLMESARTAN 5-20 MG	1	90.00	0.80	0.29154	101%-200% Above	Yes	No
42571023590	AMLODIPINE-OLMESARTAN 5-20 MG	4	90.00	1.59	0.31475	200% Above	Yes	No
42571023630	AMLODIPINE-OLMESARTAN 10-20 MG	2	30.00	0.50	0.32666	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571023630	AMLODIPINE-OLMESARTAN 10-20 MG	3	90.00	0.42	0.33808	10%-25% Above	No	No
42571023730	AMLODIPINE-OLMESARTAN 5-40 MG	2	90.00	0.42	0.36207	10%-25% Above	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	1	30.00	1.19	0.30318	200% Above	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	12	30.00	1.19	0.32532	200% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	12	90.00	1.50	0.25323	200% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	1	6.00	0.05	0.08290	26%-50% Below	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	1	33.00	0.21	0.08290	101%-200% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	2	21.00	0.11	0.08622	26%-50% Above	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	3	30.00	0.05	0.08819	26%-50% Below	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	12	28.00	0.10	0.08440	10%-25% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	14.00	0.29	0.17920	51%-75% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	21.00	0.15	0.17920	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	21.00	0.25	0.17920	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	28.00	0.25	0.17920	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	28.00	0.31	0.17920	51%-75% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	10.00	0.13	0.18817	26%-50% Below	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	14.00	0.27	0.18817	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	15.00	0.13	0.18817	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.13	0.18817	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.15	0.18817	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.27	0.18817	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.32	0.18817	51%-75% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	28.00	0.15	0.18817	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.15	0.18817	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.23	0.18817	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	40.00	0.13	0.18817	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	42.00	0.24	0.18817	10%-25% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	3	14.00	0.13	0.19386	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	3	21.00	0.24	0.19386	10%-25% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	3	21.00	0.29	0.19386	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	3	22.00	0.22	0.19386	10%-25% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	3	28.00	0.26	0.19386	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	3	30.00	0.28	0.19386	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	4	14.00	0.24	0.19162	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	4	15.00	0.32	0.19162	51%-75% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	4	21.00	0.27	0.19162	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	4	40.00	0.35	0.19162	76%-100% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	12	30.00	0.28	0.18042	51%-75% Above	No	No
42571036281	CLOBETASOL 0.05% SOLUTION	1	25.00	0.40	0.30269	26%-50% Above	No	No
42571036281	CLOBETASOL 0.05% SOLUTION	1	25.00	0.60	0.30269	76%-100% Above	No	No
42571036281	CLOBETASOL 0.05% SOLUTION	1	50.00	0.20	0.30269	26%-50% Below	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	1	50.00	0.10	0.17183	26%-50% Below	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	1	50.00	0.30	0.17183	51%-75% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	1	50.00	0.30	0.17183	51%-75% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	1	50.00	0.40	0.17183	101%-200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	1	150.00	0.91	0.17183	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	2	50.00	0.30	0.17286	51%-75% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	2	50.00	0.30	0.17286	51%-75% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	3	50.00	0.20	0.17677	10%-25% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	3	50.00	0.83	0.17677	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571036299	CLOBETASOL 0.05% SOLUTION	4	50.00	0.10	0.17518	26%-50% Below	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	4	50.00	0.98	0.17518	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	12	50.00	0.30	0.18278	51%-75% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	12	50.00	0.39	0.18278	101%-200% Above	Yes	No
42571037530	RAMELTEON 8 MG TABLET	2	30.00	0.33	0.71331	51%-75% Below	No	No
42571038101	CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	270.00	0.11	0.28438	51%-75% Below	Yes	No
42571038425	ERYTHROMYCIN 2% SOLUTION	2	60.00	0.27	0.40195	26%-50% Below	Yes	No
42571038519	TRIAMCINOLONE 0.1% LOTION	3	60.00	0.22	0.31179	26%-50% Below	Yes	No
42571038519	TRIAMCINOLONE 0.1% LOTION	4	60.00	0.23	0.30906	10%-25% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	1	30.00	0.41	0.20819	76%-100% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	1	90.00	0.33	0.20819	51%-75% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	1	90.00	0.36	0.20819	51%-75% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	1	180.00	0.30	0.20819	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	2	30.00	0.41	0.23050	76%-100% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	2	90.00	0.30	0.23050	26%-50% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	3	30.00	0.41	0.24253	51%-75% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	3	45.00	0.28	0.24253	10%-25% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	3	180.00	0.28	0.24253	10%-25% Above	No	No
42794001912	LIOTHYRONINE SOD 25 MCG TAB	3	90.00	0.17	0.33855	26%-50% Below	No	No
42794001912	LIOTHYRONINE SOD 25 MCG TAB	12	90.00	0.19	0.27140	26%-50% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	1	48.00	2.78	3.26330	10%-25% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	2	42.00	0.60	3.31652	76%-100% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	3	10.00	2.78	3.37389	10%-25% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	3	12.00	2.83	3.37389	10%-25% Below	Yes	No
42799080601	IVERMECTIN 3 MG TABLET	3	35.00	0.43	3.37389	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.09	0.10628	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	30.00	0.08	0.10628	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	30.00	0.09	0.10628	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	45.00	0.09	0.10628	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.09	0.11147	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	18.75	0.07	0.11657	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	30.00	0.09	0.11657	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	4	20.00	0.15	0.11604	26%-50% Above	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	4	60.00	0.15	0.11604	26%-50% Above	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	12	80.00	0.08	0.10868	26%-50% Below	No	No
42799092201	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	90.00	0.31	0.22881	26%-50% Above	No	No
42799092202	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	90.00	0.14	0.22881	26%-50% Below	No	No
42799095802	ISOSORBIDE MONONIT ER 30 MG TB	1	30.00	0.19	0.06531	101%-200% Above	No	No
42799095802	ISOSORBIDE MONONIT ER 30 MG TB	2	30.00	0.19	0.06993	101%-200% Above	No	No
42799095902	ISOSORBIDE MONONIT ER 60 MG TB	1	30.00	0.25	0.08473	101%-200% Above	No	No
42799095902	ISOSORBIDE MONONIT ER 60 MG TB	2	30.00	0.22	0.09281	101%-200% Above	No	No
42806005610	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	76%-100% Above	No	No
42806008705	ESTRADIOL 0.5 MG TABLET	1	30.00	0.09	0.06242	26%-50% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	2	90.00	0.09	0.06622	26%-50% Above	No	No
42806008801	ESTRADIOL 1 MG TABLET	2	90.00	0.11	0.06622	51%-75% Above	No	No
42806008901	ESTRADIOL 2 MG TABLET	12	90.00	0.14	0.08234	51%-75% Above	No	No
42806009430	POTASSIUM CL 20 MEQ PACKET	2	10.00	3.11	1.05151	101%-200% Above	Yes	No
42806009430	POTASSIUM CL 20 MEQ PACKET	2	90.00	2.83	1.05151	101%-200% Above	Yes	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	1	15.00	0.68	0.34013	76%-100% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	2	15.00	0.62	0.36164	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	3	15.00	0.62	0.37709	51%-75% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	0.54	0.30075	76%-100% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	4	15.00	0.48	0.33826	26%-50% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	0.54	0.29991	76%-100% Above	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	1	45.00	0.33	0.21631	51%-75% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	1	30.00	0.54	0.19881	101%-200% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	0.42	0.21875	76%-100% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	2	45.00	0.46	0.21875	101%-200% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	0.54	0.20436	101%-200% Above	No	No
42806016005	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.07	0.03964	76%-100% Above	No	No
42806016101	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.11	0.06182	76%-100% Above	No	No
42806016101	HYDROXYZINE HCL 50 MG TABLET	12	60.00	0.11	0.05724	76%-100% Above	No	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.12	0.05684	101%-200% Above	No	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	2	30.00	0.11	0.06182	76%-100% Above	Yes	No
42806016105	HYDROXYZINE HCL 50 MG TABLET	12	30.00	0.12	0.05724	101%-200% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	1	30.00	0.50	0.76414	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	1	30.00	0.91	0.76414	10%-25% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	1	30.00	1.08	0.76414	26%-50% Above	No	No
42806026695	CHOLESTYRAMINE PACKET	1	60.00	0.37	0.76414	51%-75% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	2	60.00	0.37	0.86461	51%-75% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	3	60.00	0.38	0.95557	51%-75% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	4	30.00	0.65	0.92080	26%-50% Below	No	No
42806026793	CHOLESTYRAMINE POWDER	1	378.00	0.01	0.09226	76%-100% Below	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.95	0.10787	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	1.12	0.10787	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.10787	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	2	10.00	1.34	0.11790	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.87	0.11790	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.95	0.11790	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	1.07	0.11790	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	7.00	0.87	0.12511	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	0.36	0.12511	101%-200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	0.71	0.12511	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	1.32	0.12511	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.69	0.12511	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.87	0.12511	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	3	28.00	0.54	0.12511	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	1.42	0.12859	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	11	60.00	1.12	0.09502	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	12	10.00	1.12	0.10670	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	1.07	0.10670	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.31	0.10670	101%-200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	1.12	0.10670	200% Above	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	30.00	0.17	0.23526	26%-50% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	30.00	0.18	0.23526	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	30.00	0.19	0.23526	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.17	0.23891	26%-50% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.18	0.23891	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.19	0.23891	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.17	0.26988	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.17	0.26988	26%-50% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	60.00	0.18	0.26988	26%-50% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.23	0.26782	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.21968	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.21968	10%-25% Below	Yes	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.72	0.21968	200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	90.00	0.11	0.21968	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.17	0.24512	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.21	0.24512	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.23	0.27075	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.17	0.27075	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.11	0.27075	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.17	0.27075	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.23	0.27075	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.24	0.28393	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	90.00	0.72	0.22490	200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	15.00	0.22	0.33707	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.18	0.33707	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.18	0.33707	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.19	0.33707	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.18	0.33707	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.33707	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	75.00	0.20	0.33707	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.20	0.33707	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.17	0.32905	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.18	0.32905	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.19	0.32905	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.19	0.32905	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.08	0.32905	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.19	0.32905	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.24	0.32905	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	75.00	0.20	0.32905	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.17	0.32905	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.17	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.18	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.18	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.23	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	45.00	0.21	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.08	0.33907	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.19	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.22	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.24	0.33907	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.18	0.33601	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.21	0.33601	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.24	0.33601	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.24	0.33601	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	90.00	0.17	0.33601	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.22	0.34027	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.23	0.34027	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.72	0.34027	101%-200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	45.00	0.72	0.34027	101%-200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.17	0.34027	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.72	0.34027	101%-200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	180.00	0.18	0.34027	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.19	0.28638	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.17	0.28638	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.18	0.28638	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.17	0.32049	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.19	0.32049	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.22	0.32049	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.17	0.32610	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.17	0.32610	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.23	0.32610	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	0.22	0.29474	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	0.60	0.29474	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.03	0.11419	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.23	0.11419	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.23	0.11419	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.24	0.11419	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.26	0.11419	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.26	0.11419	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.30	0.11419	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.30	0.11419	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.33	0.11419	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.46	0.11419	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.47	0.11419	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.48	0.11419	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.53	0.11419	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.53	0.11419	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.55	0.11419	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.55	0.11419	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.57	0.11419	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.58	0.11419	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.62	0.11419	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.63	0.11419	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.66	0.11419	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.68	0.11419	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.68	0.11419	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.75	0.11419	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	15.00	0.26	0.13230	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.00	0.13230	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.03	0.13230	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.23	0.13230	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.23	0.13230	76%-100% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.24	0.13230	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.24	0.13230	76%-100% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.24	0.13230	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.26	0.13230	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.26	0.13230	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.33	0.13230	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.46	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.47	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.47	0.13230	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.48	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.53	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.53	0.13230	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.54	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.55	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.55	0.13230	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.56	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.57	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.58	0.13230	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.58	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.62	0.13230	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.63	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.67	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.68	0.13230	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.68	0.13230	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.71	0.13230	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.20	0.15456	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.23	0.15456	26%-50% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.15456	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.15456	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.15456	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.41	0.15456	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.41	0.15456	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.44	0.15456	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.46	0.15456	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.47	0.15456	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.52	0.15456	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.53	0.15456	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.55	0.15456	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.56	0.15456	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.56	0.15456	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.57	0.15456	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.58	0.15456	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.62	0.15456	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.68	0.15456	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.11	0.15780	26%-50% Below	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.20	0.15780	10%-25% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.23	0.15780	26%-50% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.24	0.15780	26%-50% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.33	0.15780	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.41	0.15780	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.41	0.15780	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.44	0.15780	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.47	0.15780	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.55	0.15780	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.57	0.15780	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 534

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	21.00	0.58	0.15780	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.58	0.15780	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.62	0.15780	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	11	21.00	0.55	0.09618	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.00	0.11746	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.06	0.11746	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.08	0.11746	26%-50% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.14	0.11746	10%-25% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.23	0.11746	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.23	0.11746	76%-100% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.24	0.11746	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.30	0.11746	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.30	0.11746	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.46	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.47	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.47	0.11746	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.48	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.55	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.55	0.11746	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.56	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.57	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.58	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.63	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.67	0.11746	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.68	0.11746	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806041001	BUPROPION HCL SR 100 MG TABLET	1	60.00	0.19	0.08595	101%-200% Above	No	No
42806041001	BUPROPION HCL SR 100 MG TABLET	1	90.00	0.00	0.08595	76%-100% Below	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.17	0.08988	76%-100% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.23	0.08988	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.33	0.08988	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.22	0.08988	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.17	0.09969	51%-75% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.20	0.09969	76%-100% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.23	0.09969	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.33	0.09969	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.00	0.09969	76%-100% Below	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.18	0.10590	51%-75% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.23	0.10590	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.93	0.10590	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.00	0.10590	76%-100% Below	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.18	0.10590	51%-75% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.93	0.10590	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.05	0.08952	26%-50% Below	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.23	0.08952	101%-200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.33	0.08952	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.35	0.08952	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.50	0.08952	200% Above	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.02	0.08952	51%-75% Below	No	No
42806041405	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.23	0.08952	101%-200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.23	0.08988	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806041409	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08988	200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	1	42.00	0.20	0.08988	101%-200% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.20	0.09969	76%-100% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.00	0.09969	76%-100% Below	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.18	0.10590	51%-75% Above	No	No
42806041409	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.50	0.08952	200% Above	No	No
42806041505	BUPROPION HCL SR 150 MG TABLET	1	60.00	0.16	0.08089	76%-100% Above	No	No
42806041505	BUPROPION HCL SR 150 MG TABLET	1	180.00	0.01	0.08089	76%-100% Below	No	No
42806041505	BUPROPION HCL SR 150 MG TABLET	3	60.00	0.16	0.08298	76%-100% Above	No	No
42806041505	BUPROPION HCL SR 150 MG TABLET	3	120.00	0.07	0.08298	10%-25% Below	No	No
42806041505	BUPROPION HCL SR 150 MG TABLET	3	180.00	0.02	0.08298	51%-75% Below	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.23	0.13338	51%-75% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.50	0.13338	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	1	60.00	0.25	0.13338	76%-100% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.16	0.14431	10%-25% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.23	0.14431	51%-75% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.25	0.14431	51%-75% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.50	0.14431	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.25	0.14431	51%-75% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.23	0.15614	26%-50% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.15614	26%-50% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.23	0.15179	51%-75% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.50	0.15179	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.53	0.13055	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.29	0.13055	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806042301	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.06	0.09742	26%-50% Below	No	No
42806042301	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	0.05	0.09927	26%-50% Below	No	No
42806042401	BUPROP 12 SR TAB 100MG	3	30.00	0.08	.		No	No
42806042460	BUPROPION HCL SR 100 MG TABLET	2	30.00	0.00	0.09253	76%-100% Below	No	No
42806042460	BUPROPION HCL SR 100 MG TABLET	3	7.00	0.23	0.10116	101%-200% Above	No	No
42806042501	BUPROPION HCL SR 150 MG TABLET	3	7.00	0.21	0.08298	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.06	0.10587	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.07	0.10587	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.14	0.10587	26%-50% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.16	0.10587	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.17	0.10587	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.17	0.10587	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.22	0.10587	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.24	0.10587	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	8.00	0.05	0.10587	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	8.00	0.05	0.10587	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	8.00	0.14	0.10587	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	8.00	0.15	0.10587	26%-50% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10587	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10587	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.06	0.10587	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.06	0.10587	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.04	0.10587	51%-75% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.04	0.11721	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.05	0.11721	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.06	0.11721	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.14	0.11721	10%-25% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.16	0.11721	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.17	0.11721	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.17	0.11721	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.22	0.11721	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	5.00	0.06	0.11721	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	6.00	0.17	0.11721	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.05	0.11721	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.05	0.11721	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.06	0.11721	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.14	0.11721	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.03	0.11721	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11721	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11721	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.06	0.11721	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.07	0.11721	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.09	0.11721	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	24.00	0.05	0.11721	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	1.00	0.06	0.12229	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	2.00	0.28	0.12229	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	2.00	0.37	0.12229	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.03	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.04	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.05	0.12229	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.06	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.14	0.12229	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.16	0.12229	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.17	0.12229	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.18	0.12229	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.22	0.12229	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.62	0.12229	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	5.00	0.06	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.06	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.14	0.12229	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.15	0.12229	10%-25% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.03	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.05	0.12229	51%-75% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.05	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.06	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.06	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.07	0.12229	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.08	0.12229	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.10	0.12229	10%-25% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.10	0.12229	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.62	0.12229	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.06	0.12229	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.09	0.12229	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.10	0.12229	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.10	0.12229	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	1.00	0.62	0.12215	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	2.00	0.28	0.12215	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.04	0.12215	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.05	0.12215	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.24	0.12215	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.62	0.12215	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	5.00	0.62	0.12215	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	6.00	0.62	0.12215	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	8.00	0.62	0.12215	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.05	0.12215	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.06	0.12215	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.07	0.12215	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.62	0.12215	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	13.00	0.62	0.12215	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	15.00	0.11	0.12215	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	24.00	0.62	0.12215	200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.03	0.10563	76%-100% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.03	0.10563	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.07	0.10563	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.21	0.10563	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.23	0.10563	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.25	0.10563	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.38	0.10563	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	6.00	0.16	0.10563	51%-75% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	8.00	0.03	0.10563	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	8.00	0.07	0.10563	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	8.00	0.14	0.10563	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.06	0.10563	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.07	0.10563	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.13	0.10563	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.20	0.10563	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	26.00	0.21	0.10563	76%-100% Above	No	No
42806054909	DUTASTERIDE 0.5 MG CAPSULE	1	30.00	0.50	0.17182	101%-200% Above	Yes	No
42806054909	DUTASTERIDE 0.5 MG CAPSULE	1	90.00	0.33	0.17182	76%-100% Above	Yes	No
42806054909	DUTASTERIDE 0.5 MG CAPSULE	4	90.00	0.33	0.19085	51%-75% Above	Yes	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	1	120.00	0.29	0.17183	51%-75% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	120.00	0.29	0.17898	51%-75% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	360.00	0.05	0.17898	51%-75% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	60.00	0.27	0.17824	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	120.00	0.27	0.17824	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	120.00	0.51	0.17824	101%-200% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	360.00	0.13	0.17824	26%-50% Below	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	120.00	0.51	0.17727	101%-200% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	360.00	0.51	0.17727	101%-200% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	120.00	0.22	0.17354	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	120.00	0.34	0.17354	76%-100% Above	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	60.00	0.42	0.65519	26%-50% Below	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	120.00	0.51	0.65519	10%-25% Below	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	60.00	0.39	0.67402	26%-50% Below	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	120.00	0.13	0.67402	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	120.00	0.13	0.66378	76%-100% Below	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	180.00	0.39	0.66378	26%-50% Below	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	120.00	0.13	0.64035	76%-100% Below	No	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	360.00	1.17	0.64035	76%-100% Above	Yes	No
42806056012	ICOSAPENT ETHYL 1 GRAM CAPSULE	12	120.00	0.12	0.67224	76%-100% Below	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.07	0.08574	10%-25% Below	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.08	0.08574	10%-25% Below	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.07	0.08574	10%-25% Below	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.11	0.08574	10%-25% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.12	0.08574	26%-50% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	0.07	0.08891	10%-25% Below	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	0.27	0.08891	200% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	3	45.00	0.07	0.08891	10%-25% Below	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	3	270.00	0.06	0.08891	26%-50% Below	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	4	30.00	0.27	0.09078	101%-200% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	4	45.00	0.27	0.09078	101%-200% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	4	60.00	0.13	0.09078	26%-50% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	12	270.00	0.23	0.08146	101%-200% Above	No	No
42806060209	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.07	0.09140	10%-25% Below	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.08	0.08482	10%-25% Below	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	12	30.00	0.14	0.08337	51%-75% Above	No	No
42806060305	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.07	0.11690	26%-50% Below	No	No
42806060305	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.07	0.12532	26%-50% Below	No	No
42806060305	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.19	0.12532	51%-75% Above	No	No
42806060305	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.06	0.13255	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806060309	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.06	0.13255	51%-75% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	10.00	0.13	0.06210	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	15.00	0.15	0.06210	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	20.00	0.20	0.06210	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	20.00	0.23	0.06210	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	21.00	0.13	0.06210	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	21.00	0.15	0.06210	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	21.00	0.22	0.06210	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	30.00	0.02	0.06210	51%-75% Below	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	30.00	0.13	0.06210	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	30.00	0.15	0.06210	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	30.00	0.17	0.06210	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	30.00	0.25	0.06210	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	42.00	0.15	0.06210	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	9.00	0.13	0.06951	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	10.00	0.13	0.06951	76%-100% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	15.00	0.20	0.06951	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	21.00	0.22	0.06951	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	21.00	0.23	0.06951	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	30.00	0.11	0.06951	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	30.00	0.17	0.06951	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	30.00	0.19	0.06951	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	15.00	0.11	0.07447	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	20.00	0.11	0.07447	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	30.00	0.11	0.07447	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806071401	BENZONATATE 100 MG CAPSULE	3	30.00	0.19	0.07447	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	30.00	0.22	0.07447	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	30.00	0.23	0.07447	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	60.00	0.22	0.07447	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	4	30.00	0.17	0.07446	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	4	30.00	0.21	0.07446	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	4	30.00	0.31	0.07446	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	20.00	0.15	0.06223	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	21.00	0.26	0.06223	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	30.00	0.17	0.06223	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	30.00	0.18	0.06223	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	30.00	0.20	0.06223	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	30.00	0.21	0.06223	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	42.00	0.15	0.06223	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	15.00	0.19	0.06210	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	20.00	0.13	0.06210	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	20.00	0.20	0.06210	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	30.00	0.17	0.06210	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	30.00	0.22	0.06210	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	30.00	0.22	0.06210	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	60.00	0.15	0.06210	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	2	20.00	0.13	0.06951	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	2	30.00	0.13	0.06951	76%-100% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	2	30.00	0.17	0.06951	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	15.00	0.19	0.07447	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806071405	BENZONATATE 100 MG CAPSULE	3	20.00	0.11	0.07447	51%-75% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	21.00	0.20	0.07447	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	30.00	0.11	0.07447	51%-75% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	30.00	0.17	0.07447	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	30.00	0.23	0.07447	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	4	20.00	0.17	0.07446	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	4	30.00	0.22	0.07446	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	30.00	0.15	0.06223	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	30.00	0.17	0.06223	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	30.00	0.18	0.06223	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	40.00	0.15	0.06223	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	20.00	0.05	0.09755	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	21.00	0.05	0.09755	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	21.00	0.30	0.09755	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	21.00	0.32	0.09755	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	30.00	0.05	0.09755	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	30.00	0.05	0.09755	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	30.00	0.29	0.09755	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	30.00	0.32	0.09755	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	45.00	0.29	0.09755	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	15.00	0.05	0.10616	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	15.00	0.31	0.10616	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	20.00	0.32	0.10616	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	21.00	0.05	0.10616	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	21.00	0.14	0.10616	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806071501	BENZONATATE 200 MG CAPSULE	2	21.00	0.32	0.10616	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.05	0.10616	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.05	0.10616	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.28	0.10616	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.29	0.10616	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.32	0.10616	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.36	0.10616	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.37	0.10616	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	45.00	0.27	0.10616	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	90.00	0.05	0.10616	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	20.00	0.05	0.11069	51%-75% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	30.00	0.05	0.11069	51%-75% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	30.00	0.10	0.11069	10%-25% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	30.00	0.28	0.11069	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	45.00	0.29	0.11069	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	30.00	0.32	0.10996	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	42.00	0.34	0.10996	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	15.00	0.36	0.09845	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	20.00	0.06	0.09845	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	20.00	0.37	0.09845	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	20.00	0.51	0.09845	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	21.00	0.06	0.09845	26%-50% Below	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	30.00	0.33	0.09845	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	30.00	0.51	0.09845	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	15.00	0.05	0.09755	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806071505	BENZONATATE 200 MG CAPSULE	1	20.00	0.32	0.09755	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	25.00	0.05	0.09755	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	30.00	0.05	0.09755	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	30.00	0.28	0.09755	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	30.00	0.29	0.09755	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	21.00	0.05	0.10616	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	30.00	0.05	0.10616	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	30.00	0.33	0.10616	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	30.00	0.33	0.10616	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	15.00	0.05	0.11069	51%-75% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	20.00	0.05	0.11069	51%-75% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	21.00	0.05	0.11069	26%-50% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	30.00	0.29	0.11069	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	42.00	0.05	0.11069	51%-75% Below	No	No
42806071505	BENZONATATE 200 MG CAPSULE	4	30.00	0.29	0.10996	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	12.00	0.30	0.09845	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	30.00	0.17	0.09845	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	30.00	0.33	0.09845	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	30.00	0.35	0.09845	200% Above	No	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	1	30.00	0.05	0.10030	26%-50% Below	No	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	2	30.00	0.05	0.10950	51%-75% Below	No	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	2	60.00	0.10	0.10950	10%-25% Below	Yes	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	3	30.00	0.05	0.11352	51%-75% Below	No	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	3	30.00	0.05	0.11352	51%-75% Below	No	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	2	180.00	0.16	0.17967	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806081901	FLECAINIDE ACETATE 150 MG TAB	3	180.00	0.38	0.30888	10%-25% Above	Yes	No
42806081901	FLECAINIDE ACETATE 150 MG TAB	12	180.00	0.49	0.24958	76%-100% Above	Yes	No
42808011306	SOD SUL/SULF EMU 10-5%WSH	1	170.00	0.45	.		No	No
42858000101	OXYCODONE TAB 5MG	1	20.00	0.07	.		No	No
42858000101	OXYCODONE TAB 5MG	1	30.00	0.02	.		No	No
42858000101	OXYCODONE TAB 5MG	2	30.00	0.05	.		No	No
42858000101	OXYCODONE TAB 5MG	3	15.00	0.06	.		No	No
42858000101	OXYCODONE TAB 5MG	4	10.00	0.08	.		No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	1	90.00	0.07	0.13787	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	1	120.00	0.08	0.13787	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	2	90.00	0.07	0.15153	51%-75% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	3	90.00	0.08	0.16207	51%-75% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	4	90.00	0.08	0.16240	51%-75% Below	No	No
42858000301	OXYCODONE HCL (IR) 15 MG TAB	1	120.00	0.09	0.18085	51%-75% Below	No	No
42858000301	OXYCODONE HCL (IR) 15 MG TAB	2	120.00	0.09	0.19790	51%-75% Below	No	No
42858000301	OXYCODONE HCL (IR) 15 MG TAB	3	120.00	0.10	0.21858	51%-75% Below	No	No
42858000401	OXYCODONE HCL (IR) 20 MG TAB	3	180.00	0.13	0.25748	51%-75% Below	No	No
42858000501	OXYCODONE HCL (IR) 30 MG TAB	3	4.00	0.25	0.34881	26%-50% Below	No	No
42858000501	OXYCODONE HCL (IR) 30 MG TAB	3	180.00	0.16	0.34881	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.06	0.12752	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.06	0.12752	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	40.00	0.07	0.12752	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.06	0.13022	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.06	0.13022	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.06	0.13022	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.07	0.12752	26%-50% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	14.00	0.06	0.12752	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	24.00	0.06	0.12752	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	25.00	0.06	0.12752	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.02	0.13388	76%-100% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.06	0.13388	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.06	0.12826	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.00	0.06	0.12407	51%-75% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	9.00	0.02	0.20534	76%-100% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.08	0.20534	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	90.00	0.02	0.20534	76%-100% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	12.00	0.02	0.22062	76%-100% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.02	0.22062	76%-100% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	0.08	0.22992	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	0.13	0.22992	26%-50% Below	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	0.07	0.22892	51%-75% Below	Yes	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	90.00	0.06	0.20157	51%-75% Below	No	No
42858010350	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	90.00	0.06	0.20534	51%-75% Below	No	No
42858010350	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	112.00	0.08	0.20534	51%-75% Below	No	No
42858010350	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	112.00	0.08	0.22062	51%-75% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	28.00	0.12	0.22183	26%-50% Below	No	No
42858010401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.11	0.27219	51%-75% Below	Yes	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	12.00	0.12	0.22183	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	84.00	0.12	0.22183	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	90.00	0.11	0.22183	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	105.00	0.11	0.22183	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	120.00	0.12	0.22183	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	60.00	0.11	0.24460	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	84.00	0.11	0.24460	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	90.00	0.11	0.24460	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	105.00	0.11	0.24460	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	120.00	0.11	0.24460	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	84.00	0.11	0.27219	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	90.00	0.11	0.27219	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.11	0.27219	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	30.00	0.17	0.27865	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	0.16	0.27865	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	112.00	0.12	0.21817	26%-50% Below	No	No
42858016201	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	0.33	4.50447	76%-100% Below	No	No
42858016201	LISDEXAMFETAMINE 20 MG CAPSULE	2	90.00	0.22	4.08974	76%-100% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	0.33	4.88566	76%-100% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	0.50	4.88566	76%-100% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	0.67	4.88566	76%-100% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	0.33	4.44837	76%-100% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	0.50	4.44837	76%-100% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	0.67	4.44837	76%-100% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	6.20	4.44837	26%-50% Above	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	3.88	5.35557	26%-50% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	0.33	4.84722	76%-100% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	0.50	4.84722	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	6.20	4.84722	26%-50% Above	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	6.32	4.84722	26%-50% Above	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.50	4.68536	76%-100% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	2.06	4.68536	51%-75% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	6.20	4.68536	26%-50% Above	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	6.32	4.68536	26%-50% Above	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	2.06	4.59237	51%-75% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	3.88	4.76157	10%-25% Below	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	2.42	5.11443	51%-75% Below	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	2.42	4.88006	26%-50% Below	No	No
42858016601	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	2.87	5.59938	26%-50% Below	No	No
42858016601	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	3.88	5.73967	26%-50% Below	No	No
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.50	0.69411	26%-50% Below	No	No
42858021501	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.33	0.63922	26%-50% Below	No	No
42858030101	HYDROMORPHONE 2 MG TABLET	4	12.00	0.13	0.15357	10%-25% Below	No	No
42858030101	HYDROMORPHONE 2 MG TABLET	12	112.00	0.06	0.13699	51%-75% Below	No	No
42858030301	HYDROMORPHONE 8 MG TABLET	2	30.00	0.23	0.48821	51%-75% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.40	0.73253	26%-50% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.50	0.73253	26%-50% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.59	0.73253	10%-25% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	0.40	0.75366	26%-50% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	2	60.00	0.17	0.75366	76%-100% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	0.59	0.70525	10%-25% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	4	60.00	0.17	0.60523	51%-75% Below	No	No
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.40	0.66278	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	0.40	0.64928	26%-50% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.40	0.71123	26%-50% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.50	0.71123	26%-50% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.40	0.69996	26%-50% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.50	0.68677	26%-50% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.13	0.33907	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.13	0.33601	51%-75% Below	No	No
42858072601	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.13	0.33601	51%-75% Below	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	1	28.00	0.12	0.23927	51%-75% Below	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	1	28.00	0.12	0.23927	26%-50% Below	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	1	60.00	0.32	0.23927	26%-50% Above	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	2	28.00	0.12	0.26962	51%-75% Below	No	No
42858080101	MORPHINE SULF ER 15 MG TABLET	3	28.00	0.12	0.30005	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	1	56.00	0.16	0.38047	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	1	60.00	0.14	0.38047	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	2	40.00	0.16	0.39299	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	2	60.00	0.14	0.39299	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	2	60.00	0.20	0.39299	26%-50% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	3	56.00	0.16	0.38510	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	3	60.00	0.14	0.38510	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	3	60.00	0.20	0.38510	26%-50% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	4	56.00	0.16	0.38899	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	4	60.00	0.14	0.38899	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	12	56.00	0.16	0.38202	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	12	60.00	0.14	0.38202	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.33	0.59466	26%-50% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.40	0.58820	26%-50% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.40	0.63305	26%-50% Below	No	No
43063054890	LOVASTATIN TAB 40MG	3	90.00	0.06	.		No	No
43063054890	LOVASTATIN TAB 40MG	6	90.00	0.08	.		No	No
43063054890	LOVASTATIN TAB 40MG	9	90.00	0.08	.		No	No
43353025918	LORATADINE TAB 10MG	12	90.00	0.03	.		No	No
43353098780	METFORMIN TAB 1000MG	1	180.00	0.02	.		No	No
43353098780	METFORMIN TAB 1000MG	1	180.00	0.03	.		No	No
43353098780	METFORMIN TAB 1000MG	3	180.00	0.02	.		No	No
43353098780	METFORMIN TAB 1000MG	3	180.00	0.03	.		No	No
43353098780	METFORMIN TAB 1000MG	3	180.00	0.04	.		No	No
43353098780	METFORMIN TAB 1000MG	8	180.00	0.02	.		No	No
43353098780	METFORMIN TAB 1000MG	10	180.00	0.02	.		No	No
43353098780	METFORMIN TAB 1000MG	12	180.00	0.02	.		No	No
43386002860	CLOBETASOL 0.05% SOLUTION	2	50.00	0.30	0.17286	51%-75% Above	No	No
43386005019	GAVILYTE-N SOLUTION	12	4000.00	0.00	0.00692	26%-50% Below	No	No
43386006019	GAVILYTE-C SOLUTION	1	4000.00	0.00	0.00343	10%-25% Above	No	No
43386006019	GAVILYTE-C SOLUTION	1	4000.00	0.00	0.00343	10%-25% Above	Yes	No
43386006019	GAVILYTE-C SOLUTION	2	4000.00	0.00	0.00357	26%-50% Below	No	No
43386006019	GAVILYTE-C SOLUTION	2	4000.00	0.00	0.00357	26%-50% Above	Yes	No
43386006019	GAVILYTE-C SOLUTION	4	4000.00	0.00	0.00376	10%-25% Above	No	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00409	51%-75% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00409	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00409	10%-25% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00409	10%-25% Below	No	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00409	10%-25% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	1	8000.00	0.00	0.00409	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	1	12000.00	0.00	0.00409	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00441	51%-75% Below	No	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00441	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00441	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00441	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00441	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00441	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00441	10%-25% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	3	4000.00	0.00	0.00459	51%-75% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	3	4000.00	0.00	0.00459	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	3	4000.00	0.00	0.00459	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	3	4000.00	0.00	0.00459	10%-25% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	3	4000.00	0.00	0.00459	10%-25% Below	No	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	0.00	0.00460	51%-75% Below	No	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	0.00	0.00460	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	0.00	0.00460	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	0.00	0.00460	10%-25% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	12	4000.00	0.00	0.00408	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	12	4000.00	0.00	0.00408	10%-25% Below	No	No
43386048024	ORPHENADRINE ER 100 MG TABLET	2	10.00	0.33	0.43413	10%-25% Below	Yes	No
43386048024	ORPHENADRINE ER 100 MG TABLET	3	14.00	0.33	0.45488	26%-50% Below	No	No
43386048024	ORPHENADRINE ER 100 MG TABLET	3	60.00	0.33	0.45488	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43386048024	ORPHENADRINE ER 100 MG TABLET	4	60.00	0.50	0.44460	10%-25% Above	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.09	0.16356	26%-50% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.11	0.16356	26%-50% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.05	0.17136	51%-75% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.06	0.17136	51%-75% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.07	0.17136	51%-75% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.09	0.17136	26%-50% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.05	0.17860	51%-75% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.06	0.17860	51%-75% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.09	0.17860	26%-50% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.13	0.17860	10%-25% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.05	0.17811	51%-75% Below	Yes	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.13	0.17811	10%-25% Below	Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	1	0.50	280.36	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	3	0.50	294.00	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	3	0.50	295.48	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	4	0.50	294.00	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	4	0.50	299.04	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	12	0.50	280.08	.		Yes	No
43547004703	TADALAFIL 2.5 MG TABLET	1	60.00	0.25	0.11059	101%-200% Above	Yes	No
43547004703	TADALAFIL 2.5 MG TABLET	2	30.00	0.50	0.11702	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	1	30.00	1.57	0.09799	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	1	30.00	1.85	0.09799	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	1	90.00	1.57	0.09799	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	1	90.00	1.85	0.09799	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547004903	TADALAFIL 5 MG TABLET	2	30.00	1.57	0.10727	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	3	30.00	1.43	0.11382	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	3	90.00	1.47	0.11382	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	4	30.00	1.47	0.11235	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	4	90.00	1.47	0.11235	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	12	30.00	1.85	0.10029	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	2	6.00	8.39	0.20514	200% Above	Yes	No
43547005103	TADALAFIL 20 MG TABLET	2	10.00	20.92	0.20514	200% Above	No	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	20.00	0.05	0.03991	26%-50% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	3	20.00	0.02	0.04251	51%-75% Below	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	3	90.00	0.02	0.04815	51%-75% Below	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	12	60.00	0.02	0.04082	26%-50% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	2	90.00	0.02	0.04433	51%-75% Below	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	2	90.00	0.04	0.04433	10%-25% Below	Yes	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	2	360.00	0.01	0.04433	51%-75% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	2	180.00	0.03	0.05250	51%-75% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	3	90.00	0.02	0.05435	51%-75% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	3	90.00	0.03	0.05435	51%-75% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	3	360.00	0.02	0.05435	51%-75% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	12	90.00	0.02	0.04694	26%-50% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	12	90.00	0.03	0.04694	26%-50% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	12	360.00	0.02	0.04694	51%-75% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	1	45.00	0.05	0.05707	10%-25% Below	Yes	No
43547027110	ROPINIROLE HCL 2 MG TABLET	1	90.00	0.03	0.05707	26%-50% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	1	180.00	0.02	0.05707	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547027110	ROPINIROLE HCL 2 MG TABLET	2	90.00	0.02	0.06183	51%-75% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	2	90.00	0.02	0.06183	51%-75% Below	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	3	90.00	0.03	0.06680	51%-75% Below	No	No
43547027210	ROPINIROLE HCL 3 MG TABLET	3	90.00	0.04	0.07620	26%-50% Below	No	No
43547027210	ROPINIROLE HCL 3 MG TABLET	12	90.00	0.03	0.06789	51%-75% Below	No	No
43547027310	ROPINIROLE HCL 4 MG TABLET	3	90.00	0.04	0.07842	51%-75% Below	No	No
43547027310	ROPINIROLE HCL 4 MG TABLET	4	270.00	0.04	0.07729	51%-75% Below	No	No
43547027310	ROPINIROLE HCL 4 MG TABLET	12	270.00	0.03	0.07215	51%-75% Below	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	3	90.00	0.07	0.05098	26%-50% Above	No	No
43547027611	DONEPEZIL HCL 10 MG TABLET	4	30.00	0.31	0.05052	200% Above	No	No
43547027611	DONEPEZIL HCL 10 MG TABLET	4	90.00	0.27	0.05052	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	7.00	0.16	0.03764	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	30.00	0.10	0.03764	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	30.00	0.11	0.03764	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	30.00	0.14	0.03764	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	90.00	0.08	0.03764	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	90.00	0.14	0.03764	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	2	30.00	0.10	0.04173	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	2	30.00	0.13	0.04173	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	2	30.00	0.14	0.04173	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	2	90.00	0.09	0.04173	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	2	90.00	0.14	0.04173	200% Above	Yes	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	30.00	0.10	0.04548	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	30.00	0.13	0.04548	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	4	30.00	0.24	0.04553	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028010	ESCITALOPRAM 5 MG TABLET	4	90.00	0.24	0.04553	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	12	30.00	0.02	0.03726	51%-75% Below	No	No
43547028011	ESCITALOPRAM 5 MG TABLET	12	30.00	0.10	0.03726	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.06	0.04058	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.07	0.04058	76%-100% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.10	0.04058	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.12	0.04058	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04058	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.46	0.04058	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	45.00	0.06	0.04058	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	90.00	0.06	0.04058	51%-75% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	90.00	0.07	0.04058	76%-100% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	135.00	0.09	0.04058	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04434	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	90.00	0.09	0.04434	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	90.00	0.11	0.04434	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	90.00	0.12	0.04434	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	90.00	0.12	0.04434	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04749	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	45.00	0.06	0.04749	10%-25% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	90.00	0.07	0.04749	26%-50% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028110	ESCITALOPRAM 10 MG TABLET	3	90.00	0.11	0.04749	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	90.00	0.27	0.04749	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04625	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	30.00	0.27	0.04625	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	90.00	0.27	0.04625	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	12	30.00	0.47	0.04069	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	30.00	0.06	0.04058	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	30.00	0.07	0.04058	76%-100% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	30.00	0.11	0.04058	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	90.00	0.02	0.04058	51%-75% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	90.00	0.06	0.04058	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	90.00	0.08	0.04058	76%-100% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	90.00	0.09	0.04058	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	0.02	0.04434	51%-75% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	0.10	0.04434	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	0.11	0.04434	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	90.00	0.10	0.04434	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	30.00	0.11	0.04749	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	30.00	0.11	0.04749	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	135.00	0.06	0.04749	10%-25% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	90.00	0.08	0.04625	51%-75% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.00	0.03	0.04069	26%-50% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.00	0.03	0.04069	10%-25% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.00	0.07	0.04069	76%-100% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	12	30.00	0.11	0.04069	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	30.00	0.08	0.06480	26%-50% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	60.00	0.08	0.06480	26%-50% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	90.00	0.08	0.06480	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	90.00	0.13	0.06480	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	30.00	0.06	0.07321	10%-25% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	90.00	0.06	0.07321	10%-25% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	30.00	0.03	0.07802	51%-75% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	30.00	0.06	0.07802	10%-25% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	30.00	0.23	0.07802	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	90.00	0.03	0.07802	51%-75% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	90.00	0.13	0.07802	51%-75% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	90.00	0.23	0.07802	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	104.00	0.06	0.07802	10%-25% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	135.00	0.23	0.07802	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	30.00	0.03	0.07765	51%-75% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	30.00	0.23	0.07765	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	90.00	0.23	0.07765	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	30.00	0.08	0.06471	26%-50% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	60.00	0.08	0.06471	26%-50% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	90.00	0.08	0.06471	10%-25% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	180.00	0.08	0.06471	26%-50% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	1	30.00	0.04	0.06480	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	1	30.00	0.08	0.06480	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028211	ESCITALOPRAM 20 MG TABLET	1	90.00	0.04	0.06480	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	1	90.00	0.08	0.06480	26%-50% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	2	30.00	0.06	0.07321	10%-25% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	2	30.00	0.14	0.07321	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	2	90.00	0.14	0.07321	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	3	30.00	0.04	0.07802	26%-50% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	3	30.00	0.06	0.07802	10%-25% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	3	90.00	0.06	0.07802	10%-25% Below	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	4	30.00	0.23	0.07765	200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	11	30.00	0.08	0.05483	51%-75% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	30.00	0.08	0.06471	26%-50% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	30.00	0.12	0.06471	76%-100% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	1	15.00	0.33	0.14845	101%-200% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	1	30.00	0.33	0.14845	101%-200% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	4	30.00	0.31	0.21861	26%-50% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	4	90.00	0.50	0.21861	101%-200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	1	14.00	0.25	0.14909	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	1	30.00	0.23	0.14909	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	14.00	0.21	0.15445	26%-50% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	30.00	0.23	0.15445	26%-50% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	90.00	0.08	0.15445	26%-50% Below	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	90.00	0.21	0.15445	26%-50% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	3	14.00	0.19	0.16739	10%-25% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	3	30.00	0.23	0.16739	26%-50% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	4	14.00	0.33	0.16487	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028503	TELMISARTAN 80 MG TABLET	12	14.00	0.25	0.14734	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	12	30.00	0.10	0.14734	26%-50% Below	No	No
43547028810	BUPROPION HCL SR 100 MG TABLET	3	90.00	0.21	0.10116	101%-200% Above	Yes	No
43547028810	BUPROPION HCL SR 100 MG TABLET	4	90.00	0.23	0.09566	101%-200% Above	Yes	No
43547029010	BUPROPION HCL SR 200 MG TABLET	1	90.00	0.20	0.11572	51%-75% Above	No	No
43547029503	FEBUXOSTAT 40 MG TABLET	4	30.00	2.90	0.37743	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.72	0.08469	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.79	0.08469	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	12	90.00	0.28	0.08267	200% Above	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	1.11	0.12398	200% Above	No	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	2	30.00	3.33	0.11996	200% Above	Yes	No
43547030203	ARIPIPRAZOLE 2 MG TABLET	2	90.00	3.33	0.11996	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	1	30.00	3.33	0.10072	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	1	90.00	3.56	0.10072	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	1	90.00	3.92	0.10072	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	2	30.00	3.33	0.10802	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	2	90.00	0.44	0.10802	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	2	135.00	3.33	0.10802	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	3	30.00	0.06	0.10953	26%-50% Below	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	3	30.00	3.03	0.10953	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	4	14.00	1.14	0.10710	200% Above	No	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	4	30.00	1.14	0.10710	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	4	90.00	1.14	0.10710	200% Above	Yes	No
43547030303	ARIPIPRAZOLE 5 MG TABLET	12	30.00	0.50	0.10120	200% Above	Yes	No
43547030403	ARIPIPRAZOLE 10 MG TABLET	1	90.00	0.44	0.12268	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547030403	ARIPIRAZOLE 10 MG TABLET	2	30.00	0.50	0.13829	200% Above	Yes	No
43547030403	ARIPIRAZOLE 10 MG TABLET	2	90.00	0.44	0.13829	200% Above	Yes	No
43547030403	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.50	0.14685	200% Above	Yes	No
43547030403	ARIPIRAZOLE 10 MG TABLET	3	90.00	0.08	0.14685	26%-50% Below	Yes	No
43547030503	ARIPIRAZOLE 15 MG TABLET	3	30.00	0.66	0.13855	200% Above	Yes	No
43547030503	ARIPIRAZOLE 15 MG TABLET	3	45.00	2.89	0.13855	200% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	2	90.00	0.33	0.14512	101%-200% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	90.00	0.13	0.15342	10%-25% Below	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	30.00	0.31	0.14989	101%-200% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	90.00	0.20	0.14989	26%-50% Above	Yes	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	90.00	0.30	0.14989	76%-100% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	2	30.00	0.00	0.16686	76%-100% Below	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	2	30.00	0.13	0.16686	10%-25% Below	Yes	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	2	90.00	0.22	0.16686	26%-50% Above	Yes	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	30.00	0.28	0.17942	51%-75% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	4	90.00	0.28	0.18398	51%-75% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.00	0.14910	76%-100% Below	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.20	0.14910	26%-50% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.21	0.14910	26%-50% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.21	0.14910	26%-50% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.30	0.14910	76%-100% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	2	30.00	0.00	0.15982	76%-100% Below	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	2	90.00	0.32	0.15982	101%-200% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	3	30.00	0.07	0.17618	51%-75% Below	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	30.00	0.37	0.17127	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	4	90.00	0.32	0.17127	76%-100% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	12	30.00	0.57	0.14788	200% Above	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	2	90.00	0.19	0.22100	10%-25% Below	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	3	30.00	0.19	0.23576	10%-25% Below	Yes	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	4	90.00	0.31	0.22369	26%-50% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	1	30.00	0.50	0.20506	101%-200% Above	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	1	90.00	0.23	0.20506	10%-25% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	1	90.00	0.27	0.20506	26%-50% Above	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	1	90.00	0.42	0.20506	101%-200% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	2	30.00	0.50	0.22023	101%-200% Above	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	45.00	0.21	0.23318	10%-25% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	0.21	0.23318	10%-25% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	0.21	0.23318	10%-25% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	4	8.00	0.82	0.23260	200% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	12	45.00	0.24	0.21533	10%-25% Above	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	12	90.00	0.24	0.21533	10%-25% Above	Yes	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	1	30.00	0.22	0.19074	10%-25% Above	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	12	30.00	0.25	0.19627	26%-50% Above	No	No
43547033650	BENAZEPRIL HCL 10 MG TABLET	3	30.00	0.06	0.06412	10%-25% Below	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	1	180.00	0.08	0.06243	26%-50% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	2	90.00	0.08	0.06815	10%-25% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	12	90.00	0.08	0.06214	10%-25% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	12	90.00	0.10	0.06214	51%-75% Above	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.10	0.07015	26%-50% Above	No	No
43547033803	BENAZEPRIL HCL 40 MG TABLET	4	90.00	0.06	0.08413	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547033850	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.08	0.07015	10%-25% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	3	90.00	0.07	0.08321	10%-25% Below	No	No
43547033906	RISPERIDONE 0.25 MG TABLET	1	30.00	0.02	0.03726	51%-75% Below	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	1	30.00	0.02	0.03817	51%-75% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	2	30.00	0.02	0.04003	51%-75% Below	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	3	90.00	0.03	0.04041	10%-25% Below	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	12	30.00	0.03	0.03785	10%-25% Below	Yes	No
43547034050	RISPERIDONE 0.5 MG TABLET	1	60.00	0.02	0.03817	51%-75% Below	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	2	60.00	0.02	0.04003	51%-75% Below	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	3	60.00	0.02	0.04041	51%-75% Below	No	No
43547034106	RISPERIDONE 1 MG TABLET	1	60.00	0.02	0.04033	26%-50% Below	Yes	No
43547034150	RISPERIDONE 1 MG TABLET	3	180.00	0.02	0.04594	51%-75% Below	No	No
43547034306	RISPERIDONE 3 MG TABLET	3	90.00	0.02	0.06658	51%-75% Below	No	No
43547034306	RISPERIDONE 3 MG TABLET	4	180.00	0.36	0.06539	200% Above	No	No
43547034709	PAROXETINE HCL 10 MG TABLET	3	30.00	0.10	0.06757	26%-50% Above	No	No
43547034709	PAROXETINE HCL 10 MG TABLET	4	30.00	0.10	0.06565	51%-75% Above	No	No
43547034809	PAROXETINE HCL 20 MG TABLET	1	90.00	0.12	0.06719	51%-75% Above	Yes	No
43547034809	PAROXETINE HCL 20 MG TABLET	1	90.00	0.12	0.06719	76%-100% Above	Yes	No
43547034809	PAROXETINE HCL 20 MG TABLET	3	90.00	0.25	0.07135	200% Above	Yes	No
43547034809	PAROXETINE HCL 20 MG TABLET	4	90.00	0.25	0.07169	200% Above	Yes	No
43547034809	PAROXETINE HCL 20 MG TABLET	12	90.00	0.12	0.06720	76%-100% Above	Yes	No
43547035150	LISINOPRIL 2.5 MG TABLET	2	90.00	0.01	0.01395	26%-50% Below	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	3	90.00	0.01	0.01444	26%-50% Below	No	No
43547035150	LISINOPRIL 2.5 MG TABLET	4	90.00	0.02	0.01443	10%-25% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	1	30.00	0.03	0.01386	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035211	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	26%-50% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01541	10%-25% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	4	90.00	0.01	0.01544	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	12	90.00	0.01	0.01375	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	12	90.00	0.03	0.01375	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	30.00	0.00	0.01718	76%-100% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	30.00	0.03	0.01718	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	60.00	0.01	0.01718	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	60.00	0.03	0.01718	76%-100% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	90.00	0.02	0.01718	10%-25% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	90.00	0.02	0.01718	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.03	0.01770	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.03	0.01770	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.03	0.01770	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	60.00	0.01	0.01770	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	60.00	0.03	0.01770	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01770	10%-25% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01833	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	60.00	0.03	0.01833	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01833	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.02	0.01833	10%-25% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.18	0.01833	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	180.00	0.01	0.01833	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	30.00	0.18	0.01828	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	0.18	0.01828	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	30.00	0.01	0.01707	51%-75% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	30.00	0.01	0.01707	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01707	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	30.00	0.04	0.02401	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	30.00	0.04	0.02401	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	60.00	0.03	0.02401	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.01	0.02538	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.02	0.02538	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.04	0.02538	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.04	0.02538	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.05	0.02538	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.00	0.02538	76%-100% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.03	0.02538	10%-25% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	30.00	0.01	0.02621	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	30.00	0.04	0.02621	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	30.00	0.04	0.02621	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	30.00	0.05	0.02621	101%-200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.00	0.02621	76%-100% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.02	0.02621	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.04	0.02621	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.19	0.02621	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	180.00	0.01	0.02621	26%-50% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	180.00	0.02	0.02621	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	30.00	0.04	0.02606	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	30.00	0.19	0.02606	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	90.00	0.19	0.02606	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.00	0.02	0.02387	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.00	0.03	0.02387	26%-50% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.00	0.04	0.02387	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02387	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035411	LISINOPRIL 20 MG TABLET	12	90.00	0.06	0.02387	101%-200% Above	No	No
43547035510	LISINOPRIL 30 MG TABLET	1	90.00	0.06	0.04735	26%-50% Above	No	No
43547035510	LISINOPRIL 30 MG TABLET	12	90.00	0.06	0.04783	10%-25% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	3	30.00	0.03	0.04653	26%-50% Below	No	No
43547035610	LISINOPRIL 40 MG TABLET	4	30.00	0.20	0.04696	200% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	12	90.00	0.03	0.04222	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	30.00	0.06	0.04219	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	90.00	0.03	0.04219	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	90.00	0.03	0.04219	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	90.00	0.06	0.04219	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	30.00	0.02	0.04453	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.02	0.04453	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04453	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.02	0.04653	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.03	0.04653	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.06	0.04653	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.03	0.04653	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.03	0.04653	26%-50% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.06	0.04653	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.07	0.04653	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	0.20	0.04696	200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	90.00	0.06	0.04696	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547035611	LISINOPRIL 40 MG TABLET	4	90.00	0.20	0.04696	200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	12	30.00	0.05	0.04222	26%-50% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	12	60.00	0.02	0.04222	51%-75% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	12	90.00	0.03	0.04222	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	12	90.00	0.16	0.04222	200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	12	90.00	0.16	0.04222	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.07	0.02706	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.08	0.02706	101%-200% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	2	45.00	0.07	0.02921	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	Yes	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.08	0.02921	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.25	0.03031	200% Above	Yes	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.07	0.02706	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.07	0.02706	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.07	0.02706	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.19	0.02706	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02706	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.19	0.02921	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	60.00	0.04	0.02921	26%-50% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.08	0.03000	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.19	0.03000	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	60.00	0.07	0.03000	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.03000	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.08	0.03000	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.07	0.03031	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.07	0.03031	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.25	0.03031	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	60.00	0.04	0.03031	26%-50% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.00	0.02707	76%-100% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.01	0.02707	26%-50% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.07	0.02707	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.08	0.02707	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.09	0.02707	200% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.05	0.03558	51%-75% Above	Yes	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	Yes	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.05	0.03867	10%-25% Above	Yes	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	3	180.00	0.05	0.03867	10%-25% Above	Yes	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.23	0.03803	200% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.23	0.03803	200% Above	Yes	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.05	0.03558	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.06	0.03558	51%-75% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.09	0.03558	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.01	0.03558	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.05	0.03558	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03558	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.10	0.03558	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	180.00	0.07	0.03558	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	10%-25% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	26%-50% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.09	0.03818	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.00	0.03818	76%-100% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	10%-25% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03818	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03818	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.09	0.03818	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.05	0.03867	10%-25% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.09	0.03867	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.05	0.03867	10%-25% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03867	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.09	0.03867	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.09	0.03803	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.23	0.03803	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.00	0.03803	76%-100% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.08	0.03803	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.23	0.03803	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	135.00	0.08	0.03803	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.02	0.03610	26%-50% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.02	0.03610	26%-50% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.06	0.03610	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.08	0.03610	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.09	0.03610	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.06	0.03610	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.13	0.03610	200% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.08	0.04729	51%-75% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.13	0.04729	101%-200% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.26	0.05322	200% Above	Yes	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.03	0.04729	26%-50% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.09	0.04729	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.00	0.04729	76%-100% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.08	0.04729	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.09	0.04729	76%-100% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.12	0.04729	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.14	0.04729	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.15	0.04729	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.17	0.04729	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.08	0.05123	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.07	0.05123	26%-50% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.08	0.05123	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.05123	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.05123	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.12	0.05123	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.14	0.05123	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.03	0.05310	26%-50% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.07	0.05310	26%-50% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.00	0.05310	76%-100% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.07	0.05310	26%-50% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.12	0.05310	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.05310	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.15	0.05310	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.26	0.05322	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.26	0.05322	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.03	0.04831	26%-50% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.09	0.04831	76%-100% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	1	30.00	0.18	0.11869	26%-50% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	1	90.00	0.18	0.11869	26%-50% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	2	30.00	0.15	0.12697	10%-25% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	12	30.00	0.18	0.12225	26%-50% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	12	30.00	0.42	0.12225	200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	1	30.00	0.17	0.14772	10%-25% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	1	90.00	0.50	0.14772	200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	12	30.00	0.01	0.15036	76%-100% Below	No	No
43547036909	VALSARTAN 160 MG TABLET	12	30.00	0.20	0.15036	26%-50% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	12	90.00	0.20	0.15036	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	1	90.00	0.17	0.19030	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547037009	VALSARTAN 320 MG TABLET	1	90.00	0.29	0.19030	51%-75% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	1	90.00	0.33	0.19030	51%-75% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	3	30.00	0.10	0.21999	51%-75% Below	No	No
43547037009	VALSARTAN 320 MG TABLET	4	90.00	0.51	0.21570	101%-200% Above	No	No
43547037509	IRBESARTAN 150 MG TABLET	2	90.00	0.07	0.11764	26%-50% Below	No	No
43547037509	IRBESARTAN 150 MG TABLET	12	90.00	0.31	0.11006	101%-200% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.33	0.18345	76%-100% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.33	0.18939	51%-75% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.73	0.18939	200% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.75	0.19053	200% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.33	0.17163	76%-100% Above	No	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.94	0.16567	200% Above	Yes	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	48.00	0.80	0.16567	200% Above	Yes	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.80	0.16567	200% Above	Yes	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.09	0.18345	26%-50% Below	No	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.73	0.18345	200% Above	Yes	No
43547039203	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	30.00	0.67	0.21215	200% Above	No	No
43547039203	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	90.00	0.17	0.21215	10%-25% Below	No	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	90.00	1.01	0.24647	200% Above	Yes	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	90.00	1.31	0.20657	200% Above	No	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	0.33	0.22214	26%-50% Above	No	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	4	90.00	0.93	0.22921	200% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	90.00	0.42	0.20657	101%-200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	90.00	1.31	0.20657	200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	0.33	0.22214	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	1.11	0.22214	200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	90.00	1.01	0.23038	200% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	90.00	1.01	0.23038	200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	4	90.00	0.93	0.22921	200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	12	30.00	0.50	0.20920	101%-200% Above	Yes	No
43547039950	CYCLOBENZAPRINE 5 MG TABLET	2	21.00	0.01	0.02055	26%-50% Below	No	No
43547040011	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.03	0.01757	26%-50% Above	No	No
43547040011	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.18	0.01758	200% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	3	90.00	0.02	0.02649	10%-25% Below	No	No
43547040111	FUROSEMIDE 20 MG TABLET	2	30.00	0.02	0.02485	26%-50% Below	No	No
43547040111	FUROSEMIDE 20 MG TABLET	3	90.00	0.01	0.02649	26%-50% Below	Yes	No
43547040210	FUROSEMIDE 40 MG TABLET	1	180.00	0.02	0.02862	10%-25% Below	No	No
43547040210	FUROSEMIDE 40 MG TABLET	2	30.00	0.02	0.03121	26%-50% Below	No	No
43547040210	FUROSEMIDE 40 MG TABLET	3	30.00	0.08	0.03299	101%-200% Above	No	No
43547040210	FUROSEMIDE 40 MG TABLET	12	180.00	0.02	0.02872	10%-25% Below	No	No
43547040211	FUROSEMIDE 40 MG TABLET	1	30.00	0.04	0.02862	26%-50% Above	Yes	No
43547040211	FUROSEMIDE 40 MG TABLET	3	30.00	0.02	0.03205	10%-25% Below	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	1	30.00	0.24	0.06099	200% Above	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	2	30.00	0.13	0.06975	76%-100% Above	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	2	30.00	0.14	0.06975	101%-200% Above	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	3	30.00	0.24	0.07993	101%-200% Above	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	3	30.00	0.28	0.07993	200% Above	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	12	30.00	0.17	0.05964	101%-200% Above	No	No
43547040410	PHENTERMINE 37.5 MG TABLET	12	30.00	0.24	0.05964	200% Above	No	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	20.00	0.04	0.03283	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547040550	METHOCARBAMOL 500 MG TABLET	1	20.00	0.07	0.03283	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	20.00	0.09	0.03283	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	60.00	0.04	0.03283	10%-25% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	2	60.00	0.07	0.03582	101%-200% Above	No	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	12.00	0.05	0.03806	10%-25% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	20.00	0.07	0.03806	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	20.00	0.12	0.03806	200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	30.00	0.07	0.03806	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	40.00	0.10	0.03806	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	60.00	0.07	0.03806	76%-100% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	60.00	0.07	0.03676	76%-100% Above	No	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	60.00	0.07	0.03676	76%-100% Above	Yes	No
43547040610	CLONAZEPAM 0.5 MG TABLET	2	25.00	0.07	0.02094	200% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.01	0.01935	26%-50% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.01	0.02094	51%-75% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.01	0.02094	51%-75% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.07	0.02178	200% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.01	0.02178	26%-50% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.01	0.02145	51%-75% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.01	0.02070	51%-75% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	1	30.00	0.01	0.02768	51%-75% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	2	10.00	0.01	0.02920	51%-75% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
43547040710	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.03013	51%-75% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	1	5.00	0.14	0.02768	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547040711	CLONAZEPAM 1 MG TABLET	1	30.00	0.01	0.02768	26%-50% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	1	30.00	0.01	0.02768	26%-50% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	1	60.00	0.01	0.02768	26%-50% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	5.00	0.14	0.02920	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	45.00	0.02	0.02920	10%-25% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	60.00	0.01	0.02920	51%-75% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	60.00	0.01	0.02920	51%-75% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	3	5.00	0.14	0.03013	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	3	45.00	0.02	0.03013	10%-25% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	3	60.00	0.01	0.03013	51%-75% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	3	90.00	0.01	0.03013	51%-75% Below	No	No
43547040711	CLONAZEPAM 1 MG TABLET	4	5.00	0.14	0.02994	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	12	30.00	0.01	0.02722	26%-50% Below	No	No
43547040750	CLONAZEPAM 1 MG TABLET	1	45.00	0.02	0.02768	10%-25% Below	No	No
43547041450	LISINOPRIL 2.5 MG TABLET	12	90.00	0.03	0.01341	101%-200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	26%-50% Below	No	No
43547041511	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	51%-75% Below	No	No
43547041511	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	26%-50% Below	No	No
43547041511	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01541	10%-25% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	10%-25% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01833	51%-75% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	4	90.00	0.02	0.01828	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547041611	LISINOPRIL 10 MG TABLET	4	90.00	0.02	0.01828	26%-50% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	12	90.00	0.26	0.01707	200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02538	26%-50% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	26%-50% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	10%-25% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	3	90.00	0.00	0.02621	76%-100% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	12	30.00	0.03	0.02387	26%-50% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	1	30.00	0.00	0.04219	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04453	26%-50% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	3	30.00	0.06	0.04653	10%-25% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	3	90.00	0.06	0.04653	26%-50% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	4	30.00	0.05	0.04696	10%-25% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	12	90.00	0.14	0.04222	200% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	30.00	0.01	0.02736	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	30.00	0.01	0.02736	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	45.00	0.01	0.02736	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.01	0.02736	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.03	0.02736	10%-25% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.08	0.02736	101%-200% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	30.00	0.01	0.02947	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	45.00	0.01	0.02947	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	30.00	0.01	0.03067	51%-75% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	30.00	0.04	0.03067	10%-25% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	45.00	0.01	0.03067	51%-75% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.02	0.03067	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.10	0.03086	200% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	45.00	0.10	0.03086	200% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.02	0.03086	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.03	0.03086	10%-25% Below	No	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.02	0.03656	26%-50% Below	Yes	No
43547042110	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.03	0.03656	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.02	0.03656	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.02	0.03656	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	180.00	0.03	0.03656	10%-25% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.02	0.04003	51%-75% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.01	0.04116	51%-75% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.04	0.04121	10%-25% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.04	0.03740	10%-25% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	180.00	0.02	0.03740	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.02	0.03779	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.03779	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.02	0.04107	51%-75% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.02	0.04107	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.03	0.04107	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.02	0.04244	51%-75% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.14	0.04231	200% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	0.11	0.03868	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	40.00	0.31	0.06913	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.17	0.06913	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.31	0.06913	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.33	0.06913	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.37	0.06913	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.31	0.07531	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.28	0.07531	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.31	0.07531	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.31	0.07531	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	30.00	0.03	0.07816	51%-75% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	30.00	0.33	0.07816	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.02	0.07816	51%-75% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.10	0.07816	10%-25% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.27	0.07816	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.28	0.07816	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	30.00	0.13	0.07748	51%-75% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	30.00	0.33	0.07748	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.27	0.07748	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.33	0.07748	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	30.00	0.39	0.06902	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.10	0.06902	26%-50% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.33	0.06902	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.37	0.06902	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	180.00	0.37	0.06902	200% Above	Yes	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	30.00	0.33	0.06913	200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.03	0.06913	51%-75% Below	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.33	0.08282	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.43	0.08282	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 582

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.50	0.08282	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.50	0.08282	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.51	0.08282	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.42	0.08282	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.50	0.08282	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.50	0.08282	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.16	0.08622	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.50	0.08622	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.39	0.08622	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.42	0.08622	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.67	0.08622	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.16	0.08792	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.50	0.08792	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.51	0.08792	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.32	0.08792	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.39	0.08792	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.16	0.08564	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.49	0.08564	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.32	0.08564	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.50	0.08665	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.17	0.08665	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.22	0.08665	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.22	0.08665	101%-200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.50	0.08665	200% Above	Yes	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.33	0.08282	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.43	0.08282	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.50	0.08282	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.04	0.08282	26%-50% Below	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.33	0.08622	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.39	0.08622	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.43	0.08622	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.33	0.08792	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.04	0.08564	26%-50% Below	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.33	0.08665	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.11	0.08669	26%-50% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.33	0.08669	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.42	0.08669	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.46	0.08669	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.42	0.09594	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.39	0.09772	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.33	0.09510	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.33	0.09510	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	30.00	0.54	0.08662	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.00	0.46	0.08662	200% Above	Yes	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.43	0.08669	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.05	0.09594	26%-50% Below	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.42	0.09594	200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	1	30.00	0.33	0.12478	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	2	30.00	0.17	0.13525	10%-25% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	2	90.00	0.50	0.13525	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 584

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547043109	FENOFIBRATE 145 MG TABLET	3	30.00	0.17	0.13841	10%-25% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	3	30.00	0.33	0.13841	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	3	90.00	0.24	0.13841	51%-75% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	4	30.00	0.17	0.13666	10%-25% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	4	90.00	0.55	0.13666	200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	12	30.00	0.33	0.12293	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	12	30.00	0.43	0.12293	200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	12	90.00	0.00	0.12293	76%-100% Below	No	No
43547043109	FENOFIBRATE 145 MG TABLET	12	90.00	0.50	0.12293	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	1	30.00	1.67	0.47759	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	1	90.00	1.96	0.47759	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	2	30.00	1.67	0.48266	200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	3	30.00	1.52	0.52687	101%-200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TB	12	30.00	1.97	0.47839	200% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	2	90.00	1.52	0.52753	101%-200% Above	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	1	90.00	0.05	0.10120	51%-75% Below	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	3	90.00	0.60	0.11856	200% Above	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	4	30.00	0.05	0.11382	51%-75% Below	No	No
43547052503	NEBIVOLOL 5 MG TABLET	1	90.00	0.63	0.10355	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	2	90.00	0.42	0.11119	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	3	60.00	0.00	0.11800	76%-100% Below	No	No
43547052509	NEBIVOLOL 5 MG TABLET	1	90.00	0.63	0.10355	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	1	30.00	0.74	0.13237	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	1	45.00	0.33	0.13237	101%-200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	1	90.00	0.28	0.13237	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547052603	NEBIVOLOL 10 MG TABLET	1	90.00	0.63	0.13237	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	1	90.00	0.74	0.13237	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	2	30.00	0.50	0.14323	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	2	45.00	0.33	0.14323	101%-200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	2	90.00	0.58	0.14323	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	3	90.00	0.46	0.15233	200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	4	90.00	0.18	0.15266	10%-25% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	4	90.00	0.28	0.15266	76%-100% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	4	90.00	0.46	0.15266	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	2	30.00	0.33	0.14323	101%-200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	2	30.00	0.63	0.14323	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	3	30.00	0.33	0.15233	101%-200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	4	30.00	0.33	0.15266	101%-200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	4	30.00	0.46	0.15266	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	12	30.00	0.33	0.13394	101%-200% Above	No	No
43547052703	NEBIVOLOL 20 MG TABLET	4	30.00	0.48	0.19259	101%-200% Above	No	No
43547052703	NEBIVOLOL 20 MG TABLET	4	90.00	0.48	0.19259	101%-200% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	1	30.00	0.17	0.05281	200% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	2	30.00	0.14	0.05799	101%-200% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	3	30.00	0.13	0.06663	76%-100% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	1	30.00	0.27	0.07407	200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	1	60.00	0.22	0.07407	200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	1	180.00	0.19	0.07407	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	2	30.00	0.19	0.07223	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	2	60.00	0.17	0.07223	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 586

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547054610	ENALAPRIL MALEATE 5 MG TABLET	3	60.00	0.17	0.08026	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	12	60.00	0.22	0.07139	200% Above	No	No
43547054710	ENALAPRIL MALEATE 10 MG TAB	3	90.00	0.07	0.08672	10%-25% Below	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	1	30.00	0.20	0.07686	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	1	30.00	0.23	0.07686	200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	2	90.00	0.20	0.08087	101%-200% Above	Yes	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	3	30.00	0.18	0.08672	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	4	30.00	0.28	0.08316	200% Above	No	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	1	30.00	0.43	0.10500	200% Above	No	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	1	180.00	0.28	0.10500	101%-200% Above	Yes	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	2	30.00	0.43	0.10508	200% Above	No	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	3	30.00	0.43	0.10958	200% Above	No	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	90.00	0.00	0.02305	76%-100% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	90.00	0.01	0.02305	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	180.00	0.02	0.02305	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.01	0.02500	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.02	0.02500	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	90.00	0.00	0.02500	76%-100% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	90.00	0.01	0.02500	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	180.00	0.02	0.02500	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.01	0.02583	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	45.00	0.02	0.02583	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.01	0.02583	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.00	0.02583	76%-100% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.02	0.02583	26%-50% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.02	0.02563	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.09	0.02563	200% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	90.00	0.09	0.02563	200% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	12	10.00	0.02	0.02290	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	12	90.00	0.01	0.02290	76%-100% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.03	0.03382	10%-25% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	90.00	0.01	0.03382	76%-100% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	90.00	0.01	0.03382	51%-75% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	90.00	0.02	0.03382	26%-50% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.03	0.03442	10%-25% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.03	0.03445	26%-50% Below	No	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	12	90.00	0.01	0.03191	51%-75% Below	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	1	270.00	0.02	0.03643	26%-50% Below	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	3	270.00	0.17	0.04050	200% Above	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	4	180.00	0.17	0.04008	200% Above	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	1	30.00	1.79	4.62290	51%-75% Below	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	1	30.00	7.44	4.62290	51%-75% Above	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	2	60.00	7.44	4.21309	76%-100% Above	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	3	30.00	1.79	4.00619	51%-75% Below	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	4	30.00	1.79	4.20537	51%-75% Below	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	4	60.00	7.44	4.20537	76%-100% Above	Yes	No
43547060210	LISDEXAMFETAMINE 10 MG CAPSULE	12	30.00	1.79	4.93496	51%-75% Below	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	0.17	4.50447	76%-100% Below	No	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	1.79	4.50447	51%-75% Below	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	7.44	4.50447	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	1	60.00	1.79	4.50447	51%-75% Below	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	0.17	4.08974	76%-100% Below	No	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	1.79	4.08974	51%-75% Below	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	7.44	4.08974	76%-100% Above	No	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	7.44	4.08974	76%-100% Above	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	2	60.00	0.25	4.08974	76%-100% Below	No	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	0.17	3.87585	76%-100% Below	No	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	1.79	3.87585	51%-75% Below	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	7.44	3.87585	76%-100% Above	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	1.79	4.13384	51%-75% Below	Yes	No
43547060310	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	7.44	4.13384	76%-100% Above	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	0.33	4.88566	76%-100% Below	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	1.79	4.88566	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	7.44	4.88566	51%-75% Above	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	7.44	4.88566	51%-75% Above	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	1	60.00	1.79	4.88566	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	2	21.00	1.79	4.44837	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	1.79	4.44837	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	7.44	4.44837	51%-75% Above	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	2	60.00	1.79	4.44837	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	1.79	4.26195	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	2.27	4.26195	26%-50% Below	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	7.44	4.26195	51%-75% Above	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	7.44	4.26195	51%-75% Above	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	3	90.00	1.79	4.26195	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	7.44	4.23122	51%-75% Above	No	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	4	60.00	1.79	4.23122	51%-75% Below	Yes	No
43547060410	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	1.79	5.35557	51%-75% Below	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	1.79	4.84722	51%-75% Below	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	7.44	4.84722	51%-75% Above	No	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	7.44	4.84722	51%-75% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	1.79	4.68536	51%-75% Below	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	7.44	4.68536	51%-75% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	2	90.00	7.44	4.68536	51%-75% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	1.79	4.59237	51%-75% Below	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	7.44	4.59237	51%-75% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	1.79	4.38959	51%-75% Below	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	7.44	4.38959	51%-75% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	12	17.00	7.57	4.76157	51%-75% Above	No	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	1.79	4.76157	51%-75% Below	Yes	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	1.79	5.11443	51%-75% Below	Yes	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	1.79	4.88006	51%-75% Below	Yes	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	7.44	4.88006	51%-75% Above	Yes	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	2	6.00	0.21	0.08955	101%-200% Above	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	3	6.00	0.08	0.09289	10%-25% Below	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	3	10.00	0.08	0.09289	10%-25% Below	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.16	0.12620	10%-25% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.51	0.14325	200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.16	0.12497	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	1	14.00	0.16	0.12620	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547068950	CIPROFLOXACIN HCL 500 MG TAB	2	6.00	0.12	0.13765	10%-25% Below	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	2	6.00	0.23	0.13765	51%-75% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	2	20.00	0.15	0.13765	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	2	20.00	0.17	0.13765	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.12	0.14575	10%-25% Below	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	3	42.00	0.12	0.14575	10%-25% Below	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.17	0.14325	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	12	10.00	0.16	0.12497	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.34	0.12497	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	12	20.00	0.14	0.12497	10%-25% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	1	30.00	0.00	0.02562	76%-100% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	2	30.00	0.00	0.02726	76%-100% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	3	30.00	0.07	0.02830	101%-200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	3	90.00	0.07	0.02830	101%-200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	4	30.00	0.07	0.02791	101%-200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	12	90.00	0.08	0.02573	200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	12	90.00	0.41	0.02573	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	82.00	0.00	0.03178	76%-100% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	90.00	0.00	0.03178	76%-100% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	90.00	0.10	0.03178	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	2	90.00	0.00	0.03400	76%-100% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598009905	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.03419	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	4	90.00	0.07	0.03419	76%-100% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	12	90.00	0.10	0.03166	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	12	90.00	0.59	0.03166	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	12	90.00	0.62	0.03166	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	30.00	0.10	0.04591	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	30.00	0.18	0.04591	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04591	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04591	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	90.00	0.14	0.04591	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	90.00	0.17	0.04591	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	30.00	0.17	0.04768	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	30.00	0.24	0.04768	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	90.00	0.14	0.04768	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.04653	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	12	90.00	0.10	0.04678	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	12	90.00	0.59	0.04678	200% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	1	90.00	0.19	0.07532	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598010305	ATORVASTATIN 80 MG TABLET	2	90.00	0.14	0.08222	51%-75% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	3	30.00	0.07	0.08492	10%-25% Below	No	No
43598010305	ATORVASTATIN 80 MG TABLET	3	90.00	0.16	0.08492	76%-100% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	4	90.00	0.16	0.08502	76%-100% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	4	90.00	0.26	0.08502	200% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	12	90.00	0.62	0.07506	200% Above	No	No
43598013901	KETOROLAC 10 MG TABLET	2	20.00	0.72	0.25658	101%-200% Above	No	No
43598013901	KETOROLAC 10 MG TABLET	12	15.00	0.69	0.29587	101%-200% Above	No	No
43598016430	OLANZAPINE 5 MG TABLET	1	90.00	0.03	0.08130	51%-75% Below	No	No
43598016430	OLANZAPINE 5 MG TABLET	12	30.00	0.03	0.08080	51%-75% Below	No	No
43598021040	SSD 1% CREAM	4	400.00	0.09	0.07014	26%-50% Above	No	No
43598021040	SSD 1% CREAM	12	400.00	0.04	0.06587	26%-50% Below	No	No
43598021055	SSD 1% CREAM	1	50.00	0.08	0.12997	26%-50% Below	No	No
43598021055	SSD 1% CREAM	2	50.00	0.08	0.13206	26%-50% Below	No	No
43598021085	SSD 1% CREAM	3	85.00	0.08	0.12381	26%-50% Below	No	No
43598021085	SSD 1% CREAM	4	85.00	0.17	0.12755	26%-50% Above	No	No
43598026704	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	180.00	0.40	0.65519	26%-50% Below	No	No
43598026704	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	180.00	0.33	0.64035	26%-50% Below	No	No
43598026704	ICOSAPENT ETHYL 1 GRAM CAPSULE	12	120.00	0.51	0.67224	10%-25% Below	No	No
43598029390	PREGABALIN 75 MG CAPSULE	4	90.00	0.63	0.06435	200% Above	Yes	No
43598029890	PREGABALIN 300 MG CAPSULE	1	60.00	0.05	0.07162	26%-50% Below	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	1.33	14.39834	76%-100% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	7.02	14.39834	51%-75% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	6.31	14.36773	51%-75% Below	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	7.02	14.36773	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	7.02	14.36773	51%-75% Below	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	6.31	12.08724	26%-50% Below	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	8.22	12.77122	26%-50% Below	No	No
43598035130	LURASIDONE HCL 20 MG TABLET	1	90.00	0.33	0.18061	76%-100% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	1	90.00	2.37	0.17873	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	2	60.00	0.25	0.18049	26%-50% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	3	20.00	0.75	0.18875	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	3	30.00	0.50	0.18875	101%-200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	4	3.00	1.93	0.19567	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	4	20.00	0.50	0.19567	101%-200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	12	60.00	0.25	0.19012	26%-50% Above	No	No
43598037230	COLCHICINE 0.6 MG TABLET	2	3.00	2.01	0.18049	200% Above	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	1	75.00	0.08	0.18133	51%-75% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	2	25.00	0.14	0.17715	10%-25% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	2	75.00	0.06	0.17715	51%-75% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	3	25.00	0.06	0.17515	51%-75% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	4	75.00	0.31	0.17201	76%-100% Above	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	12	25.00	0.14	0.18498	10%-25% Below	Yes	No
43598044828	NICOTINE 21 MG/24HR PATCH	1	30.00	0.96	1.49011	26%-50% Below	No	No
43598044828	NICOTINE 21 MG/24HR PATCH	3	28.00	0.01	1.52938	76%-100% Below	No	No
43598044870	NICOTINE 21 MG/24HR PATCH	3	28.00	0.01	1.52938	76%-100% Below	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	2	90.00	0.76	0.18780	200% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	3	28.00	0.54	0.18368	101%-200% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	3	28.00	0.88	0.18368	200% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	4	90.00	0.88	0.19246	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598050530	RALOXIFENE HCL 60 MG TABLET	2	90.00	1.07	0.26481	200% Above	Yes	No
43598050530	RALOXIFENE HCL 60 MG TABLET	4	90.00	0.66	0.26465	101%-200% Above	Yes	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	2	30.00	1.22	0.16142	200% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	3	30.00	1.11	0.16628	200% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	0.28	0.16726	51%-75% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	2	30.00	0.33	0.16142	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	1.43	0.12959	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	1.22	0.12959	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	1.11	0.14509	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	1.11	0.14509	200% Above	Yes	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.90	0.14621	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	1.43	0.13123	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	1.43	0.12959	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.66	0.14509	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	1.11	0.14509	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.05	0.13123	51%-75% Below	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	1.22	0.14027	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	1	30.00	0.01	0.07935	76%-100% Below	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	1	30.00	0.50	0.07935	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	1	90.00	1.25	0.07935	200% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	3	90.00	0.01	0.10499	76%-100% Below	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	12	30.00	0.11	0.08776	10%-25% Above	Yes	No
43598056601	FLUOXETINE HCL 20 MG TABLET	12	90.00	1.47	0.08776	200% Above	Yes	No
43598056630	FLUOXETINE HCL 20 MG TABLET	1	30.00	1.47	0.07935	200% Above	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	1	10.00	0.70	1.60806	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	2	8.00	0.88	1.78982	51%-75% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	2	30.00	0.74	1.78982	51%-75% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	3	30.00	0.23	1.87527	76%-100% Below	No	No
43598058030	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	3	21.00	1.22	3.50752	51%-75% Below	No	No
43598058030	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	3	28.00	1.22	3.50752	51%-75% Below	No	No
43598058030	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	3	28.00	2.97	3.50752	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	30.00	3.00	2.06266	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	90.00	3.00	2.06266	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	28.00	3.00	2.20343	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	60.00	3.00	2.20343	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	60.00	3.00	2.18676	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	14.00	2.92	2.11995	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	60.00	2.92	2.11995	26%-50% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	90.00	3.00	2.06266	26%-50% Above	No	No
43598058811	DIFLUPREDNATE 0.05% EYE DROP	1	5.00	5.98	11.97284	26%-50% Below	No	No
43598061930	SAXAGLIPTIN-METFORMIN ER 5-1,000 MG TABLET	1	30.00	2.83	9.64993	51%-75% Below	Yes	No
43598061930	SAXAGLIPTIN-METFORMIN ER 5-1,000 MG TABLET	3	180.00	0.21	9.86351	76%-100% Below	No	No
43598061930	SAXAGLIPTIN-METFORMIN ER 5-1,000 MG TABLET	4	90.00	12.22	9.96077	10%-25% Above	Yes	No
43598061930	SAXAGLIPTIN-METFORMIN ER 5-1,000 MG TABLET	12	30.00	2.83	9.55021	51%-75% Below	Yes	No
43598071901	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.01	0.07732	76%-100% Below	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	4	30.00	0.16	0.08618	76%-100% Above	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	12	90.00	0.17	0.07682	101%-200% Above	No	No
43598072001	CHLORTHALIDONE 50 MG TABLET	3	30.00	0.37	0.12555	101%-200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	1	60.00	0.25	0.15127	51%-75% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	1	90.00	0.68	0.15127	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	2	60.00	0.25	0.16194	51%-75% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	2	90.00	0.58	0.16194	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	2	90.00	0.64	0.16194	200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	0.25	0.16194	51%-75% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	3	30.00	0.58	0.16568	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	0.25	0.16568	26%-50% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	3	135.00	0.58	0.16568	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	3	180.00	0.58	0.16568	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.25	0.16435	51%-75% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	4	90.00	0.95	0.16435	200% Above	Yes	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	12	180.00	1.92	0.15462	200% Above	No	No
43598075260	BUPROPION HCL SR 150 MG TABLET	3	60.00	0.16	0.08298	76%-100% Above	No	No
43598075360	BUPROPION HCL SR 200 MG TABLET	2	10.00	0.34	0.12680	101%-200% Above	No	No
43598081112	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06134	26%-50% Below	No	No
43598081112	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.02	0.06211	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	14.00	0.02	0.06134	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.01	0.06134	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.02	0.06134	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.02	0.06134	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.03	0.06134	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06134	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	60.00	0.01	0.06134	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.01	0.06134	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.02	0.06134	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.02	0.06134	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598081115	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.01	0.06211	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.01	0.06211	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.02	0.06211	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.02	0.06211	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.02	0.06211	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	15.00	0.01	0.06323	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	20.00	0.02	0.06323	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.01	0.06323	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.02	0.06323	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.02	0.06323	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.03	0.06323	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.01	0.06323	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.01	0.06323	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.02	0.06323	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.03	0.06323	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.03	0.06323	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	180.00	0.01	0.06323	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	20.00	0.02	0.06110	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	20.00	0.02	0.06110	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.00	0.06110	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.01	0.06110	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.02	0.06110	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.03	0.06110	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.04	0.06110	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.04	0.06110	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.01	0.06110	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.01	0.06110	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.02	0.06110	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.02	0.06035	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.02	0.06035	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.03	0.06035	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.04	0.06035	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.04	0.06035	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.00	0.06035	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.02	0.06035	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.02	0.06035	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.02	0.06035	51%-75% Below	No	No
43598083105	ATORVASTATIN 20 MG TABLET	2	90.00	0.07	0.03400	76%-100% Above	No	No
43598083305	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	No	No
43598086360	BUPROPION HCL SR 150 MG TABLET	2	60.00	0.22	0.25895	10%-25% Below	Yes	No
43598086360	BUPROPION HCL SR 150 MG TABLET	3	60.00	0.22	0.26283	10%-25% Below	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.33	0.63695	26%-50% Below	No	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.93	0.63695	26%-50% Above	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.95	0.63695	26%-50% Above	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	0.33	0.59443	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	0.93	0.59443	51%-75% Above	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	0.95	0.59443	51%-75% Above	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.34	0.66278	26%-50% Below	No	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.95	0.66278	26%-50% Above	Yes	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	0.34	0.64928	26%-50% Below	No	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	0.93	0.64928	26%-50% Above	No	No
43975027810	DEXTROAMP-AMPHET ER 10 MG CAP	4	90.00	0.34	0.64928	26%-50% Below	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.93	0.68971	26%-50% Above	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.93	0.63922	26%-50% Above	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.93	0.61772	51%-75% Above	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.93	0.67969	26%-50% Above	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.93	0.71123	26%-50% Above	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.93	0.69996	26%-50% Above	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.93	0.68677	26%-50% Above	No	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	1.35	0.68677	76%-100% Above	No	No
43975028110	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	0.17	0.60523	51%-75% Below	No	No
43975028110	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	0.93	0.60523	51%-75% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.33	0.63305	26%-50% Below	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.93	0.58801	51%-75% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.66	0.59149	10%-25% Above	No	No
43975030510	FENOFIBRATE 134 MG CAPSULE	1	30.00	0.25	0.11542	101%-200% Above	No	No
43975030510	FENOFIBRATE 134 MG CAPSULE	2	30.00	0.25	0.12518	76%-100% Above	No	No
43975030510	FENOFIBRATE 134 MG CAPSULE	3	30.00	0.25	0.13530	76%-100% Above	No	No
43975030610	FENOFIBRATE 200 MG CAPSULE	3	90.00	0.00	0.15918	76%-100% Below	No	No
43975032309	TOLTERODINE TART ER 4 MG CAP	2	90.00	1.70	0.32912	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
44183010630	DOXEPIN TAB 6MG	12	60.00	0.01	.		No	No
44567040101	MEROPENEM INJ 1GM	2	21.00	20.52	.		No	No
44567040101	MEROPENEM INJ 1GM	2	25.00	20.52	.		No	No
44567040101	MEROPENEM INJ 1GM	3	4.00	20.52	.		No	No
44567040101	MEROPENEM INJ 1GM	3	18.00	20.52	.		No	No
44567040101	MEROPENEM INJ 1GM	3	21.00	20.52	.		No	No
45802000403	HYDROCORTISONE 2.5% CREAM	2	28.00	0.09	0.11195	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	2	28.00	0.10	0.11195	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	4	28.00	0.10	0.11566	10%-25% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	4	28.00	0.18	0.11566	51%-75% Above	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	4	28.00	0.18	0.11566	51%-75% Above	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	4	56.00	0.10	0.11566	10%-25% Below	Yes	No
45802000910	FLUOCINOLONE OIL 0.01% EAR DRP	1	20.00	2.49	0.90127	101%-200% Above	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	1	20.00	0.18	0.12558	26%-50% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	2	20.00	0.09	0.12627	26%-50% Below	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	2	20.00	0.09	0.12627	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	2	20.00	0.15	0.12627	10%-25% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	2	60.00	0.08	0.12627	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	3	20.00	0.18	0.12528	26%-50% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	3	40.00	0.08	0.12528	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	3	60.00	0.08	0.12528	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	4	20.00	0.18	0.12477	26%-50% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	12	20.00	0.18	0.12628	26%-50% Above	Yes	No
45802003846	ERYTHROMYCIN 2% SOLUTION	1	60.00	0.32	0.36951	10%-25% Below	No	No
45802003846	ERYTHROMYCIN 2% SOLUTION	2	60.00	0.27	0.40195	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802004935	TRIAMCINOLONE 0.5% OINTMENT	2	15.00	0.17	0.30882	26%-50% Below	No	No
45802005435	TRIAMCINOLONE 0.025% OINT	2	15.00	0.06	0.23162	51%-75% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	2	30.00	0.07	0.23162	51%-75% Below	No	No
45802005435	TRIAMCINOLONE 0.025% OINT	11	30.00	0.06	0.16536	51%-75% Below	No	No
45802005435	TRIAMCINOLONE 0.025% OINT	12	45.00	0.06	0.20412	51%-75% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	12	60.00	0.06	0.20412	51%-75% Below	No	No
45802005436	TRIAMCINOLONE 0.025% OINT	3	80.00	0.04	0.07443	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	1	30.00	0.04	0.11439	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	2	15.00	0.04	0.12388	51%-75% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	4	30.00	0.06	0.12247	51%-75% Below	No	No
45802005635	GENTAMICIN 0.1% CREAM	3	30.00	0.42	0.94717	51%-75% Below	No	No
45802005635	GENTAMICIN 0.1% CREAM	4	30.00	0.61	0.91934	26%-50% Below	Yes	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	2	30.00	0.36	0.14749	101%-200% Above	No	No
45802005935	NYSTATIN 100,000 UNIT/GM CREAM	1	15.00	0.61	0.19215	200% Above	No	No
45802005935	NYSTATIN 100,000 UNIT/GM CREAM	4	15.00	0.64	0.21763	101%-200% Above	No	No
45802006335	TRIAMCINOLONE 0.025% CREAM	1	30.00	0.11	0.12393	10%-25% Below	No	No
45802006335	TRIAMCINOLONE 0.025% CREAM	2	30.00	0.09	0.12690	26%-50% Below	No	No
45802006335	TRIAMCINOLONE 0.025% CREAM	3	30.00	0.08	0.12705	26%-50% Below	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.10	0.12708	10%-25% Below	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.14	0.12708	10%-25% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.21	0.12708	51%-75% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.16	0.12708	26%-50% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	2	15.00	0.10	0.13645	10%-25% Below	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	2	15.00	0.24	0.13645	51%-75% Above	No	No
45802006435	TRIAMCINOLONE 0.1% CREAM	2	60.00	0.10	0.13645	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 602

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802006435	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.19	0.12891	26%-50% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.07	0.05162	26%-50% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.06	0.05608	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.07	0.05608	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.10	0.05608	76%-100% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.10	0.05608	76%-100% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.07	0.05815	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.07	0.05815	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.09	0.05815	51%-75% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	2	15.00	0.25	0.22135	10%-25% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	2	30.00	0.34	0.22135	51%-75% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	3	15.00	0.33	0.23553	26%-50% Above	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	2	23.00	2.27	3.15474	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	2.27	3.19374	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	2.27	3.19374	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	2.40	3.19374	10%-25% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	2.75	3.19374	10%-25% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	2.83	3.19374	10%-25% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	2.75	3.22203	10%-25% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	12	23.00	1.71	3.16645	26%-50% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	1	42.50	1.58	0.42725	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	2	42.50	1.19	0.46010	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	2	42.50	1.58	0.46010	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	2	42.50	1.61	0.46010	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	3	42.50	0.88	0.49081	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 603

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802009735	ESTRADIOL 0.01% CREAM	3	42.50	1.15	0.49081	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	3	42.50	1.19	0.49081	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	4	42.50	1.58	0.48817	200% Above	No	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	2	30.50	0.49	0.92117	26%-50% Below	No	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	12	30.50	0.49	0.92628	26%-50% Below	No	No
45802010901	TRIAMCINOLONE 55 MCG NASAL SPR	3	16.90	1.35	0.72847	76%-100% Above	Yes	No
45802010901	TRIAMCINOLONE 55 MCG NASAL SPR	4	16.90	0.27	0.73559	51%-75% Below	No	No
45802011214	MUPIROCIN 2% OINTMENT	1	15.00	0.42	0.35041	10%-25% Above	No	No
45802011214	MUPIROCIN 2% OINTMENT	1	15.00	0.42	0.35041	10%-25% Above	No	No
45802011214	MUPIROCIN 2% OINTMENT	1	30.00	0.42	0.35041	10%-25% Above	No	No
45802011214	MUPIROCIN 2% OINTMENT	4	30.00	0.28	0.33443	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.11	0.16054	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.13	0.16054	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.25	0.16054	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.26	0.16054	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.11	0.16784	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.23	0.16784	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.27	0.16784	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.29	0.16784	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	0.10	0.16880	26%-50% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	0.23	0.16880	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	0.25	0.16880	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	0.27	0.16880	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	0.29	0.16880	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.29	0.16627	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 604

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.32	0.16627	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	44.00	0.23	0.16627	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	0.13	0.15681	10%-25% Below	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	0.23	0.15681	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	0.26	0.15681	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	0.34	0.15681	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	0.34	0.15681	101%-200% Above	No	No
45802011859	MOMETASONE FUROATE 0.1% SOLN	3	30.00	0.31	0.41615	26%-50% Below	No	No
45802011859	MOMETASONE FUROATE 0.1% SOLN	3	60.00	0.16	0.41615	51%-75% Below	Yes	No
45802011937	MOMETASONE FUROATE 0.1% OINT	1	15.00	0.99	0.36897	101%-200% Above	Yes	No
45802011937	MOMETASONE FUROATE 0.1% OINT	12	45.00	0.57	0.34575	51%-75% Above	No	No
45802011942	MOMETASONE FUROATE 0.1% OINT	4	45.00	0.34	0.24419	26%-50% Above	Yes	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	2	60.00	0.57	0.31096	76%-100% Above	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.52	0.34489	51%-75% Above	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	4	60.00	0.17	0.34788	51%-75% Below	No	No
45802013132	HALOBETASOL PROP 0.05% OINTMNT	2	50.00	0.23	0.44756	26%-50% Below	Yes	No
45802013132	HALOBETASOL PROP 0.05% OINTMNT	3	50.00	0.23	0.48551	51%-75% Below	No	No
45802013132	HALOBETASOL PROP 0.05% OINTMNT	12	50.00	0.31	0.41778	10%-25% Below	Yes	No
45802013970	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	0.63	0.20183	200% Above	Yes	No
45802022137	FLUTICASONE PROP 0.005% OINT	2	60.00	0.51	0.38811	26%-50% Above	Yes	No
45802022211	FLUTICASONE PROP 0.05% CREAM	1	30.00	0.50	0.21095	101%-200% Above	No	No
45802022211	FLUTICASONE PROP 0.05% CREAM	3	30.00	0.50	0.27514	76%-100% Above	No	No
45802022235	FLUTICASONE PROP 0.05% CREAM	1	30.00	0.45	0.28829	51%-75% Above	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	1	60.00	0.17	0.29834	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	1	60.00	0.19	0.29834	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 605

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	1	60.00	0.47	0.29834	51%-75% Above	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	2	60.00	0.16	0.29479	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	2	60.00	0.17	0.29479	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	2	60.00	0.19	0.29479	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.15	0.29633	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.16	0.29633	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.17	0.29633	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.17	0.29633	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.19	0.29633	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	4	60.00	0.47	0.29330	51%-75% Above	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	12	60.00	0.25	0.30332	10%-25% Below	Yes	No
45802036862	IMIQUIMOD 5% CREAM PACKET	1	12.00	1.43	1.11784	26%-50% Above	No	No
45802038301	CLINDAMYC-BNZ PEROX 1.2-3.75%	4	50.00	2.36	4.63518	26%-50% Below	No	No
45802041059	NASAL SPRAY 0.05%	3	30.00	0.11	0.07170	26%-50% Above	No	No
45802041926	AMMONIUM LACTATE 12% LOTION	1	800.00	0.02	0.05571	51%-75% Below	Yes	No
45802042335	DESONIDE 0.05% OINTMENT	1	30.00	0.50	0.40024	10%-25% Above	No	No
45802045384	ADAPALENE 0.1% CREAM	12	45.00	1.48	2.44592	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.04	0.09631	51%-75% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.06	0.09631	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.06	0.09631	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.07	0.09631	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 606

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.07	0.09631	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	360.00	0.05	0.09631	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.04	0.09667	51%-75% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.04	0.09667	51%-75% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	51%-75% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.06	0.09667	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.06	0.09667	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.07	0.09667	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	240.00	0.06	0.09667	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	240.00	0.06	0.09667	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	360.00	0.05	0.09667	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.06	0.09539	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.06	0.09539	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.06	0.09539	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.06	0.09539	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.07	0.09539	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.04	0.09006	51%-75% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.06	0.09006	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.06	0.09006	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.06	0.09006	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.07	0.09006	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.07	0.09006	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 607

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802046564	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.07	0.09006	10%-25% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.09525	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.09525	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.06	0.09525	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.06	0.09525	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	360.00	0.05	0.09525	26%-50% Below	No	No
45802048526	FLUOCINOLONE 0.01% SCALP OIL	2	118.28	0.13	0.17712	26%-50% Below	No	No
45802048526	FLUOCINOLONE 0.01% SCALP OIL	3	118.28	0.09	0.18997	51%-75% Below	No	No
45802049326	AMMONIUM LACTATE 12% CREAM	3	385.00	0.04	0.07310	26%-50% Below	Yes	No
45802049383	AMMONIUM LACTATE 12% CREAM	2	140.00	0.04	0.06341	26%-50% Below	No	No
45802049383	AMMONIUM LACTATE 12% CREAM	2	700.00	0.03	0.06341	26%-50% Below	No	No
45802049535	DESOXIMETASONE 0.25% CREAM	3	60.00	0.20	0.47749	51%-75% Below	Yes	No
45802050704	CLINDAMYCIN-BNZ PEROX 1-5% PMP	1	50.00	0.26	0.70231	51%-75% Below	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	3	60.00	0.38	0.18603	101%-200% Above	No	No
45802057884	NALOXONE HCL 4 MG NASAL SPRAY	2	2.00	11.62	28.14731	51%-75% Below	No	No
45802058046	SCOPOLAMINE 1 MG/3 DAY PATCH	2	10.00	5.93	5.24038	10%-25% Above	Yes	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	2	150.00	0.05	0.02234	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	3	75.00	0.03	0.02147	26%-50% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	3	150.00	0.05	0.02147	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	4	75.00	0.04	0.02174	76%-100% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	4	75.00	0.06	0.02174	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	12	118.00	0.05	0.02149	101%-200% Above	No	No
45802065075	LORATADINE 10 MG TABLET	1	30.00	0.03	0.05194	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	1	30.00	0.04	0.05194	10%-25% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	1	30.00	0.04	0.05194	10%-25% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 608

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802065075	LORATADINE 10 MG TABLET	1	60.00	0.04	0.05194	10%-25% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	1	90.00	0.04	0.05194	10%-25% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	2	15.00	0.03	0.05618	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	2	30.00	0.03	0.05618	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	2	30.00	0.04	0.05618	10%-25% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	2	90.00	0.03	0.05618	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	2	90.00	0.04	0.05618	10%-25% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05832	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	3	30.00	0.04	0.05832	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	3	30.00	0.04	0.05832	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	3	90.00	0.03	0.05832	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	3	90.00	0.04	0.05832	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	4	90.00	0.04	0.05851	10%-25% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	12	30.00	0.03	0.05176	26%-50% Below	Yes	No
45802065075	LORATADINE 10 MG TABLET	12	30.00	0.04	0.05176	10%-25% Below	No	No
45802065075	LORATADINE 10 MG TABLET	12	90.00	0.02	0.05176	51%-75% Below	Yes	No
45802065087	LORATADINE 10 MG TABLET	1	30.00	0.03	0.05194	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	1	90.00	0.02	0.05194	51%-75% Below	No	No
45802065087	LORATADINE 10 MG TABLET	1	90.00	0.03	0.05194	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	1	90.00	0.03	0.05194	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	2	90.00	0.03	0.05618	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05832	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	3	30.00	0.04	0.05832	10%-25% Below	No	No
45802065087	LORATADINE 10 MG TABLET	3	90.00	0.05	0.05832	10%-25% Below	No	No
45802065087	LORATADINE 10 MG TABLET	4	30.00	0.12	0.05851	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 609

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802065087	LORATADINE 10 MG TABLET	4	90.00	0.02	0.05851	51%-75% Below	No	No
45802065087	LORATADINE 10 MG TABLET	12	30.00	0.03	0.05176	26%-50% Below	No	No
45802065087	LORATADINE 10 MG TABLET	12	90.00	0.03	0.05176	26%-50% Below	No	No
45802071708	TERCONAZOLE 80 MG SUPPOSITORY	1	3.00	15.18	18.45905	10%-25% Below	Yes	No
45802075401	TESTOSTERONE 1.62% GEL PUMP	12	150.00	0.57	0.43299	26%-50% Above	No	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	2	10.00	0.92	2.14027	51%-75% Below	No	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	3	10.00	1.22	2.52426	51%-75% Below	No	No
45802086802	POLYETHYLENE GLYCOL 3350 POWD	4	238.00	0.06	0.02438	101%-200% Above	No	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	2	15.00	0.94	0.36725	101%-200% Above	No	No
45802088014	NYSTATIN-TRIAMCINOLONE CREAM	3	15.00	0.94	0.43991	101%-200% Above	No	No
45802089626	SULFACETAMIDE SOD 10% TOP SUSP	12	118.00	0.48	0.55791	10%-25% Below	Yes	No
45802090096	CLINDAMYCIN PH 1% GEL	1	60.00	0.45	0.12967	200% Above	No	No
45802090096	CLINDAMYCIN PH 1% GEL	2	60.00	0.08	0.13275	26%-50% Below	No	No
45802090096	CLINDAMYCIN PH 1% GEL	2	60.00	0.46	0.13275	200% Above	No	No
45802090096	CLINDAMYCIN PH 1% GEL	3	60.00	0.45	0.13780	200% Above	No	No
45802090096	CLINDAMYCIN PH 1% GEL	12	60.00	0.46	0.13454	200% Above	No	No
45802091987	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
45802093716	HYDROCORTISONE 2.5% LOTION	12	59.00	0.14	0.17147	10%-25% Below	No	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	1	354.00	0.02	0.03687	26%-50% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	12	240.00	0.02	0.03637	26%-50% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	2	300.00	0.01	0.02318	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	2	473.00	0.01	0.02318	51%-75% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	3	473.00	0.01	0.02484	51%-75% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	4	120.00	0.03	0.02573	10%-25% Above	No	No
45802096272	ERY 2% PADS	1	180.00	0.59	1.16453	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 610

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	2	39.00	0.05	0.03732	26%-50% Above	No	No
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	4	75.00	0.04	0.03675	10%-25% Above	No	No
45963014205	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.29	0.13055	101%-200% Above	No	No
45963043864	ENULOSE 10 GM/15 ML SOLUTION	2	946.00	0.00	0.01239	51%-75% Below	No	No
45963043864	ENULOSE 10 GM/15 ML SOLUTION	3	946.00	0.01	0.01289	26%-50% Below	No	No
45963043963	CONSTULOSE 10 GM/15 ML SOLN	2	450.00	0.01	0.01974	51%-75% Below	No	No
45963043963	CONSTULOSE 10 GM/15 ML SOLN	3	900.00	0.01	0.01947	26%-50% Below	No	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	4	300.00	0.03	0.01809	26%-50% Above	No	No
45963053930	ONDANSETRON HCL 8 MG TABLET	1	15.00	0.04	0.08108	51%-75% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	1	60.00	0.01	0.02079	51%-75% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	1	90.00	0.02	0.02079	10%-25% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02246	51%-75% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	2	360.00	0.01	0.02246	51%-75% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	3	30.00	0.06	0.02330	101%-200% Above	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	3	60.00	0.06	0.02330	101%-200% Above	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	3	90.00	0.06	0.02330	101%-200% Above	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	4	90.00	0.06	0.02304	101%-200% Above	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	12	90.00	0.06	0.02070	101%-200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	30.00	0.02	0.03533	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	42.00	0.05	0.03533	26%-50% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	60.00	0.02	0.03533	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	540.00	0.01	0.03533	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	30.00	0.01	0.03674	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	30.00	0.04	0.03674	10%-25% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45963055650	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03674	26%-50% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	3	20.00	0.07	0.03671	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	3	30.00	0.07	0.03671	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	3	120.00	0.01	0.03671	51%-75% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	4	28.00	0.07	0.03509	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	4	90.00	0.13	0.03509	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	12	30.00	0.14	0.03474	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	12	90.00	0.14	0.03474	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	12	180.00	0.13	0.03474	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	12	270.00	0.02	0.03474	26%-50% Below	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	1	90.00	0.01	0.04393	51%-75% Below	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	2	90.00	0.01	0.04707	51%-75% Below	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	2	180.00	0.01	0.04707	51%-75% Below	No	No
45963055750	GABAPENTIN 400 MG CAPSULE	3	180.00	0.01	0.04947	51%-75% Below	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	1	15.00	0.11	0.05821	76%-100% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.13	0.05821	101%-200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.21	0.05821	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.21	0.05821	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	2	60.00	0.22	0.05925	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.11	0.05925	76%-100% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.10	0.06388	51%-75% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.21	0.06388	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45963067611	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.23	0.06388	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	4	60.00	0.22	0.06482	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.21	0.06482	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	12	60.00	0.11	0.05663	76%-100% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.21	0.05663	200% Above	No	No
45963067611	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.25	0.05663	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.40	0.10797	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.17	0.11223	51%-75% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.33	0.11223	101%-200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.38	0.11223	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.17	0.12306	26%-50% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.22	0.12306	76%-100% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.33	0.11955	101%-200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	12	45.00	0.23	0.09765	101%-200% Above	No	No
45963067796	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.20	0.09765	101%-200% Above	Yes	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.13	0.05304	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.22	0.05304	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05304	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.24	0.05304	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	2	60.00	0.11	0.05453	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.00	0.05453	76%-100% Below	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	3	60.00	0.22	0.05896	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45963070911	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.10	0.05896	51%-75% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05936	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	4	60.00	0.24	0.05936	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.24	0.05936	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.26	0.05304	200% Above	No	No
46122046265	GNP ALLERGY RELIEF 180 MG TAB	2	30.00	0.14	0.24884	26%-50% Below	No	No
46122046265	GNP ALLERGY RELIEF 180 MG TAB	3	30.00	0.14	0.27225	26%-50% Below	No	No
46122046265	GNP ALLERGY RELIEF 180 MG TAB	4	30.00	0.14	0.27180	26%-50% Below	No	No
46122046275	GNP ALLERGY RELIEF 180 MG TAB	2	90.00	0.14	0.24884	26%-50% Below	No	No
46122046275	GNP ALLERGY RELIEF 180 MG TAB	12	90.00	0.14	0.23198	26%-50% Below	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.50	0.10873	200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.50	0.11967	200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.69	0.11967	200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	2	90.00	0.22	0.11967	76%-100% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	4	30.00	0.34	0.12119	101%-200% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	12	30.00	0.50	0.10900	200% Above	No	No
47335032683	NALTREXONE 50 MG TABLET	2	30.00	0.50	1.00496	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	2	90.00	0.51	1.00496	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	3	30.00	0.51	1.07946	51%-75% Below	No	No
47335053981	NIACIN ER 500 MG TABLET	1	90.00	0.22	0.14118	51%-75% Above	Yes	No
47335063349	BUDESONIDE 1 MG/2 ML INH SUSP	2	60.00	1.78	4.10104	51%-75% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.05918	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.05918	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.04	0.05918	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.05918	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 614

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.04	0.05918	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	300.00	0.04	0.05918	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06023	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.04	0.06023	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.04	0.06023	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.04	0.06138	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.03	0.06138	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.04	0.06138	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.07	0.06138	10%-25% Above	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	300.00	0.04	0.06138	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	0.04	0.06102	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	0.07	0.06102	10%-25% Above	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.00	0.03	0.06054	51%-75% Below	Yes	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.02	0.05962	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.05962	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.05962	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	180.00	0.03	0.05962	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.05917	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	0.03	0.05776	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	90.00	0.07	0.05869	10%-25% Above	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	180.00	0.07	0.05869	10%-25% Above	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	11	180.00	0.03	0.05893	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.03	0.06036	51%-75% Below	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	360.00	0.03	0.05609	26%-50% Below	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	180.00	0.07	0.05816	10%-25% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 615

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	60.00	0.05	0.09930	51%-75% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	90.00	0.05	0.09930	51%-75% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	360.00	0.05	0.09930	51%-75% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	1080.00	0.05	0.09930	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.05	0.09732	51%-75% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.06	0.09732	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	1080.00	0.07	0.09732	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	90.00	0.07	0.08741	10%-25% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	180.00	0.06	0.09492	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	360.00	0.05	0.09492	26%-50% Below	Yes	No
47335090388	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.22	0.04079	200% Above	No	No
47781001101	HYOSCYAMINE 0.125 MG TAB SL	2	60.00	0.25	0.20567	10%-25% Above	Yes	No
47781010444	ESTRADIOL 0.01% CREAM	12	42.50	0.35	0.42505	10%-25% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	18.00	0.08	0.12752	26%-50% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	24.00	0.06	0.12752	51%-75% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.07	0.12752	26%-50% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.06	0.13022	51%-75% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.06	0.13022	51%-75% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	40.00	0.06	0.13022	51%-75% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	10.00	0.10	0.13388	10%-25% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	12.00	0.06	0.13388	51%-75% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	12.00	0.08	0.13388	26%-50% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	12.00	0.08	0.13388	26%-50% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	12.00	0.10	0.13388	10%-25% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	25.00	0.06	0.13388	51%-75% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 616

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	12.00	0.37	0.12826	101%-200% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	30.00	0.10	0.12826	10%-25% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	30.00	0.37	0.12826	101%-200% Above	No	No
47781023001	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	20.00	0.13	0.24460	26%-50% Below	Yes	No
47781023001	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	90.00	0.11	0.27219	51%-75% Below	Yes	No
47781030301	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.49	0.30818	51%-75% Above	No	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	1	15.00	1.80	1.60806	10%-25% Above	Yes	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	1	60.00	0.00	1.60806	76%-100% Below	No	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	2	60.00	0.00	1.78982	76%-100% Below	No	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	3	60.00	0.00	1.87527	76%-100% Below	No	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	4	60.00	0.00	1.88584	76%-100% Below	No	No
47781035503	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	12	15.00	1.80	1.60557	10%-25% Above	Yes	No
47781035603	BUPRENORPHINE-NALOXONE 4-1 MG SL FILM	1	9.00	4.16	2.84989	26%-50% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	60.00	4.20	2.06266	101%-200% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	60.00	4.20	2.20343	76%-100% Above	Yes	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	75.00	4.20	2.06266	101%-200% Above	Yes	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.29	0.17483	51%-75% Above	Yes	No
47781042347	FENTANYL 12 MCG/HR PATCH	1	10.00	5.01	9.27834	26%-50% Below	No	No
47781047013	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.71	0.99337	51%-75% Above	No	No
47781047013	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.71	1.15416	26%-50% Above	No	No
47781056201	LISDEXAMFETAMINE 10 MG CAPSULE	2	30.00	0.17	4.21309	76%-100% Below	No	No
47781056201	LISDEXAMFETAMINE 10 MG CAPSULE	2	30.00	1.79	4.21309	51%-75% Below	Yes	No
47781056201	LISDEXAMFETAMINE 10 MG CAPSULE	3	30.00	1.86	4.00619	51%-75% Below	No	No
47781056201	LISDEXAMFETAMINE 10 MG CAPSULE	12	30.00	2.54	4.93496	26%-50% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	5.91	4.50447	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 617

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.00	0.50	4.98479	76%-100% Below	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	1.75	4.88566	51%-75% Below	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	1	60.00	1.75	4.88566	51%-75% Below	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	0.50	4.44837	76%-100% Below	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	0.50	4.26195	76%-100% Below	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	0.50	5.35557	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	5.91	4.84722	10%-25% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.23	4.68536	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	5.91	4.68536	26%-50% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	5.91	4.59237	26%-50% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	4	90.00	0.50	4.38959	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	0.23	4.76157	76%-100% Below	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	0.33	5.11443	76%-100% Below	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	5.91	5.11443	10%-25% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	1.79	4.88006	51%-75% Below	Yes	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	5.91	4.88006	10%-25% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	5.91	4.77768	10%-25% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	5.91	5.18947	10%-25% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	5.91	4.91264	10%-25% Above	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	0.50	6.08993	76%-100% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	2.82	6.08993	51%-75% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	2.99	6.08993	26%-50% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	0.17	5.66960	76%-100% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	4.76	5.66960	10%-25% Below	Yes	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	2.27	5.74826	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 618

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	2.27	5.49417	51%-75% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	0.17	5.90065	76%-100% Below	No	No
47781060730	DISULFIRAM 250 MG TABLET	1	30.00	0.33	1.35224	51%-75% Below	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	1	140.00	0.02	0.04300	26%-50% Below	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.06	0.04343	26%-50% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.06	0.04513	10%-25% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.02	0.04513	51%-75% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.06	0.04300	26%-50% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.13	0.07794	51%-75% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.03	0.04300	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.02	0.04343	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.02	0.04513	26%-50% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	12	72.00	0.02	0.04342	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.03	0.05398	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.05398	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.03	0.05750	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.02	0.05750	51%-75% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.05750	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.03	0.05170	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.06	0.05170	10%-25% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.06	0.05075	10%-25% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.03	0.05398	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.04	0.05398	10%-25% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781064390	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.05398	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.04	0.05398	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.03	0.05750	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.04	0.05750	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.05	0.05750	10%-25% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.05750	51%-75% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.05750	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.04	0.05750	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.05	0.05881	10%-25% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.04	0.05881	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.06	0.05170	10%-25% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.03	0.05170	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.04	0.05170	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.04	0.05170	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	26%-50% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	26%-50% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.04	0.05769	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.03	0.05334	26%-50% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.04	0.05334	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	1	30.00	0.03	0.05079	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	1	60.00	0.03	0.05079	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.05079	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.05079	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	4.00	0.03	0.05432	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.03	0.05432	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 620

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.05	0.05432	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.03	0.05769	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.05	0.05769	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.05769	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.05769	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.11	0.05769	76%-100% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.05	0.05779	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.13	0.05779	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.11	0.05779	76%-100% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.03	0.06733	51%-75% Below	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.04	0.06719	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	1	60.00	0.04	0.05802	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	2	78.00	0.03	0.06194	51%-75% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.01	0.06194	76%-100% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.04	0.06733	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	4	30.00	0.06	0.06719	10%-25% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	12	90.00	0.03	0.05732	51%-75% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	12	90.00	0.04	0.05732	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05386	51%-75% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.04	0.05519	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.05	0.05519	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.05	0.05854	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	3	60.00	0.03	0.05854	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 621

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781065110	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.04	0.05854	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.04	0.05929	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.03	0.05509	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.03	0.05519	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.05	0.05519	10%-25% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.03	0.05854	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.13	0.05929	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	12	30.00	0.03	0.05509	51%-75% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.04	0.05509	26%-50% Below	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.04	0.07351	26%-50% Below	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.05	0.07351	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.03	0.06852	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.06	0.07192	10%-25% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.04	0.07192	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.04	0.07351	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	4	30.00	0.13	0.07308	76%-100% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.04	0.07308	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.04	0.06916	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.04	0.07133	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.04	0.07133	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.05	0.07133	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.06	0.07133	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781065710	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.06	0.07216	10%-25% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.04	0.07216	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.04	0.07216	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.06	0.07216	10%-25% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	3	30.00	0.04	0.07712	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.04	0.07712	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.05	0.07485	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.05	0.07485	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.06	0.07177	10%-25% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	12	90.00	0.05	0.07177	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.04	0.07216	26%-50% Below	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	12	30.00	0.06	0.07359	10%-25% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	1	30.00	0.06	0.07306	10%-25% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	2	30.00	0.06	0.07827	10%-25% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.04	0.07827	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.05	0.08487	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.05	0.08487	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.05	0.07359	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.04	0.07130	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.05	0.07130	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	1	82.00	0.04	0.07130	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.05	0.07130	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	2	30.00	0.04	0.07890	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	2	30.00	0.06	0.07890	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.04	0.08267	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781066290	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.06	0.08267	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.08267	51%-75% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.08267	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.13	0.08036	51%-75% Above	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.11	0.08036	26%-50% Above	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	12	30.00	0.06	0.07092	10%-25% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.04	0.07092	26%-50% Below	No	No
47781066510	LEVOTHYROXINE 175 MCG TABLET	2	30.00	0.07	0.09185	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	1	30.00	0.07	0.08637	10%-25% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.04	0.08637	51%-75% Below	No	No
47781066810	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.06	0.09532	26%-50% Below	No	No
47781066810	LEVOTHYROXINE 200 MCG TABLET	3	97.00	0.07	0.10149	26%-50% Below	No	No
47781066810	LEVOTHYROXINE 200 MCG TABLET	12	97.00	0.07	0.09085	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	1	30.00	0.07	0.08973	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	1	90.00	0.06	0.08973	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.06	0.10149	26%-50% Below	No	No
47781091091	TESTOSTERONE CYP 2,000 MG/10 ML	1	10.00	3.02	2.63257	10%-25% Above	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	1	2.00	4.95	12.23459	51%-75% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	1	3.00	6.67	12.23459	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	1	4.00	7.85	12.23459	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	2	1.00	11.71	13.03302	10%-25% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.67	13.03302	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.08	13.01273	51%-75% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	4	2.00	5.01	12.99474	51%-75% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	4	4.00	9.36	12.99474	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781091193	TESTOSTERONE CYP 200 MG/ML	12	2.00	7.85	12.37528	26%-50% Below	No	No
47781091401	DEXAMETHASONE 4 MG TABLET	1	6.00	0.19	0.27120	26%-50% Below	No	No
49035019502	EQ NICOTINE DIS 14MG/24H	3	28.00	1.54	.		No	No
49035056314	ASPIRIN LOW TAB 81MG EC	2	30.00	0.01	.		No	No
49035056317	ASPIRIN LOW TAB 81MG EC	1	90.00	0.01	.		No	No
49281012465	FLUZONE HD INJ 2024-25	2	0.50	138.26	.		Yes	No
49281040020	ADACEL INJ	2	0.50	92.46	.		No	No
49281040020	ADACEL INJ	3	0.50	92.16	.		No	No
49281040020	ADACEL INJ	4	0.50	92.46	.		No	No
49281042450	FLUZONE INJ 2024-25	1	0.50	38.80	.		No	No
49281042450	FLUZONE INJ 2024-25	1	0.50	38.80	.		Yes	No
49281042450	FLUZONE INJ 2024-25	12	0.50	39.00	.		No	No
49281057415	BEYFORTUS INJ 100MG/ML	1	1.00	490.54	.		No	No
49281059005	MENQUADFI INJ	12	0.50	316.56	.		Yes	No
49281072410	FLUBLOK INJ 2024-25	1	0.50	138.26	.		No	No
49281072410	FLUBLOK INJ 2024-25	1	0.50	139.18	.		No	No
49281072410	FLUBLOK INJ 2024-25	1	0.50	140.62	.		No	No
49281072410	FLUBLOK INJ 2024-25	12	0.50	126.56	.		No	No
49281072410	FLUBLOK INJ 2024-25	12	0.50	140.62	.		No	No
49483034150	ACETAMINOPHEN 500 MG TABLET	3	18.00	0.33	0.03324	200% Above	Yes	No
49483048110	ASPIRIN EC 81 MG TABLET	1	30.00	0.01	0.01368	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	2	30.00	0.01	0.01473	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	2	90.00	0.01	0.01473	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	3	30.00	0.01	0.01553	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	4	90.00	0.06	0.01536	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483048112	ASPIRIN EC 81 MG TABLET	1	30.00	0.01	0.01368	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	1	60.00	0.01	0.01368	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	1	90.00	0.03	0.01368	101%-200% Above	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	2	30.00	0.01	0.01473	26%-50% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	2	30.00	0.01	0.01473	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	2	90.00	0.01	0.01473	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	2	90.00	0.03	0.01473	76%-100% Above	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	3	90.00	0.00	0.01553	76%-100% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	3	90.00	0.01	0.01553	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	3	90.00	0.01	0.01553	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	4	90.00	0.01	0.01536	10%-25% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	4	90.00	0.03	0.01536	76%-100% Above	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	12	60.00	0.01	0.01317	26%-50% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	12	60.00	0.01	0.01317	10%-25% Below	Yes	No
49483048112	ASPIRIN EC 81 MG TABLET	12	90.00	0.04	0.01317	200% Above	No	No
49483060201	IBUPROFEN 400 MG TABLET	12	16.00	0.13	0.03908	200% Above	No	No
49483060250	IBUPROFEN 400 MG TABLET	1	30.00	0.03	0.03855	26%-50% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	3	30.00	0.02	0.04449	51%-75% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	4	20.00	0.04	0.04497	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	1	21.00	0.04	0.04794	10%-25% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	1	21.00	0.06	0.04794	26%-50% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	1	30.00	0.03	0.04794	26%-50% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	1	30.00	0.04	0.04794	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	1	40.00	0.04	0.04794	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	1	60.00	0.03	0.04794	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060350	IBUPROFEN 600 MG TABLET	2	10.00	0.05	0.04873	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	15.00	0.02	0.04873	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	21.00	0.03	0.04873	26%-50% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	21.00	0.04	0.04873	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	28.00	0.03	0.04873	26%-50% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	2	28.00	0.03	0.04873	26%-50% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	30.00	0.03	0.04873	26%-50% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	30.00	0.04	0.04873	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	2	40.00	0.04	0.04873	10%-25% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	3	18.00	0.02	0.04951	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	3	20.00	0.02	0.04951	51%-75% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	3	20.00	0.02	0.04951	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	3	20.00	0.06	0.04951	10%-25% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	3	21.00	0.06	0.04951	10%-25% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	3	30.00	0.02	0.04951	51%-75% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	3	30.00	0.03	0.04951	26%-50% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	3	30.00	0.04	0.04951	10%-25% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	3	45.00	0.02	0.04951	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	3	60.00	0.02	0.04951	51%-75% Below	No	No
49483060350	IBUPROFEN 600 MG TABLET	3	60.00	0.02	0.04951	51%-75% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	3	60.00	0.04	0.04951	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	3	90.00	0.04	0.04951	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	4	15.00	0.07	0.05019	26%-50% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	4	20.00	0.19	0.05019	200% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	4	20.00	0.19	0.05019	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060350	IBUPROFEN 600 MG TABLET	4	30.00	0.19	0.05019	200% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	4	60.00	0.19	0.05019	200% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	4	60.00	0.19	0.05019	200% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	4	90.00	0.04	0.05019	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	12	10.00	0.09	0.04830	76%-100% Above	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	12	20.00	0.19	0.04830	200% Above	No	No
49483060350	IBUPROFEN 600 MG TABLET	12	30.00	0.04	0.04830	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	12	60.00	0.04	0.04830	10%-25% Below	Yes	No
49483060350	IBUPROFEN 600 MG TABLET	12	90.00	0.04	0.04830	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	14.00	0.02	0.05620	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	15.00	0.03	0.05620	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	15.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	16.00	0.05	0.05620	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	18.00	0.03	0.05620	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	20.00	0.04	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	20.00	0.05	0.05620	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	20.00	0.05	0.05620	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	20.00	0.05	0.05620	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	20.00	0.07	0.05620	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	21.00	0.02	0.05620	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	21.00	0.03	0.05620	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	21.00	0.04	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	21.00	0.05	0.05620	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	24.00	0.04	0.05620	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	28.00	0.04	0.05620	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.02	0.05620	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.02	0.05620	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05620	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.05	0.05620	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	42.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	60.00	0.02	0.05620	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05620	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	60.00	0.04	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	90.00	0.02	0.05620	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	90.00	0.02	0.05620	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	100.00	0.04	0.05620	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	1	270.00	0.02	0.05620	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	270.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	270.00	0.03	0.05620	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	16.00	0.03	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	16.00	0.03	0.06029	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	2	16.00	0.05	0.06029	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	20.00	0.03	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	20.00	0.03	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	20.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	20.00	0.04	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	20.00	0.05	0.06029	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	21.00	0.03	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	21.00	0.04	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	21.00	0.04	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	22.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	24.00	0.04	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	24.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	28.00	0.04	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	30.00	0.05	0.06029	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	32.00	0.04	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	42.00	0.03	0.06029	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	2	45.00	0.03	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	60.00	0.03	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	60.00	0.03	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	69.00	0.03	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	90.00	0.01	0.06029	76%-100% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	2	270.00	0.02	0.06029	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	15.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	15.00	0.05	0.06324	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	15.00	0.05	0.06324	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	15.00	0.05	0.06324	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	15.00	0.15	0.06324	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	20.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	20.00	0.04	0.06324	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	20.00	0.06	0.06324	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	21.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	21.00	0.04	0.06324	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	21.00	0.05	0.06324	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	21.00	0.06	0.06324	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	24.00	0.06	0.06324	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	28.00	0.04	0.06324	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.06324	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	30.00	0.05	0.06324	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	42.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.06324	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	60.00	0.15	0.06324	101%-200% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	84.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	15.00	0.05	0.06335	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	15.00	0.15	0.06335	101%-200% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	20.00	0.04	0.06335	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	20.00	0.05	0.06335	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	20.00	0.05	0.06335	10%-25% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	20.00	0.15	0.06335	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	21.00	0.04	0.06335	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	21.00	0.04	0.06335	26%-50% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	4	21.00	0.04	0.06335	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	21.00	0.05	0.06335	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	24.00	0.15	0.06335	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	28.00	0.15	0.06335	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.03	0.06335	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.06335	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.06335	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.06335	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.06335	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.05	0.06335	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.15	0.06335	101%-200% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	30.00	0.15	0.06335	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	60.00	0.15	0.06335	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.06335	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	90.00	0.04	0.06335	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	90.00	0.15	0.06335	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	100.00	0.04	0.06335	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	4	180.00	0.15	0.06335	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	6.00	0.29	0.05567	200% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	12	15.00	0.05	0.05567	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	20.00	0.02	0.05567	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	21.00	0.04	0.05567	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	30.00	0.03	0.05567	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	12	30.00	0.03	0.05567	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	30.00	0.05	0.05567	10%-25% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060450	IBUPROFEN 800 MG TABLET	12	30.00	0.29	0.05567	200% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	12	42.00	0.05	0.05567	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	60.00	0.03	0.05567	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	90.00	0.02	0.05567	51%-75% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05567	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05567	26%-50% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	1	60.00	0.01	0.02079	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	1	360.00	0.01	0.02079	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	2	30.00	0.03	0.02246	10%-25% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	2	60.00	0.01	0.02246	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	2	60.00	0.02	0.02246	10%-25% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	2	63.00	0.01	0.02246	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02246	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	30.00	0.03	0.02330	10%-25% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	60.00	0.01	0.02330	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	60.00	0.02	0.02330	26%-50% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	60.00	0.02	0.02330	10%-25% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	90.00	0.02	0.02330	26%-50% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	180.00	0.01	0.02330	26%-50% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	360.00	0.01	0.02330	51%-75% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	4	30.00	0.00	0.02304	76%-100% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	12	60.00	0.01	0.02070	51%-75% Below	No	No
49483060601	GABAPENTIN 300 MG CAPSULE	1	60.00	0.02	0.03533	26%-50% Below	No	No
49483060601	GABAPENTIN 300 MG CAPSULE	1	90.00	0.02	0.03533	26%-50% Below	No	No
49483060601	GABAPENTIN 300 MG CAPSULE	2	60.00	0.02	0.03674	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060601	GABAPENTIN 300 MG CAPSULE	3	180.00	0.02	0.03671	26%-50% Below	No	No
49483060601	GABAPENTIN 300 MG CAPSULE	3	270.00	0.02	0.03671	26%-50% Below	No	No
49483060601	GABAPENTIN 300 MG CAPSULE	4	180.00	0.02	0.03509	26%-50% Below	No	No
49483060601	GABAPENTIN 300 MG CAPSULE	12	180.00	0.02	0.03474	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	1	60.00	0.02	0.03533	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	1	120.00	0.03	0.03533	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	2	30.00	0.01	0.03674	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03674	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03674	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	2	180.00	0.01	0.03674	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	30.00	0.13	0.03671	200% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.02	0.03671	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03671	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03671	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	120.00	0.01	0.03671	51%-75% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	180.00	0.02	0.03671	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	30.00	0.04	0.03509	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03509	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	120.00	0.13	0.03509	200% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	180.00	0.00	0.03509	76%-100% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	180.00	0.03	0.03509	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	270.00	0.03	0.03509	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	30.00	0.12	0.03474	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483060650	GABAPENTIN 300 MG CAPSULE	12	90.00	0.03	0.03474	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	90.00	0.03	0.03474	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	120.00	0.03	0.03474	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	180.00	0.12	0.03474	200% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	270.00	0.02	0.03474	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	270.00	0.03	0.03474	10%-25% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	1	30.00	0.01	0.04393	51%-75% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	3	30.00	0.01	0.04947	51%-75% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	3	90.00	0.13	0.04947	101%-200% Above	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	3	360.00	0.01	0.04947	51%-75% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	12	30.00	0.01	0.04450	51%-75% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.00	0.02215	76%-100% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.02	0.02215	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02215	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02215	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	120.00	0.02	0.02215	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02215	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	2	90.00	0.03	0.02319	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.03	0.02408	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	120.00	0.02	0.02408	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.00	0.02408	76%-100% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02408	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483062081	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02408	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02408	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.02	0.02401	26%-50% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.02	0.02401	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.03	0.02401	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.03	0.02204	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02204	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02204	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.03	0.02204	10%-25% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.03	0.02204	26%-50% Above	No	No
49483062110	METFORMIN HCL 850 MG TABLET	4	180.00	0.03	0.02384	10%-25% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	1	180.00	0.02	0.01323	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	2	90.00	0.01	0.01368	26%-50% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	2	360.00	0.01	0.01368	26%-50% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	3	30.00	0.04	0.01391	101%-200% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01391	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	26%-50% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	60.00	0.02	0.01323	51%-75% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	60.00	0.03	0.01323	101%-200% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	180.00	0.02	0.01323	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	270.00	0.02	0.01323	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	2	90.00	0.02	0.01368	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	2	180.00	0.02	0.01368	10%-25% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01391	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483062281	METFORMIN HCL 500 MG TABLET	3	90.00	0.01	0.01391	26%-50% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	90.00	0.02	0.01391	10%-25% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	26%-50% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	180.00	0.02	0.01391	10%-25% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	4	60.00	0.03	0.01388	76%-100% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	4	90.00	0.01	0.01388	26%-50% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	12	30.00	0.03	0.01304	101%-200% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	12	180.00	0.02	0.01304	10%-25% Above	No	No
49483062310	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.02	0.02863	26%-50% Below	No	No
49483062310	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.04	0.02863	26%-50% Above	No	No
49483062310	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.02	0.02993	26%-50% Below	No	No
49483062310	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.04	0.02993	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.01	0.02667	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.00	0.02667	76%-100% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.04	0.02667	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	120.00	0.02	0.02667	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.03	0.02667	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.02	0.02863	26%-50% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.04	0.02863	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.03	0.02863	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.04	0.02863	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	120.00	0.02	0.02863	26%-50% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.03	0.02863	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.02	0.02863	26%-50% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.02	0.02993	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483062350	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.02	0.02993	26%-50% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.04	0.02993	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.04	0.02993	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	120.00	0.02	0.02993	26%-50% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	120.00	0.11	0.02993	200% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	270.00	0.03	0.02993	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.02	0.02993	26%-50% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.02	0.02980	26%-50% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	120.00	0.11	0.02980	200% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.04	0.02980	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.08	0.02708	101%-200% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.08	0.02708	101%-200% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	1	180.00	0.00	0.05745	76%-100% Below	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	1	180.00	0.10	0.05745	51%-75% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	3	90.00	0.10	0.05633	76%-100% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	4	180.00	0.10	0.05450	76%-100% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	12	90.00	0.07	0.06044	10%-25% Above	No	No
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	1	30.00	0.05	0.06134	10%-25% Below	No	No
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	2	90.00	0.04	0.06211	26%-50% Below	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.00	0.03084	76%-100% Below	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03084	26%-50% Above	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.00	0.03084	76%-100% Below	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.00	0.03263	76%-100% Below	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	10%-25% Above	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.04	0.03263	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483070101	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.00	0.03391	76%-100% Below	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	3	60.00	0.04	0.03391	10%-25% Above	No	No
49483070101	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.00	0.03403	76%-100% Below	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03084	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.05	0.03084	26%-50% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.05	0.03084	51%-75% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	1	180.00	0.02	0.03084	10%-25% Below	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.03	0.03263	10%-25% Below	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.04	0.03263	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.03	0.03391	10%-25% Below	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.03	0.03391	10%-25% Below	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.04	0.03391	10%-25% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.02978	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.00	0.02978	76%-100% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.02978	26%-50% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.03	0.02978	10%-25% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	270.00	0.03	0.02978	10%-25% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.03107	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.03107	10%-25% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.03	0.03107	10%-25% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.03	0.03107	10%-25% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	180.00	0.01	0.03107	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	225.00	0.01	0.03107	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.01	0.03216	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	60.00	0.01	0.03216	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.03216	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.03	0.03216	10%-25% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.04	0.03216	10%-25% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	14.00	0.04	0.03134	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.05	0.03134	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.01	0.03134	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.03134	26%-50% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.03	0.03134	10%-25% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.04	0.03134	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.04	0.03134	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.01	0.02969	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.01	0.02969	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.04	0.02969	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.01	0.02969	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.03	0.02969	10%-25% Below	Yes	No
49483070301	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.08	0.05872	26%-50% Above	No	No
49483070301	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.00	0.05872	76%-100% Below	No	No
49483070301	FLUOXETINE HCL 40 MG CAPSULE	2	60.00	0.17	0.06602	101%-200% Above	No	No
49483070301	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.32	0.05938	200% Above	No	No
49483070301	FLUOXETINE HCL 40 MG CAPSULE	12	60.00	0.17	0.05938	101%-200% Above	No	No
49483070350	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.08	0.06602	10%-25% Above	No	No
49483070350	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.19	0.06815	101%-200% Above	No	No
49483070350	FLUOXETINE HCL 40 MG CAPSULE	3	60.00	0.17	0.06815	101%-200% Above	No	No
49884004901	DESMETHYLPHENIDATE ER 10 MG CP	1	30.00	0.94	1.24769	10%-25% Below	Yes	No
49884006601	GLYCOPYRROLATE 2 MG TABLET	3	60.00	0.43	0.22013	76%-100% Above	Yes	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	1	60.00	0.56	1.26016	51%-75% Below	Yes	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	2	60.00	0.56	1.31808	51%-75% Below	Yes	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	3	60.00	0.56	1.32698	51%-75% Below	Yes	No
49884014809	DEXLANSOPRAZOLE DR 60 MG CAP	2	90.00	3.06	4.87192	26%-50% Below	No	No
49884014811	DEXLANSOPRAZOLE DR 60 MG CAP	2	90.00	2.79	4.87192	26%-50% Below	Yes	No
49884014811	DEXLANSOPRAZOLE DR 60 MG CAP	3	90.00	1.70	4.75105	51%-75% Below	Yes	No
49884014811	DEXLANSOPRAZOLE DR 60 MG CAP	12	90.00	1.70	4.89725	51%-75% Below	Yes	No
49884014811	DEXLANSOPRAZOLE DR 60 MG CAP	12	90.00	3.28	4.89725	26%-50% Below	Yes	No
49884015676	VARENICLINE 1 MG TABLET	1	56.00	2.58	0.59705	200% Above	No	No
49884015676	VARENICLINE 1 MG TABLET	1	56.00	3.04	0.59705	200% Above	No	No
49884015676	VARENICLINE 1 MG TABLET	1	60.00	0.00	0.59705	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49884015676	VARENICLINE 1 MG TABLET	2	56.00	0.00	0.59358	76%-100% Below	No	No
49884015676	VARENICLINE 1 MG TABLET	2	56.00	2.58	0.59358	200% Above	No	No
49884015676	VARENICLINE 1 MG TABLET	2	60.00	0.01	0.59358	76%-100% Below	No	No
49884015676	VARENICLINE 1 MG TABLET	3	56.00	2.35	0.58443	200% Above	No	No
49884017101	COLCHICINE 0.6 MG TABLET	1	90.00	2.01	0.17873	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	3	10.00	0.49	0.18875	101%-200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	3	60.00	0.28	0.18875	26%-50% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	4	30.00	0.50	0.19567	101%-200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	12	30.00	0.28	0.19012	26%-50% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	12	30.00	0.33	0.19012	51%-75% Above	Yes	No
49884023911	ITRACONAZOLE 100 MG CAPSULE	3	14.00	0.43	0.89601	51%-75% Below	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.11	0.08358	26%-50% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.11	0.08358	26%-50% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.13	0.08358	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.20	0.08358	101%-200% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	45.00	0.13	0.08358	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	90.00	0.10	0.08358	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	90.00	0.21	0.08358	101%-200% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	180.00	0.11	0.08358	26%-50% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	2	30.00	0.11	0.09802	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	2	45.00	0.12	0.09802	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	3	30.00	0.10	0.10863	10%-25% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	3	30.00	0.20	0.10863	76%-100% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	3	45.00	0.13	0.10863	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	3	60.00	0.05	0.10863	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49884025601	MINOXIDIL 2.5 MG TABLET	3	180.00	0.10	0.10863	10%-25% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	4	30.00	0.34	0.10587	200% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	4	120.00	0.05	0.10587	26%-50% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	30.00	0.13	0.08168	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	30.00	0.20	0.08168	101%-200% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	60.00	0.13	0.08168	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	90.00	0.13	0.08168	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	90.00	0.21	0.08168	101%-200% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	135.00	0.21	0.08168	101%-200% Above	No	No
49884030702	CLONAZEPAM 0.25 MG ODT	2	15.00	0.62	0.49303	10%-25% Above	No	No
49884030702	CLONAZEPAM 0.25 MG ODT	2	60.00	0.37	0.49303	10%-25% Below	No	No
49884030802	CLONAZEPAM 0.5 MG DIS TABLET	3	60.00	0.32	0.50355	26%-50% Below	No	No
49884033501	FLUOXETINE HCL 10 MG TABLET	1	45.00	0.21	0.08804	101%-200% Above	No	No
49884033501	FLUOXETINE HCL 10 MG TABLET	2	90.00	0.21	0.09033	101%-200% Above	No	No
49884033501	FLUOXETINE HCL 10 MG TABLET	3	45.00	0.19	0.10277	76%-100% Above	No	No
49884033501	FLUOXETINE HCL 10 MG TABLET	12	30.00	0.50	0.10146	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	1	30.00	0.00	0.07935	76%-100% Below	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	2	45.00	1.25	0.08942	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	2	90.00	1.14	0.08942	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	12	45.00	0.16	0.08776	76%-100% Above	No	No
49884036201	DANTROLENE SODIUM 25 MG CAP	2	270.00	0.19	0.42781	51%-75% Below	No	No
49884036201	DANTROLENE SODIUM 25 MG CAP	12	28.00	0.10	0.39066	51%-75% Below	No	No
49884036201	DANTROLENE SODIUM 25 MG CAP	12	270.00	0.19	0.39066	51%-75% Below	No	No
49884072401	HYDROXYUREA 500 MG CAPSULE	2	30.00	0.30	0.23537	26%-50% Above	No	No
49884072401	HYDROXYUREA 500 MG CAPSULE	2	270.00	0.19	0.23537	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49884072401	HYDROXYUREA 500 MG CAPSULE	3	132.00	0.17	0.21087	10%-25% Below	Yes	No
49884072401	HYDROXYUREA 500 MG CAPSULE	4	30.00	0.30	0.20630	26%-50% Above	No	No
49884072401	HYDROXYUREA 500 MG CAPSULE	12	30.00	0.35	0.25936	26%-50% Above	No	No
49884078711	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-12.5	1	90.00	1.77	1.10788	51%-75% Above	Yes	No
49884078711	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-12.5	3	90.00	1.61	1.20251	26%-50% Above	Yes	No
49884078809	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	2	90.00	1.68	1.42864	10%-25% Above	No	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	1	90.00	1.77	1.32390	26%-50% Above	Yes	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	1	90.00	2.01	1.32390	51%-75% Above	Yes	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	2	30.00	1.77	1.42864	10%-25% Above	No	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	4	30.00	2.11	1.53175	26%-50% Above	No	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	4	90.00	2.11	1.53175	26%-50% Above	Yes	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	12	30.00	0.65	1.26476	26%-50% Below	No	No
49884079009	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	2	30.00	0.50	1.38780	51%-75% Below	No	No
49884094499	VARENICLINE STARTING MONTH BOX	1	53.00	1.25	0.53512	101%-200% Above	No	No
49884094499	VARENICLINE STARTING MONTH BOX	1	53.00	1.47	0.53512	101%-200% Above	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	1	53.00	1.50	0.53512	101%-200% Above	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	2	53.00	1.25	0.60418	101%-200% Above	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	3	11.00	1.14	0.63265	76%-100% Above	No	No
49884094499	VARENICLINE STARTING MONTH BOX	3	53.00	0.07	0.63265	76%-100% Below	No	No
49884094499	VARENICLINE STARTING MONTH BOX	3	53.00	1.50	0.63265	101%-200% Above	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	12	53.00	0.22	0.69892	51%-75% Below	No	No
50024042900	ALAVERT D-12 TAB 5-120MG	2	24.00	0.40	.		No	No
50102022423	TARINA 24 FE 1 MG-20 MCG TAB	2	28.00	0.11	0.20260	26%-50% Below	No	No
50102022423	TARINA 24 FE 1 MG-20 MCG TAB	3	84.00	0.10	0.21635	51%-75% Below	No	No
50111032701	HYDRALAZINE 25 MG TABLET	2	60.00	0.11	0.03582	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111032703	HYDRALAZINE 25 MG TABLET	12	90.00	0.01	0.03158	51%-75% Below	No	No
50111032803	HYDRALAZINE 50 MG TABLET	1	60.00	0.01	0.04177	76%-100% Below	No	No
50111032803	HYDRALAZINE 50 MG TABLET	2	60.00	0.07	0.04625	26%-50% Above	No	No
50111032803	HYDRALAZINE 50 MG TABLET	2	180.00	0.04	0.04625	10%-25% Below	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	4.00	0.12	0.09121	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	4.00	0.43	0.09121	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	6.00	0.19	0.09121	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.16	0.09121	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.19	0.09121	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.32	0.09121	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.33	0.09121	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.34	0.09121	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.35	0.09121	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.37	0.09121	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.43	0.09121	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.44	0.09121	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	28.00	0.16	0.09121	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	28.00	0.45	0.09121	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	30.00	0.33	0.09121	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.15	0.09996	26%-50% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.15	0.09996	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.16	0.09996	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.16	0.09996	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.33	0.09996	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.34	0.09996	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.35	0.09996	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.37	0.09996	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	20.00	0.34	0.09996	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	21.00	0.16	0.09996	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	21.00	0.33	0.09996	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	30.00	0.16	0.09996	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	4.00	0.35	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	4.00	0.43	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	9.00	0.45	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	10.00	0.38	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.15	0.10911	26%-50% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.15	0.10911	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.33	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.34	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.35	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.35	0.10911	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.38	0.10911	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.43	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.43	0.10911	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	15.00	0.33	0.10911	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	18.00	0.34	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	21.00	0.15	0.10911	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	22.00	0.23	0.10911	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	30.00	0.15	0.10911	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	30.00	0.33	0.10911	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111033401	METRONIDAZOLE 500 MG TABLET	3	30.00	0.41	0.10911	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	4.00	0.43	0.10748	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.34	0.10748	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.34	0.10748	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.35	0.10748	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.41	0.10748	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	28.00	0.33	0.10748	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.12	0.09079	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.19	0.09079	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.33	0.09079	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.34	0.09079	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.35	0.09079	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.35	0.09079	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	30.00	0.12	0.09079	26%-50% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	30.00	0.35	0.09079	200% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	1	3.00	0.19	0.09121	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	1	13.00	0.16	0.09121	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	1	14.00	0.16	0.09121	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	1	14.00	0.35	0.09121	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	1	14.00	0.42	0.09121	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	1	20.00	0.32	0.09121	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	1	20.00	0.40	0.09121	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	2	4.00	0.15	0.09996	26%-50% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	2	14.00	0.16	0.09996	51%-75% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	2	14.00	0.34	0.09996	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111033402	METRONIDAZOLE 500 MG TABLET	2	14.00	0.42	0.09996	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	2	21.00	0.42	0.09996	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	2	28.00	0.33	0.09996	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	3	14.00	0.15	0.10911	26%-50% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	3	14.00	0.35	0.10911	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	4	4.00	0.35	0.10748	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	4	14.00	0.32	0.10748	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	4	14.00	0.35	0.10748	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	12	14.00	0.07	0.09079	10%-25% Below	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	12	14.00	0.19	0.09079	101%-200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	12	14.00	0.35	0.09079	200% Above	No	No
50111033402	METRONIDAZOLE 500 MG TABLET	12	14.00	0.42	0.09079	200% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	1	30.00	0.15	0.10322	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	1	30.00	0.16	0.10322	51%-75% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	1	30.00	0.18	0.10322	51%-75% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	1	90.00	0.22	0.10322	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	2	30.00	0.15	0.11036	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	2	90.00	0.15	0.11036	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	3	9.00	0.26	0.11925	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	3	30.00	0.14	0.11925	10%-25% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	3	30.00	0.16	0.11925	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	4	30.00	0.16	0.11893	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	4	30.00	0.24	0.11893	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	4	90.00	0.22	0.11893	76%-100% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	4	90.00	0.24	0.11893	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111045001	TRAZODONE 150 MG TABLET	12	21.00	0.09	0.10334	10%-25% Below	Yes	No
50111045001	TRAZODONE 150 MG TABLET	12	30.00	0.23	0.10334	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	12	180.00	0.09	0.10334	10%-25% Below	Yes	No
50111045002	TRAZODONE 150 MG TABLET	2	180.00	0.15	0.11036	26%-50% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.02	0.03179	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03179	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03179	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03179	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.09	0.03179	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.09	0.03179	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	60.00	0.02	0.03179	10%-25% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	1	90.00	0.02	0.03179	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	90.00	0.03	0.03179	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	90.00	0.07	0.03179	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	135.00	0.07	0.03179	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	180.00	0.05	0.03179	51%-75% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	180.00	0.05	0.03179	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03346	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03346	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.03	0.03346	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03346	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03346	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03346	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03346	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03346	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 650

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056001	TRAZODONE 50 MG TABLET	2	60.00	0.02	0.03346	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	2	60.00	0.06	0.03346	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	60.00	0.07	0.03346	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.02	0.03346	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.02	0.03346	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.02	0.03346	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.05	0.03346	26%-50% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.05	0.03346	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.06	0.03346	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	0.02	0.03346	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	0.02	0.03346	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	0.02	0.03346	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	0.02	0.03346	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.01	0.03571	51%-75% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03571	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03571	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.03	0.03571	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03571	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03571	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03571	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.09	0.03571	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.16	0.03571	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.16	0.03571	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	60.00	0.02	0.03571	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	3	60.00	0.06	0.03571	51%-75% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 651

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.02	0.03571	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.02	0.03571	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.05	0.03571	26%-50% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.06	0.03571	51%-75% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.07	0.03571	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.16	0.03571	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	180.00	0.02	0.03571	26%-50% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	180.00	0.16	0.03571	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.03	0.03524	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.07	0.03524	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.07	0.03524	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.07	0.03524	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.09	0.03524	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.16	0.03524	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	60.00	0.16	0.03524	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	60.00	0.16	0.03524	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	90.00	0.16	0.03524	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	4	90.00	0.16	0.03524	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	180.00	0.05	0.03524	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	180.00	0.16	0.03524	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	270.00	0.06	0.03524	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.02	0.03177	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.07	0.03177	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.07	0.03177	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.07	0.03177	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 652

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.09	0.03177	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.09	0.03177	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	45.00	0.08	0.03177	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.03	0.03177	10%-25% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.05	0.03177	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.06	0.03177	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.07	0.03177	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.07	0.03177	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	180.00	0.03	0.03177	10%-25% Below	Yes	No
50111056002	TRAZODONE 50 MG TABLET	1	30.00	0.02	0.03179	10%-25% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03179	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03179	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	1	90.00	0.01	0.03179	51%-75% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	1	90.00	0.05	0.03179	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	1	90.00	0.07	0.03179	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03346	26%-50% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03571	26%-50% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03571	76%-100% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	3	30.00	0.09	0.03571	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	4	30.00	0.05	0.03524	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03524	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	1	30.00	0.01	0.03179	51%-75% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	1	30.00	0.02	0.03179	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	1	30.00	0.09	0.03179	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	1	60.00	0.01	0.03179	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 653

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056003	TRAZODONE 50 MG TABLET	1	90.00	0.02	0.03179	10%-25% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	1	90.00	0.05	0.03179	51%-75% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	1	90.00	0.08	0.03179	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	15.00	0.02	0.03346	26%-50% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	2	30.00	0.09	0.03346	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	30.00	0.09	0.03346	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	60.00	0.02	0.03346	26%-50% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	2	90.00	0.02	0.03346	26%-50% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	2	90.00	0.02	0.03346	26%-50% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	2	90.00	0.05	0.03346	51%-75% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	180.00	0.06	0.03346	51%-75% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	180.00	0.07	0.03346	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03571	26%-50% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	4	30.00	0.06	0.03524	51%-75% Above	Yes	No
50111056003	TRAZODONE 50 MG TABLET	4	90.00	0.16	0.03524	200% Above	Yes	No
50111056003	TRAZODONE 50 MG TABLET	12	30.00	0.00	0.03177	76%-100% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	12	30.00	0.09	0.03177	101%-200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	1	90.00	0.08	0.05231	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	270.00	0.09	0.05231	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	2	30.00	0.09	0.05685	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	2	90.00	0.10	0.05685	76%-100% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	3	90.00	0.05	0.05982	10%-25% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	90.00	0.07	0.05982	10%-25% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	135.00	0.05	0.05982	10%-25% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	180.00	0.05	0.05982	10%-25% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 654

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056101	TRAZODONE 100 MG TABLET	3	180.00	0.10	0.05982	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	270.00	0.05	0.05982	10%-25% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05961	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	0.08	0.05961	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	0.19	0.05961	200% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	270.00	0.09	0.05961	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	30.00	0.09	0.05221	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	90.00	0.07	0.05221	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	90.00	0.10	0.05221	76%-100% Above	Yes	No
50111056102	TRAZODONE 100 MG TABLET	1	30.00	0.06	0.05231	10%-25% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	1	30.00	0.08	0.05231	51%-75% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	1	60.00	0.06	0.05231	10%-25% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	2	30.00	0.04	0.05685	26%-50% Below	No	No
50111056102	TRAZODONE 100 MG TABLET	2	30.00	0.08	0.05685	26%-50% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	3	30.00	0.05	0.05982	10%-25% Below	No	No
50111056102	TRAZODONE 100 MG TABLET	3	30.00	0.08	0.05982	26%-50% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05982	26%-50% Above	Yes	No
50111056102	TRAZODONE 100 MG TABLET	3	60.00	0.05	0.05982	10%-25% Below	No	No
50111056102	TRAZODONE 100 MG TABLET	3	60.00	0.08	0.05982	26%-50% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	12	30.00	0.06	0.05221	10%-25% Above	No	No
50111056102	TRAZODONE 100 MG TABLET	12	30.00	0.08	0.05221	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	1	30.00	0.10	0.05231	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	1	60.00	0.11	0.05231	101%-200% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	2	30.00	0.10	0.05685	76%-100% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	3	30.00	0.05	0.05982	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 655

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056103	TRAZODONE 100 MG TABLET	3	30.00	0.10	0.05982	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	3	45.00	0.05	0.05982	10%-25% Below	No	No
50111056103	TRAZODONE 100 MG TABLET	4	30.00	0.19	0.05961	200% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	4	90.00	0.19	0.05961	200% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	12	45.00	0.06	0.05221	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	1	10.00	0.05	0.03084	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03084	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.07	0.03263	101%-200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	2	60.00	0.04	0.03263	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.02	0.03263	10%-25% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.07	0.03391	76%-100% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.22	0.03391	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.04	0.03391	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.07	0.03403	76%-100% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.22	0.03403	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	0.03	0.03081	10%-25% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.05	0.03081	51%-75% Above	No	No
50111064702	FLUOXETINE HCL 10 MG CAPSULE	1	14.00	0.05	0.03084	51%-75% Above	No	No
50111064702	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.01	0.03081	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.05	0.02978	51%-75% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.13	0.02978	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	60.00	0.00	0.02978	76%-100% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 656

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.02978	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.05	0.03107	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.13	0.03107	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	60.00	0.07	0.03107	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.01	0.03216	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	60.00	0.07	0.03216	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.03216	26%-50% Below	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.07	0.03216	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	180.00	0.07	0.03216	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.07	0.03134	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.13	0.03134	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.15	0.03134	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.07	0.03134	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.15	0.03134	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.01	0.02969	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.29	0.02969	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.01	0.02969	51%-75% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.27	0.02969	200% Above	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.03	0.02969	10%-25% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111064844	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.03216	51%-75% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	1	6.00	0.44	0.32126	26%-50% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	1	30.00	0.44	0.32126	26%-50% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	3	6.00	0.49	0.37667	26%-50% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	3	7.00	1.38	0.37667	200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	3	10.00	0.47	0.37667	10%-25% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	4	6.00	1.38	0.36926	200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	12	6.00	0.45	0.32433	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.35702	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.32126	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.47	0.32126	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.49	0.32126	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.55	0.32126	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.57	0.32126	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.58	0.32126	76%-100% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.36217	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.36217	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.53	0.36217	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.55	0.36217	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.57	0.36217	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.58	0.36217	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	3	6.00	0.47	0.37667	10%-25% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	3	6.00	0.57	0.37667	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	3	6.00	0.58	0.37667	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	0.47	0.36926	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	0.58	0.36926	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	0.61	0.36926	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	1.38	0.36926	200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.01	0.32433	76%-100% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.09	0.32433	51%-75% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.45	0.32433	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.47	0.32433	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.55	0.32433	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.58	0.32433	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	2.00	0.41	0.61913	26%-50% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	5.00	0.41	0.61913	26%-50% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	5.00	0.45	0.61913	26%-50% Below	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	3	3.00	0.89	0.67281	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	3	3.00	1.15	0.67281	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	3	5.00	0.41	0.67281	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111078810	AZITHROMYCIN 500 MG TABLET	3	5.00	1.02	0.67281	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	3	6.00	1.00	0.67281	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	12	5.00	0.87	0.58065	26%-50% Above	No	No
50111078855	AZITHROMYCIN 500 MG TABLET	12	5.00	0.98	0.58065	51%-75% Above	No	No
50111091601	TORSEMIDE 10 MG TABLET	1	180.00	0.10	0.06546	26%-50% Above	Yes	No
50111091701	TORSEMIDE 20 MG TABLET	1	30.00	0.14	0.06414	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	3	30.00	0.13	0.07349	76%-100% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	3	180.00	0.11	0.07349	51%-75% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	12	30.00	0.17	0.06486	101%-200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	12	180.00	0.11	0.06486	51%-75% Above	No	No
50111091801	TORSEMIDE 100 MG TABLET	1	30.00	0.32	0.18538	51%-75% Above	No	No
50111091801	TORSEMIDE 100 MG TABLET	4	45.00	0.30	0.21634	26%-50% Above	No	No
50111091801	TORSEMIDE 100 MG TABLET	12	30.00	0.38	0.18404	101%-200% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	1	30.00	0.04	0.06098	26%-50% Below	No	No
50228010901	CARISOPRODOL 350 MG TABLET	1	30.00	0.09	0.06098	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	1	60.00	0.04	0.06098	26%-50% Below	No	No
50228010901	CARISOPRODOL 350 MG TABLET	1	60.00	0.04	0.06098	26%-50% Below	No	No
50228010901	CARISOPRODOL 350 MG TABLET	1	90.00	0.04	0.06098	26%-50% Below	No	No
50228010901	CARISOPRODOL 350 MG TABLET	2	30.00	0.04	0.06663	26%-50% Below	No	No
50228010901	CARISOPRODOL 350 MG TABLET	2	30.00	0.09	0.06663	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	3	30.00	0.09	0.06959	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	3	60.00	0.03	0.06959	51%-75% Below	No	No
50228010901	CARISOPRODOL 350 MG TABLET	3	90.00	0.03	0.06959	51%-75% Below	No	No
50228010901	CARISOPRODOL 350 MG TABLET	4	30.00	0.09	0.07027	26%-50% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	12	30.00	0.04	0.06145	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228010901	CARISOPRODOL 350 MG TABLET	12	30.00	0.09	0.06145	26%-50% Above	No	No
50228010905	CARISOPRODOL 350 MG TABLET	1	30.00	0.08	0.06098	26%-50% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.02	0.03084	10%-25% Below	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.04	0.03084	26%-50% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.04	0.03391	10%-25% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.02978	26%-50% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.01	0.03216	51%-75% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.03216	51%-75% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.03216	26%-50% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.15	0.03134	200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.01	0.02969	51%-75% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.01	0.02969	51%-75% Below	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.08	0.05872	26%-50% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.17	0.05872	101%-200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	1.46	0.03661	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	1.72	0.03661	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.46	0.03661	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	1.46	0.03905	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.02	0.03905	51%-75% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.52	0.04135	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	1.33	0.04135	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	1.33	0.04135	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03621	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	1.72	0.03621	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	1.72	0.03661	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	1.33	0.03905	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	1.46	0.03905	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	1.33	0.04135	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.52	0.04208	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03621	51%-75% Below	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.02	0.03661	51%-75% Below	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	1.46	0.03905	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.73	0.03905	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.02	0.04135	51%-75% Below	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	1.33	0.04135	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.02	0.04135	51%-75% Below	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.02	0.04208	51%-75% Below	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.52	0.04208	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.52	0.04208	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03621	51%-75% Below	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	1.72	0.03621	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	12.00	1.46	0.03875	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.02	0.03875	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.02	0.03875	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.46	0.03875	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.72	0.03875	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03875	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.04089	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.33	0.04089	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.46	0.04089	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.33	0.04089	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.46	0.04089	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.04246	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.02	0.04246	51%-75% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.02	0.04246	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.46	0.04242	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.02	0.04242	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.02	0.03956	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	1.72	0.03956	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.02	0.03956	26%-50% Below	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03875	26%-50% Below	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.46	0.04242	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	1.45	0.05528	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	1.71	0.05528	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	1.32	0.05857	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	1.45	0.05857	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.08	0.05857	26%-50% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	1.32	0.05912	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	1.32	0.05912	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.45	0.05897	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	1.71	0.05663	200% Above	No	No
50228011810	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.03	0.05857	26%-50% Below	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.33	0.05663	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.17	0.05663	101%-200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	1	15.00	1.45	0.09008	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	1.45	0.09008	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	1.71	0.09008	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	2	15.00	1.32	0.09464	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	1.45	0.09464	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	3	15.00	1.32	0.09207	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	11	15.00	0.33	0.07740	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	12	15.00	0.33	0.09086	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.04	0.09086	51%-75% Below	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	1.32	0.09207	200% Above	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.75	0.08888	200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	4	30.00	0.09	0.06092	26%-50% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	2	90.00	0.05	0.06027	10%-25% Below	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	3	30.00	0.05	0.06179	26%-50% Below	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	4	30.00	0.21	0.06092	200% Above	No	No
50228012490	CLOPIDOGREL 75 MG TABLET	1	30.00	0.11	0.05723	76%-100% Above	No	No
50228012490	CLOPIDOGREL 75 MG TABLET	2	30.00	0.05	0.06027	10%-25% Below	No	No
50228012490	CLOPIDOGREL 75 MG TABLET	2	30.00	0.05	0.06027	10%-25% Below	No	No
50228012490	CLOPIDOGREL 75 MG TABLET	2	30.00	0.11	0.06027	76%-100% Above	No	No
50228012490	CLOPIDOGREL 75 MG TABLET	3	30.00	0.11	0.06179	51%-75% Above	No	No
50228012490	CLOPIDOGREL 75 MG TABLET	3	90.00	0.05	0.06179	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228012490	CLOPIDOGREL 75 MG TABLET	12	30.00	0.11	0.05708	76%-100% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.11	0.06069	51%-75% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.10	0.06095	51%-75% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.11	0.06095	51%-75% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.31	0.06095	200% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.11	0.06095	51%-75% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.10	0.06228	51%-75% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.27	0.06228	200% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.03	0.05912	26%-50% Below	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.12	0.05912	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.16	0.05912	101%-200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.29	0.05912	200% Above	No	No
50228014430	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.23	0.08988	101%-200% Above	No	No
50228014601	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.02926	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.04	0.02806	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.05	0.02806	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.07	0.02806	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.04	0.02806	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.04	0.02926	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.04	0.02926	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.02926	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.02	0.03012	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.04	0.03012	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.07	0.03012	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.18	0.03012	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 665

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.04	0.03012	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.02	0.02958	26%-50% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.05	0.02958	76%-100% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.18	0.02958	200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.00	0.05	0.02881	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.05	0.02881	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.10	0.02881	200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	14.00	0.04	0.02806	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.04	0.02806	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.05	0.02806	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.06	0.02806	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.04	0.02926	26%-50% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.02926	26%-50% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.02926	26%-50% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.02926	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.04	0.03012	26%-50% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.04	0.03012	26%-50% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.05	0.03012	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.02	0.03012	26%-50% Below	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.04	0.03012	26%-50% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.04	0.03012	26%-50% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.18	0.03012	200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	15.00	0.18	0.02958	200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.06	0.02958	76%-100% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.18	0.02958	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.18	0.02958	200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.05	0.02881	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.05	0.02881	51%-75% Above	Yes	No
50228015705	CELECOXIB 100 MG CAPSULE	1	60.00	0.25	0.06795	200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	1	60.00	0.29	0.06795	200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	2	60.00	0.25	0.07439	200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	3	60.00	0.23	0.07869	101%-200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	12	60.00	0.08	0.06829	10%-25% Above	No	No
50228015801	CELECOXIB 200 MG CAPSULE	1	30.00	0.33	0.09097	200% Above	No	No
50228015801	CELECOXIB 200 MG CAPSULE	1	30.00	0.37	0.09097	200% Above	No	No
50228015801	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.09685	200% Above	No	No
50228015801	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.09685	200% Above	No	No
50228015801	CELECOXIB 200 MG CAPSULE	3	30.00	0.33	0.10020	200% Above	No	No
50228015801	CELECOXIB 200 MG CAPSULE	12	30.00	0.33	0.08533	200% Above	No	No
50228017401	BUPROPION HCL SR 100 MG TABLET	12	360.00	0.13	0.07647	51%-75% Above	Yes	No
50228017405	BUPROPION HCL SR 100 MG TABLET	3	60.00	0.22	0.10116	101%-200% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	1	180.00	0.16	0.08089	76%-100% Above	Yes	No
50228017501	BUPROPION HCL SR 150 MG TABLET	1	180.00	0.17	0.08089	101%-200% Above	Yes	No
50228017501	BUPROPION HCL SR 150 MG TABLET	3	30.00	0.21	0.08298	101%-200% Above	Yes	No
50228017501	BUPROPION HCL SR 150 MG TABLET	4	180.00	0.16	0.08267	76%-100% Above	Yes	No
50228017501	BUPROPION HCL SR 150 MG TABLET	4	180.00	0.18	0.08267	101%-200% Above	Yes	No
50228017505	BUPROPION HCL SR 150 MG TABLET	1	30.00	0.21	0.08089	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	2	30.00	0.21	0.07985	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	2	60.00	0.07	0.07985	10%-25% Below	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	2	90.00	0.01	0.07985	76%-100% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228017505	BUPROPION HCL SR 150 MG TABLET	3	30.00	0.07	0.08298	10%-25% Below	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	3	30.00	0.21	0.08298	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	3	60.00	0.07	0.08298	10%-25% Below	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	4	30.00	0.18	0.08267	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	4	30.00	0.21	0.08267	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	12	30.00	0.21	0.08046	101%-200% Above	No	No
50228017560	BUPROPION HCL SR 150 MG TABLET	3	60.00	0.07	0.08298	10%-25% Below	No	No
50228017560	BUPROPION HCL SR 150 MG TABLET	4	60.00	0.18	0.08267	101%-200% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	1	30.00	0.20	0.11572	51%-75% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	1	30.00	0.25	0.11572	101%-200% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	2	30.00	0.17	0.12680	26%-50% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	3	90.00	0.25	0.14555	51%-75% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	12	30.00	0.20	0.11496	51%-75% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	12	30.00	0.25	0.11496	101%-200% Above	No	No
50228017705	GABAPENTIN 600 MG TABLET	3	60.00	0.12	0.07464	51%-75% Above	No	No
50228017705	GABAPENTIN 600 MG TABLET	3	270.00	0.02	0.07464	51%-75% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	1	90.00	0.02	0.09225	51%-75% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	1	90.00	0.06	0.09225	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	2	30.00	0.02	0.10043	51%-75% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	3	30.00	0.02	0.10493	76%-100% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	4	90.00	0.12	0.10534	10%-25% Above	No	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	30.00	0.01	0.02079	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	30.00	0.01	0.02079	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	180.00	0.01	0.02079	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	20.00	0.03	0.02246	10%-25% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228017905	GABAPENTIN 100 MG CAPSULE	2	30.00	0.01	0.02246	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	30.00	0.03	0.02246	26%-50% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02246	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02246	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	3	30.00	0.11	0.02330	200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02330	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	3	180.00	0.11	0.02330	200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	90.00	0.11	0.02304	200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	180.00	0.11	0.02304	200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	270.00	0.11	0.02304	200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	12	28.00	0.02	0.02070	10%-25% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	12	30.00	0.03	0.02070	51%-75% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	12	60.00	0.01	0.02070	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	12	90.00	0.01	0.02070	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	12	90.00	0.01	0.02070	26%-50% Below	Yes	No
50228017910	GABAPENTIN 100 MG CAPSULE	1	30.00	0.01	0.02079	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	1	60.00	0.01	0.02079	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	1	180.00	0.01	0.02079	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	2	30.00	0.01	0.02246	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	2	60.00	0.01	0.02246	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	2	60.00	0.02	0.02246	10%-25% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	30.00	0.01	0.02330	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	60.00	0.02	0.02330	10%-25% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	90.00	0.02	0.02330	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	90.00	0.02	0.02330	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 669

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228017910	GABAPENTIN 100 MG CAPSULE	4	21.00	0.11	0.02304	200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	4	60.00	0.11	0.02304	200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	4	90.00	0.11	0.02304	200% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	30.00	0.01	0.03533	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	30.00	0.02	0.03533	26%-50% Below	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	30.00	0.02	0.03533	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	60.00	0.01	0.03533	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	84.00	0.02	0.03533	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	90.00	0.04	0.03533	10%-25% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	180.00	0.01	0.03533	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	270.00	0.01	0.03533	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	540.00	0.01	0.03533	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	30.00	0.01	0.03674	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	84.00	0.01	0.03674	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	270.00	0.01	0.03674	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	270.00	0.01	0.03674	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	270.00	0.02	0.03674	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	30.00	0.13	0.03671	200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	60.00	0.01	0.03671	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	84.00	0.01	0.03671	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228018005	GABAPENTIN 300 MG CAPSULE	3	180.00	0.13	0.03671	200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	270.00	0.01	0.03671	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	810.00	0.01	0.03671	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	90.00	0.13	0.03509	200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	180.00	0.13	0.03509	200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	30.00	0.02	0.03474	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	270.00	0.03	0.03474	10%-25% Below	Yes	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	30.00	0.01	0.03533	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	30.00	0.02	0.03533	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	30.00	0.04	0.03533	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	90.00	0.02	0.03533	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03533	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	180.00	0.02	0.03533	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	270.00	0.02	0.03533	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	360.00	0.03	0.03533	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	30.00	0.01	0.03674	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	30.00	0.04	0.03674	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	90.00	0.02	0.03674	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03674	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	270.00	0.02	0.03674	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	270.00	0.03	0.03674	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	30.00	0.01	0.03671	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228018010	GABAPENTIN 300 MG CAPSULE	3	60.00	0.01	0.03671	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	90.00	0.02	0.03671	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03671	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03671	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	120.00	0.01	0.03671	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	150.00	0.01	0.03671	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	180.00	0.01	0.03671	51%-75% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	270.00	0.03	0.03671	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	30.00	0.04	0.03509	10%-25% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	30.00	0.13	0.03509	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	60.00	0.13	0.03509	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03509	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	90.00	0.13	0.03509	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	180.00	0.13	0.03509	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	270.00	0.02	0.03509	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	30.00	0.02	0.03474	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	90.00	0.02	0.03474	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	90.00	0.03	0.03474	10%-25% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	120.00	0.02	0.03474	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	360.00	0.03	0.03474	10%-25% Below	No	No
50228018101	GABAPENTIN 400 MG CAPSULE	2	90.00	0.01	0.04707	51%-75% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	3	90.00	0.01	0.04947	51%-75% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	12	90.00	0.01	0.04450	51%-75% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	12	90.00	0.04	0.04450	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228018105	GABAPENTIN 400 MG CAPSULE	1	60.00	0.01	0.04393	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	1	120.00	0.02	0.04393	26%-50% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	1	270.00	0.02	0.04393	26%-50% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	2	60.00	0.01	0.04707	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	2	120.00	0.02	0.04707	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	2	270.00	0.01	0.04707	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	4	270.00	0.02	0.04691	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	12	270.00	0.03	0.04450	26%-50% Below	No	No
50228018501	HYDRALAZINE 100 MG TABLET	4	180.00	0.12	0.08116	26%-50% Above	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	2	360.00	0.35	0.24128	26%-50% Above	No	No
50228019360	LACOSAMIDE 100 MG TABLET	2	180.00	1.51	0.24508	200% Above	Yes	No
50228019460	LACOSAMIDE 150 MG TABLET	3	180.00	1.52	0.28902	200% Above	Yes	No
50228034010	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.79	0.08113	200% Above	No	No
50228034010	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.93	0.08113	200% Above	No	No
50228035090	PREGABALIN 25 MG CAPSULE	3	60.00	0.02	0.05539	51%-75% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	1	30.00	0.02	0.04929	51%-75% Below	No	No
50228035190	PREGABALIN 50 MG CAPSULE	1	30.00	0.04	0.04929	10%-25% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	1	60.00	0.03	0.04929	26%-50% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	1	90.00	0.04	0.04929	10%-25% Below	No	No
50228035190	PREGABALIN 50 MG CAPSULE	3	30.00	0.04	0.05408	26%-50% Below	Yes	No
50228035190	PREGABALIN 50 MG CAPSULE	3	180.00	0.03	0.05408	26%-50% Below	No	No
50228035290	PREGABALIN 75 MG CAPSULE	1	60.00	0.03	0.05403	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	1	60.00	0.04	0.05403	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	1	90.00	0.02	0.05403	51%-75% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	1	90.00	0.04	0.05403	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228035290	PREGABALIN 75 MG CAPSULE	1	180.00	0.03	0.05403	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	2	90.00	0.03	0.06045	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	2	180.00	0.01	0.06045	76%-100% Below	No	No
50228035290	PREGABALIN 75 MG CAPSULE	2	270.00	0.03	0.06045	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	3	30.00	0.04	0.06446	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	3	60.00	0.03	0.06446	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	3	60.00	0.04	0.06446	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	3	90.00	0.03	0.06446	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	30.00	0.04	0.06435	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	30.00	0.05	0.06435	10%-25% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	60.00	0.03	0.06435	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	60.00	0.03	0.06435	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	90.00	0.03	0.06435	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	270.00	0.03	0.06435	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	12	60.00	0.04	0.05396	10%-25% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	1	90.00	0.03	0.05297	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	2	60.00	0.04	0.06095	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	2	180.00	0.03	0.06095	51%-75% Below	No	No
50228035390	PREGABALIN 100 MG CAPSULE	3	90.00	0.04	0.06693	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	3	180.00	0.02	0.06693	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	12	60.00	0.03	0.05338	26%-50% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	1	30.00	0.01	0.05830	51%-75% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	1	60.00	0.05	0.05830	10%-25% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	2	30.00	0.01	0.06407	76%-100% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	2	90.00	0.03	0.06407	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228035490	PREGABALIN 150 MG CAPSULE	3	30.00	0.03	0.06767	51%-75% Below	No	No
50228035490	PREGABALIN 150 MG CAPSULE	3	90.00	0.03	0.06767	51%-75% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	12	30.00	0.03	0.05914	51%-75% Below	No	No
50228035590	PREGABALIN 200 MG CAPSULE	1	90.00	0.05	0.06158	10%-25% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	2	90.00	0.05	0.06613	10%-25% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	2	270.00	0.03	0.06613	51%-75% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	12	90.00	0.05	0.06311	10%-25% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	2	60.00	0.04	0.07717	26%-50% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	2	180.00	0.04	0.07717	26%-50% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	3	60.00	0.04	0.08041	51%-75% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	4	60.00	0.60	0.08020	200% Above	Yes	No
50228037905	EZETIMIBE 10 MG TABLET	3	90.00	1.03	0.07731	200% Above	No	No
50228037905	EZETIMIBE 10 MG TABLET	12	90.00	0.05	0.07518	26%-50% Below	No	No
50228037990	EZETIMIBE 10 MG TABLET	1	30.00	1.13	0.07396	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	2	30.00	0.17	0.07466	101%-200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	3	30.00	1.03	0.07731	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	4	30.00	0.61	0.07594	200% Above	No	No
50228038060	QUETIAPINE ER 50 MG TABLET	3	90.00	0.03	0.12061	76%-100% Below	Yes	No
50228038260	QUETIAPINE ER 200 MG TABLET	1	30.00	0.14	0.21833	26%-50% Below	No	No
50228038260	QUETIAPINE ER 200 MG TABLET	2	30.00	0.13	0.24477	26%-50% Below	No	No
50228038260	QUETIAPINE ER 200 MG TABLET	3	30.00	0.13	0.24417	26%-50% Below	No	No
50228038260	QUETIAPINE ER 200 MG TABLET	4	30.00	0.13	0.24077	26%-50% Below	No	No
50228038260	QUETIAPINE ER 200 MG TABLET	12	30.00	0.14	0.21545	26%-50% Below	No	No
50228042001	FLUOXETINE HCL 10 MG TABLET	4	135.00	0.44	0.10791	200% Above	Yes	No
50228042101	FLUOXETINE HCL 20 MG TABLET	2	60.00	1.25	0.08942	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228042101	FLUOXETINE HCL 20 MG TABLET	2	90.00	1.25	0.08942	200% Above	Yes	No
50228042230	FLUOXETINE HCL 60 MG TABLET	3	90.00	0.33	0.44825	10%-25% Below	No	No
50228042460	RANOLAZINE ER 1,000 MG TABLET	2	180.00	1.20	0.32492	200% Above	Yes	No
50228042830	SOLIFENACIN 10 MG TABLET	2	90.00	1.56	0.16638	200% Above	No	No
50228043605	NAPROXEN 500 MG TABLET	4	30.00	0.03	0.06459	26%-50% Below	No	No
50228045290	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03178	51%-75% Below	No	No
50228046101	CARBIDOPA-LEVO ER 50-200 TAB	2	90.00	0.24	0.19282	26%-50% Above	No	No
50228046101	CARBIDOPA-LEVO ER 50-200 TAB	3	30.00	0.43	0.20839	101%-200% Above	No	No
50228046501	NABUMETONE 500 MG TABLET	1	180.00	0.06	0.11773	26%-50% Below	Yes	No
50228046501	NABUMETONE 500 MG TABLET	4	30.00	0.34	0.12708	101%-200% Above	Yes	No
50228046505	NABUMETONE 500 MG TABLET	2	60.00	0.07	0.12581	26%-50% Below	No	No
50228046505	NABUMETONE 500 MG TABLET	3	60.00	0.06	0.12991	51%-75% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	2	30.00	0.10	0.15087	26%-50% Below	Yes	No
50228046601	NABUMETONE 750 MG TABLET	12	28.00	0.08	0.13781	26%-50% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	12	60.00	0.49	0.13781	200% Above	No	No
50228048201	DILTIAZEM 60 MG TABLET	1	30.00	0.10	0.12727	10%-25% Below	No	No
50228048201	DILTIAZEM 60 MG TABLET	3	30.00	0.09	0.12927	26%-50% Below	No	No
50228048201	DILTIAZEM 60 MG TABLET	4	30.00	0.21	0.10030	101%-200% Above	No	No
50242086001	XOFLUZA 40 MG TABLET	1	1.00	173.09	157.33476	10%-25% Above	No	No
50242086001	XOFLUZA 40 MG TABLET	12	1.00	173.09	157.17871	10%-25% Above	No	No
50268073356	SODIUM FLUORIDE 1.1% GEL	3	60.00	0.12	0.11117	10%-25% Above	No	No
50383004248	PREDNISOLONE SOL 15MG/5ML	2	50.00	0.22	.		No	No
50428031328	CVS D3 CAP 50MCG	3	90.00	0.11	.		Yes	No
50458059601	RISPERIDONE 1 MG/ML SOLUTION	1	60.00	0.25	0.50571	26%-50% Below	Yes	No
50458059601	RISPERIDONE 1 MG/ML SOLUTION	3	60.00	0.25	0.71040	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50458059601	RISPERIDONE 1 MG/ML SOLUTION	11	60.00	0.25	0.43585	26%-50% Below	Yes	No
50458059601	RISPERIDONE 1 MG/ML SOLUTION	12	120.00	0.52	0.46164	10%-25% Above	No	No
50742011808	CABERGOLINE 0.5 MG TABLET	1	24.00	4.39	1.28597	200% Above	Yes	No
50742011808	CABERGOLINE 0.5 MG TABLET	3	24.00	4.64	1.61382	101%-200% Above	Yes	No
50742014201	METHENAMINE HIPP 1 GM TABLET	12	60.00	0.81	0.38293	101%-200% Above	No	No
50742017501	ISOSORBIDE MONONIT ER 30 MG TB	1	90.00	0.19	0.06531	101%-200% Above	No	No
50742017505	ISOSORBIDE MONONIT ER 30 MG TB	4	180.00	0.24	0.07276	200% Above	No	No
50742022615	TIZANIDINE HCL 6 MG CAPSULE	1	90.00	0.17	0.14854	10%-25% Above	No	No
50742023830	QUININE SULFATE 324 MG CAPSULE	12	90.00	2.93	0.70234	200% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	1	30.00	0.27	0.14376	76%-100% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	1	90.00	0.24	0.14376	51%-75% Above	Yes	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	2	30.00	0.13	0.14947	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	2	30.00	0.27	0.14947	76%-100% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	3	30.00	0.12	0.15214	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	3	30.00	0.27	0.15214	76%-100% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	3	90.00	0.28	0.15214	76%-100% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	4	30.00	0.28	0.14812	76%-100% Above	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	2	30.00	0.13	0.18143	26%-50% Below	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	2	30.00	0.28	0.18143	51%-75% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	3	90.00	0.27	0.19378	26%-50% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	12	90.00	0.27	0.16843	51%-75% Above	Yes	No
50742025030	DILTIAZEM 24H ER(CD) 240 MG CP	3	30.00	0.19	0.22221	10%-25% Below	No	No
50742025030	DILTIAZEM 24H ER(CD) 240 MG CP	4	30.00	0.30	0.22093	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	1	30.00	0.28	0.21028	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	2	30.00	0.28	0.21644	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	3	30.00	0.28	0.22221	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	3	90.00	0.19	0.22221	10%-25% Below	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	3	90.00	0.19	0.22221	10%-25% Below	Yes	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	12	90.00	0.30	0.21725	26%-50% Above	No	No
50742025130	DILTIAZEM 24H ER(CD) 300 MG CP	2	30.00	0.45	0.30464	26%-50% Above	No	No
50742025130	DILTIAZEM 24H ER(CD) 300 MG CP	4	30.00	0.45	0.30910	26%-50% Above	No	No
50742025130	DILTIAZEM 24H ER(CD) 300 MG CP	12	30.00	0.45	0.28652	51%-75% Above	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	1	30.00	0.33	0.29018	10%-25% Above	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	1	90.00	0.42	0.29018	26%-50% Above	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	12	30.00	0.16	0.28652	26%-50% Below	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	1	90.00	0.50	0.30387	51%-75% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	2	30.00	0.28	0.31120	10%-25% Below	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	4	90.00	0.50	0.33527	26%-50% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	1	90.00	0.13	0.10607	10%-25% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	2	30.00	0.17	0.11390	26%-50% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	3	30.00	0.10	0.11855	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	3	30.00	0.25	0.11855	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	3	60.00	0.10	0.11855	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.10	0.11855	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.25	0.11652	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.25	0.11652	101%-200% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.25	0.11652	101%-200% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	12	30.00	0.25	0.10410	101%-200% Above	Yes	No
50742026003	NIFEDIPINE ER 30 MG TABLET	1	90.00	0.13	0.10607	10%-25% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	2	30.00	0.23	0.11390	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742026003	NIFEDIPINE ER 30 MG TABLET	3	30.00	0.10	0.11855	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	3	30.00	0.23	0.11855	76%-100% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.22	0.11855	76%-100% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.25	0.11855	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.25	0.11652	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.25	0.11652	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	12	30.00	0.13	0.10410	26%-50% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	12	30.00	0.23	0.10410	101%-200% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	1	30.00	0.17	0.11996	26%-50% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	1	90.00	0.17	0.11996	26%-50% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	2	90.00	0.34	0.13975	101%-200% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	3	30.00	0.47	0.14889	200% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	3	60.00	0.13	0.14889	10%-25% Below	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	3	60.00	0.13	0.14889	10%-25% Below	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	3	90.00	0.13	0.14889	10%-25% Below	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	3	90.00	0.33	0.14889	101%-200% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	4	90.00	0.34	0.15174	101%-200% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	4	90.00	0.34	0.15174	101%-200% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.07	0.12016	26%-50% Below	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.17	0.12016	26%-50% Above	Yes	No
50742026101	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.33	0.12016	101%-200% Above	Yes	No
50742026103	NIFEDIPINE ER 60 MG TABLET	3	90.00	0.33	0.14889	101%-200% Above	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.48	0.12016	200% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	2	30.00	0.50	0.22067	101%-200% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	3	30.00	0.50	0.24041	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742026201	NIFEDIPINE ER 90 MG TABLET	4	30.00	0.50	0.24463	101%-200% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	12	90.00	0.28	0.21282	26%-50% Above	Yes	No
50742027801	DICLOFENAC SOD ER 100 MG TAB	2	30.00	0.31	0.64631	51%-75% Below	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	1	60.00	0.05	0.10913	51%-75% Below	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	1	90.00	0.18	0.10913	51%-75% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	2	30.00	0.18	0.11960	26%-50% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	2	90.00	0.18	0.11960	26%-50% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	3	30.00	0.06	0.13256	51%-75% Below	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	3	30.00	0.18	0.13256	26%-50% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	4	30.00	0.18	0.12984	26%-50% Above	Yes	No
50742032360	DORZOLAMIDE-TIMOLOL 2%-0.5%	1	60.00	0.80	1.15186	26%-50% Below	Yes	No
50742032360	DORZOLAMIDE-TIMOLOL 2%-0.5%	2	60.00	0.64	1.23776	26%-50% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	60.00	2.70	2.06266	26%-50% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	60.00	3.00	2.06266	26%-50% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	75.00	4.20	2.06266	101%-200% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	84.00	3.00	2.06266	26%-50% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	90.00	4.20	2.06266	101%-200% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	9.00	3.00	2.20343	26%-50% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	30.00	3.00	2.20343	26%-50% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	60.00	3.00	2.20343	26%-50% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	60.00	3.00	2.20343	26%-50% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	75.00	4.20	2.20343	76%-100% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	84.00	3.00	2.20343	26%-50% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	30.00	3.00	2.18676	26%-50% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	60.00	3.00	2.18676	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	60.00	3.00	2.18676	26%-50% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	60.00	4.20	2.18676	76%-100% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	75.00	4.20	2.18676	76%-100% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	84.00	3.00	2.18676	26%-50% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	90.00	4.20	2.18676	76%-100% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	15.00	4.20	2.11995	76%-100% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	45.00	4.20	2.11995	76%-100% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	60.00	2.92	2.11995	26%-50% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	90.00	4.20	2.11995	76%-100% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	38.00	4.20	2.06266	101%-200% Above	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	60.00	0.17	2.06266	76%-100% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	1	2.00	6.74	5.18350	26%-50% Above	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	1	4.00	5.93	5.18350	10%-25% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	1	8.00	5.72	5.18350	10%-25% Above	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	1	10.00	5.93	5.18350	10%-25% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	2	4.00	5.93	5.24038	10%-25% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	2	5.00	5.93	5.24038	10%-25% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	3	5.00	7.14	5.15755	26%-50% Above	Yes	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	1	1.00	6.74	5.18350	26%-50% Above	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	2	10.00	1.00	5.24038	76%-100% Below	No	No
50742050524	SCOPOLAMINE 1 MG/3 DAY PATCH	12	9.00	7.80	5.34526	26%-50% Above	No	No
50742050524	SCOPOLAMINE 1 MG/3 DAY PATCH	12	10.00	2.58	5.34526	51%-75% Below	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.11	0.05304	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.23	0.05304	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.25	0.05304	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.11	0.05304	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.13	0.05304	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	47.00	0.11	0.05304	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05304	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.13	0.05304	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.26	0.05304	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.04	0.05453	26%-50% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.16	0.05453	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.23	0.05453	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.25	0.05453	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.10	0.05453	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.23	0.05453	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.23	0.05453	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.24	0.05453	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.26	0.05453	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	180.00	0.11	0.05453	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.04	0.05896	26%-50% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.27	0.05896	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	45.00	0.10	0.05896	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.10	0.05896	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05896	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.23	0.05896	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.24	0.05896	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.24	0.05896	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.28	0.05896	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	180.00	0.10	0.05896	51%-75% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.16	0.05936	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	45.00	0.24	0.05936	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	45.00	0.24	0.05936	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.23	0.05936	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.24	0.05936	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.26	0.05936	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.24	0.05304	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	45.00	0.24	0.05304	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.12	0.05304	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.13	0.05304	101%-200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.22	0.05304	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.23	0.05304	200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.13	0.05821	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.22	0.05821	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.26	0.05821	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	60.00	0.05	0.05821	10%-25% Below	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.05821	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.12	0.05821	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.13	0.05821	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.13	0.05821	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.20	0.05821	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	180.00	0.11	0.05821	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.11	0.05925	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.16	0.05925	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.27	0.05925	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.17	0.05925	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.21	0.05925	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.24	0.05925	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	4.00	0.30	0.06388	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.27	0.06388	200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	60.00	0.05	0.06388	26%-50% Below	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.05	0.06388	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.10	0.06388	51%-75% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.10	0.06388	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.11	0.06388	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.23	0.06388	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.24	0.06388	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	135.00	0.21	0.06388	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	135.00	0.23	0.06388	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.23	0.06482	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	45.00	0.23	0.06482	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.20	0.06482	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.22	0.06482	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.23	0.06482	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.24	0.06482	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.16	0.05663	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.05	0.05663	10%-25% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.13	0.05663	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.08	0.10797	26%-50% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.19	0.10797	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.20	0.10797	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.38	0.10797	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	1	270.00	0.08	0.10797	26%-50% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	2	22.00	0.17	0.11223	51%-75% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	45.00	0.22	0.12306	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.17	0.12306	26%-50% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.17	0.12306	26%-50% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.32	0.12306	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	135.00	0.17	0.12306	26%-50% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.32	0.11955	101%-200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.23	0.09765	101%-200% Above	No	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	1	90.00	0.13	0.14179	10%-25% Below	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	2	90.00	0.42	0.16785	101%-200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	2	90.00	0.56	0.16785	200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	3	90.00	0.61	0.19795	200% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	12	90.00	0.60	0.14384	200% Above	Yes	No
50742062001	NIFEDIPINE ER 30 MG TABLET	1	90.00	0.21	0.08156	101%-200% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	2	30.00	0.17	0.09701	76%-100% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	2	90.00	0.34	0.09701	200% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	3	30.00	0.16	0.10232	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742062001	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.28	0.10240	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	2	30.00	0.50	0.14851	200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	2	180.00	0.26	0.14851	51%-75% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	3	30.00	0.08	0.15248	26%-50% Below	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	3	90.00	0.27	0.15248	51%-75% Above	Yes	No
50742062101	NIFEDIPINE ER 60 MG TABLET	4	90.00	0.08	0.15146	26%-50% Below	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	4	90.00	0.27	0.15146	51%-75% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.27	0.13335	101%-200% Above	Yes	No
50742062101	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.37	0.13335	101%-200% Above	No	No
50742062201	NIFEDIPINE ER 90 MG TABLET	3	90.00	0.06	0.22560	51%-75% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	1	2.00	0.66	0.28253	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	1	3.00	0.20	0.28253	26%-50% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	1	4.00	0.20	0.28253	26%-50% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	1	4.00	0.23	0.28253	10%-25% Below	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	2	1.00	0.18	0.31906	26%-50% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	2	2.00	0.20	0.31906	26%-50% Below	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	1.00	0.18	0.37195	51%-75% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	1.00	0.64	0.37195	51%-75% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	2.00	0.18	0.37195	51%-75% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	2.00	0.68	0.37195	76%-100% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	3.00	0.18	0.37195	51%-75% Below	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	4.00	0.18	0.37195	51%-75% Below	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	4	5.00	0.18	0.36898	51%-75% Below	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	12	1.00	0.64	0.28469	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	12	1.00	0.73	0.28469	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 686

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	1	28.00	1.62	0.56978	101%-200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	2	28.00	1.38	0.67154	101%-200% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	3	28.00	1.25	0.65635	76%-100% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	4	28.00	1.29	0.68816	76%-100% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	12	28.00	1.62	0.57428	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	1	28.00	1.68	0.61770	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	1	28.00	1.97	0.61770	200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	2	84.00	0.24	0.69664	51%-75% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	3	28.00	1.53	0.73524	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	4	28.00	1.25	0.59969	101%-200% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	12	28.00	1.97	0.52873	200% Above	No	No
50742066701	PHENOB/HYOSC TAB ATR/SCOP	1	90.00	0.17	.		No	No
50742066701	PHENOB/HYOSC TAB ATR/SCOP	2	90.00	0.17	.		No	No
50742066701	PHENOB/HYOSC TAB ATR/SCOP	3	90.00	0.17	.		No	No
50742066701	PHENOB/HYOSC TAB ATR/SCOP	4	90.00	0.17	.		No	No
50881000560	JAKAFI TAB 5MG	1	60.00	277.73	.		No	No
50881000560	JAKAFI TAB 5MG	2	60.00	277.73	.		No	No
50881000560	JAKAFI TAB 5MG	4	60.00	277.73	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	1	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	1	200.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	200.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.11	.		No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	4	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	12	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	12	100.00	0.12	.		No	No
51079020520	ALLOPURINOL 100 MG TABLET	1	30.00	0.09	0.03813	101%-200% Above	No	No
51079020520	ALLOPURINOL 100 MG TABLET	3	30.00	0.07	0.04351	51%-75% Above	No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	4	30.00	1.30	2.46806	26%-50% Below	No	No
51167033101	TRIKAFTA TAB	1	84.00	299.21	.		No	No
51167033101	TRIKAFTA TAB	2	84.00	299.21	.		No	No
51167033101	TRIKAFTA TAB	3	84.00	299.21	.		No	No
51167033101	TRIKAFTA TAB	4	84.00	299.21	.		No	No
51167033101	TRIKAFTA TAB	12	84.00	299.78	.		No	No
51224000150	BENZONATATE 200 MG CAPSULE	12	30.00	0.06	0.09845	26%-50% Below	No	No
51224000160	BENZONATATE 200 MG CAPSULE	2	30.00	0.34	0.10616	200% Above	No	No
51224000160	BENZONATATE 200 MG CAPSULE	12	20.00	0.36	0.09845	200% Above	No	No
51224001060	BENZONATATE 100 MG CAPSULE	3	15.00	0.11	0.07447	51%-75% Above	No	No
51224002060	METFORMIN HCL 500 MG TABLET	2	90.00	0.01	0.01368	26%-50% Below	No	No
51224002060	METFORMIN TAB 500MG	4	180.00	0.02	.		No	No
51224002206	AZITHROMYCIN TAB 250MG	12	6.00	0.21	.		No	No
51224002206	AZITHROMYCIN TAB 250MG	12	6.00	0.84	.		No	No
51224002218	AZITHROMYCIN 250 MG TABLET	1	6.00	0.47	0.32126	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51224002218	AZITHROMYCIN 250 MG TABLET	2	6.00	0.24	0.35649	26%-50% Below	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	12	6.00	0.20	0.33475	26%-50% Below	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
51224002218	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	No	No
51224002250	AZITHROMYCIN TAB 250MG	3	6.00	0.59	.		No	No
51224012203	AZITHROMYCIN TAB 500MG	12	5.00	0.85	.		No	No
51224012250	AZITHROMYCIN 500 MG TABLET	1	2.00	1.25	0.58741	101%-200% Above	No	No
51285012797	LOESTRIN 21 TAB 1.5/30	1	21.00	0.39	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	2	21.00	0.35	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	4	21.00	0.30	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	12	21.00	0.46	.		No	No
51293084405	IBUPROFEN TAB 600MG	1	21.00	0.04	.		No	No
51407000701	TRAMADOL HCL TAB 50MG	1	9.00	0.04	.		No	No
51407008201	COLCHICINE TAB 0.6MG	1	16.00	0.45	.		No	No
51407008201	COLCHICINE TAB 0.6MG	3	16.00	0.45	.		No	No
51407008201	COLCHICINE TAB 0.6MG	4	16.00	0.45	.		No	No
51407010790	VALACYCLOVIR TAB 500MG	3	30.00	0.46	.		No	No
51407015630	ROSUVASTATIN TAB 40MG	1	90.00	0.13	.		No	No
51407033110	HYDROCHLOROT TAB 25MG	12	90.00	0.02	.		No	No
51407033190	HYDROCHLOROT TAB 25MG	3	90.00	0.02	.		No	No
51407033290	HYDROCHLOROT TAB 50MG	1	90.00	0.03	.		No	No
51407040310	METOPROL SUC TAB 25MG ER	1	90.00	0.13	.		No	No
51407040310	METOPROL SUC TAB 25MG ER	3	90.00	0.10	.		No	No
51407040310	METOPROL SUC TAB 25MG ER	7	90.00	0.13	.		No	No
51407040510	METOPROL SUC TAB 100MG ER	12	90.00	0.23	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51407068390	FAMOTIDINE TAB 20MG	2	180.00	0.02	.		No	No
51407068410	FAMOTIDINE TAB 40MG	3	180.00	0.09	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	1	30.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	1	45.00	0.04	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	2	30.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	3	30.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	4	30.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	12	30.00	0.05	.		No	No
51407085110	ROSUVASTATIN TAB 40MG	7	90.00	0.07	.		No	No
51407085190	ROSUVASTATIN TAB 40MG	3	90.00	0.08	.		No	No
51660002944	OMEPRAZOLE DR 20 MG TABLET	3	30.00	0.13	0.42985	51%-75% Below	No	No
51660014390	VALSARTAN 320 MG TABLET	2	90.00	0.25	0.20518	10%-25% Above	No	No
51660020090	EZETIMIBE 10 MG TABLET	1	30.00	1.13	0.07396	200% Above	No	No
51660020090	EZETIMIBE 10 MG TABLET	1	30.00	1.33	0.07396	200% Above	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	1	30.00	0.03	0.05194	26%-50% Below	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	2	30.00	0.03	0.05618	26%-50% Below	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	3	90.00	0.02	0.05832	51%-75% Below	Yes	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	4	30.00	0.12	0.05851	101%-200% Above	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	1	30.00	0.03	0.05194	26%-50% Below	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	2	30.00	0.01	0.05618	51%-75% Below	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	2	30.00	0.03	0.05618	26%-50% Below	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	3	30.00	0.01	0.05832	76%-100% Below	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	3	30.00	0.03	0.05832	26%-50% Below	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	3	30.00	0.04	0.05832	10%-25% Below	No	No
51660052605	ALLERGY (LORATADINE) 10 MG TAB	4	30.00	0.11	0.05851	76%-100% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51660052605	ALLERGY (LORATADINE) 10 MG TAB	12	30.00	0.03	0.05176	26%-50% Below	No	No
51660052631	ALLERGY (LORATADINE) 10 MG TAB	12	30.00	0.03	0.05176	26%-50% Below	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	3	30.00	0.03	0.05832	26%-50% Below	No	No
51660052653	ALLERGY (LORATADINE) 10 MG TAB	4	30.00	0.12	0.05851	101%-200% Above	No	No
51672125902	CLOBETASOL 0.05% OINTMENT	2	30.00	2.43	0.18147	200% Above	No	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	1	15.00	2.52	0.32725	200% Above	No	No
51672126401	FLUOCINONIDE 0.05% OINTMENT	3	30.00	0.50	0.32961	51%-75% Above	No	No
51672126901	BETAMETHASONE VA 0.1% CREAM	1	90.00	0.27	0.48433	26%-50% Below	No	No
51672126906	BETAMETHASONE VA 0.1% CREAM	3	45.00	0.25	0.42243	26%-50% Below	Yes	No
51672127401	BETAMETHASONE DP 0.05% CRM	2	60.00	0.25	0.62124	51%-75% Below	No	No
51672127401	BETAMETHASONE DP 0.05% CRM	4	75.00	0.43	0.60645	26%-50% Below	Yes	No
51672127406	BETAMETHASONE DP 0.05% CRM	12	45.00	0.85	0.45291	76%-100% Above	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	1	30.00	0.37	0.19872	76%-100% Above	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	3	15.00	0.34	0.23959	26%-50% Above	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	1	30.00	0.37	0.14935	101%-200% Above	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	1	30.00	0.50	0.14935	200% Above	No	No
51672127902	FLUOCINONIDE 0.05% GEL	4	30.00	0.55	1.06842	26%-50% Below	No	No
51672128101	DESONIDE 0.05% OINTMENT	3	30.00	0.29	0.47903	26%-50% Below	Yes	No
51672128103	DESONIDE 0.05% OINTMENT	3	60.00	1.34	0.30467	200% Above	No	No
51672128201	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.21	0.13388	51%-75% Above	No	No
51672128201	TRIAMCINOLONE 0.1% CREAM	3	45.00	0.21	0.13388	51%-75% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.16	0.09543	51%-75% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.14	0.09530	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.00	0.08834	76%-100% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.11	0.08828	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 691

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672128208	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.09	0.05162	51%-75% Above	No	No
51672128208	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.11	0.05162	101%-200% Above	No	No
51672128208	TRIAMCINOLONE 0.1% CREAM	2	240.00	0.13	0.05608	101%-200% Above	No	No
51672128208	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.09	0.05815	26%-50% Above	No	No
51672128208	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.12	0.05815	101%-200% Above	No	No
51672128401	TRIAMCINOLONE 0.1% OINTMENT	12	30.00	0.05	0.11906	51%-75% Below	No	No
51672128402	TRIAMCINOLONE 0.1% OINTMENT	3	30.00	0.13	0.15228	10%-25% Below	No	No
51672128402	TRIAMCINOLONE 0.1% OINTMENT	3	30.00	0.22	0.15228	26%-50% Above	No	No
51672129303	CLOBETASOL 0.05% SOLUTION	12	50.00	0.08	0.18278	51%-75% Below	No	No
51672129702	CLOBETASOL EMOLLIENT 0.05% CRM	1	30.00	0.50	0.69719	26%-50% Below	No	No
51672129801	KETOCONAZOLE 2% CREAM	4	15.00	0.75	0.35521	101%-200% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	1	30.00	0.60	0.21510	101%-200% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	2	30.00	0.60	0.23948	101%-200% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	3	30.00	0.54	0.26518	101%-200% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	4	30.00	0.75	0.25753	101%-200% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	12	30.00	0.10	0.21481	51%-75% Below	No	No
51672129803	KETOCONAZOLE 2% CREAM	2	60.00	0.25	0.16707	26%-50% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	3	60.00	0.25	0.17334	26%-50% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	11	60.00	0.53	0.13846	200% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	12	60.00	0.53	0.15620	200% Above	No	No
51672130100	AMMONIUM LACTATE 12% CREAM	2	385.00	0.03	0.07016	51%-75% Below	No	No
51672130104	AMMONIUM LACTATE 12% CREAM	3	140.00	0.03	0.06967	51%-75% Below	No	No
51672130104	AMMONIUM LACTATE 12% CREAM	3	280.00	0.03	0.06967	51%-75% Below	No	No
51672130308	ECONAZOLE NITRATE 1% CREAM	3	85.00	1.54	0.22552	200% Above	No	No
51672130308	ECONAZOLE NITRATE 1% CREAM	4	85.00	0.18	0.21644	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672130406	TERCONAZOLE 0.4% CREAM	2	45.00	0.26	0.57789	51%-75% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	2	45.00	0.49	0.57789	10%-25% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	3	45.00	0.29	0.61364	51%-75% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	12	45.00	0.31	0.53196	26%-50% Below	No	No
51672130803	CLOTRIMAZOLE-BETAMETHASONE LOT	12	30.00	1.15	2.23953	26%-50% Below	No	No
51672131001	BETAMETHASONE DP AUG 0.05% CRM	1	30.00	0.67	0.21022	200% Above	No	No
51672131003	BETAMETHASONE DP AUG 0.05% CRM	1	50.00	0.10	0.11508	10%-25% Below	No	No
51672131003	BETAMETHASONE DP AUG 0.05% CRM	4	50.00	0.47	0.12714	200% Above	Yes	No
51672131200	MUPIROCIN 2% OINTMENT	1	22.00	0.11	0.16054	26%-50% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	1	22.00	0.11	0.16054	26%-50% Below	Yes	No
51672131200	MUPIROCIN 2% OINTMENT	2	22.00	0.10	0.16784	26%-50% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	2	22.00	0.11	0.16784	26%-50% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	2	22.00	0.26	0.16784	51%-75% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	2	22.00	0.29	0.16784	51%-75% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	2	22.00	0.29	0.16784	51%-75% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	2	22.00	0.32	0.16784	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	3	22.00	0.10	0.16880	26%-50% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	3	22.00	0.23	0.16880	26%-50% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	3	22.00	0.32	0.16880	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	4	22.00	0.27	0.16627	51%-75% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	4	22.00	0.29	0.16627	51%-75% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	12	22.00	0.07	0.15681	51%-75% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	12	22.00	0.13	0.15681	10%-25% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	12	22.00	0.22	0.15681	26%-50% Above	Yes	No
51672131200	MUPIROCIN 2% OINTMENT	12	22.00	0.23	0.15681	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672131200	MUPIROCIN 2% OINTMENT	12	22.00	0.29	0.15681	76%-100% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	1	15.00	0.53	0.35041	51%-75% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	1	30.00	0.50	0.35041	26%-50% Above	Yes	No
51672131201	MUPIROCIN 2% OINTMENT	3	30.00	0.54	0.34576	51%-75% Above	Yes	No
51672131201	MUPIROCIN 2% OINTMENT	4	15.00	0.55	0.33443	51%-75% Above	Yes	No
51672131802	CICLOPIROX 0.77% CREAM	2	30.00	0.08	0.17426	51%-75% Below	Yes	No
51672131802	CICLOPIROX 0.77% CREAM	3	30.00	0.08	0.16648	26%-50% Below	No	No
51672134004	BETAMETHASONE DP AUG 0.05% LOT	12	60.00	0.08	0.40132	76%-100% Below	No	No
51672135108	CICLOPIROX 1% SHAMPOO	1	120.00	0.12	0.22834	26%-50% Below	No	No
51672136403	ADAPALENE-BNZYL PEROX 0.1-2.5%	1	45.00	0.49	0.55683	10%-25% Below	Yes	No
51672137303	TAZAROTENE 0.1% CREAM	12	60.00	1.31	1.70672	10%-25% Below	Yes	No
51672137706	ADAPALENE 0.3% GEL	1	45.00	0.21	0.53621	51%-75% Below	No	No
51672137706	ADAPALENE 0.3% GEL	2	45.00	0.19	0.55994	51%-75% Below	No	No
51672137706	ADAPALENE 0.3% GEL	12	45.00	0.37	0.53054	26%-50% Below	No	No
51672138104	CLINDAMYCIN-BENZOYL PEROX 1-5%	4	50.00	1.99	0.63449	200% Above	No	No
51672138603	FLUOCINONIDE 0.05% CREAM	3	60.00	0.13	0.35720	51%-75% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	1	50.00	0.31	0.55075	26%-50% Below	No	No
51672138903	AZELAIC ACID 15% GEL	3	50.00	0.31	0.66695	51%-75% Below	No	No
51672139409	TRETINOIN 0.05% CREAM	2	45.00	0.58	1.51028	51%-75% Below	No	No
51672139409	TRETINOIN 0.05% CREAM	2	45.00	0.59	1.51028	51%-75% Below	No	No
51672139500	TRETINOIN 0.1% CREAM	1	20.00	0.78	1.31001	26%-50% Below	No	No
51672139509	TRETINOIN 0.1% CREAM	4	45.00	1.78	1.28288	26%-50% Above	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.43	0.27682	51%-75% Above	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.57	0.27682	101%-200% Above	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.68	0.27682	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672140004	CLINDAMYCIN PHOSP 1% LOTION	2	60.00	0.57	0.31096	76%-100% Above	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.43	0.34489	10%-25% Above	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	4	60.00	0.43	0.34788	10%-25% Above	Yes	No
51672140304	CLINDAMYC-BNZ PEROX 1.2-3.75%	2	50.00	2.61	4.70571	26%-50% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	2	20.00	0.45	0.74339	26%-50% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	2	20.00	0.50	0.74339	26%-50% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	3	40.00	0.25	0.82225	51%-75% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	4	20.00	0.50	0.81217	26%-50% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	4	20.00	1.52	0.81217	76%-100% Above	No	No
51672140700	TRETINOIN 0.025% CREAM	12	20.00	0.54	0.79500	26%-50% Below	No	No
51672140709	TRETINOIN 0.025% CREAM	3	45.00	0.36	0.69388	26%-50% Below	No	No
51672140709	TRETINOIN 0.025% CREAM	12	45.00	0.61	0.71673	10%-25% Below	Yes	No
51672207501	BACITRACIN ZN 500 UNIT/GM OINT	1	28.40	0.06	0.17086	51%-75% Below	Yes	No
51672208001	TERBINAFINE 1% CREAM	4	30.00	0.07	0.39406	76%-100% Below	No	No
51672208002	TERBINAFINE 1% CREAM	2	30.00	0.54	0.29952	76%-100% Above	Yes	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	3	300.00	0.03	0.03371	10%-25% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	1	75.00	0.07	0.03906	76%-100% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	1	150.00	0.05	0.03906	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	1	195.00	0.05	0.03906	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	113.00	0.05	0.04165	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	150.00	0.03	0.04165	10%-25% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	150.00	0.05	0.04165	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	195.00	0.05	0.04165	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	75.00	0.05	0.04133	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	150.00	0.03	0.04133	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	150.00	0.05	0.04133	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	195.00	0.05	0.04133	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	200.00	0.03	0.04133	26%-50% Below	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	480.00	0.05	0.04133	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	150.00	0.07	0.04118	51%-75% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	12	75.00	0.07	0.03842	76%-100% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	12	200.00	0.02	0.03842	26%-50% Below	No	No
51672300302	HYDROCORTISONE 2.5% CREAM	2	28.35	0.06	0.08803	26%-50% Below	Yes	No
51672300302	HYDROCORTISONE 2.5% CREAM	2	28.35	0.13	0.08803	26%-50% Above	No	No
51672300302	HYDROCORTISONE 2.5% CREAM	3	28.35	0.05	0.08850	26%-50% Below	Yes	No
51672300701	HYDROCORTISONE 1%-ACETIC ACID 2% EAR DROP	1	10.00	3.75	6.89017	26%-50% Below	No	No
51672300701	HYDROCORTISONE 1%-ACETIC ACID 2% EAR DROP	4	10.00	5.17	7.35080	26%-50% Below	Yes	No
51672402301	ACETAZOLAMIDE 250 MG TABLET	2	200.00	0.08	0.14828	26%-50% Below	No	No
51672402301	ACETAZOLAMIDE 250 MG TABLET	3	120.00	0.08	0.16062	51%-75% Below	No	No
51672402504	AMIODARONE HCL 200 MG TABLET	1	60.00	0.12	0.11145	10%-25% Above	No	No
51672402801	WARFARIN SODIUM 2 MG TABLET	1	51.00	0.15	0.09022	51%-75% Above	No	No
51672403201	WARFARIN SODIUM 5 MG TABLET	3	30.00	0.19	0.09585	101%-200% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	1	30.00	0.20	0.09383	101%-200% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	1	225.00	0.17	0.09383	51%-75% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	2	30.00	0.20	0.09694	101%-200% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	4	30.00	0.20	0.09600	101%-200% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	12	75.00	0.07	0.09393	26%-50% Below	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	3	103.00	0.19	0.11585	51%-75% Above	No	No
51672403801	ENALAPRIL MALEATE 5 MG TABLET	2	30.00	0.33	0.07223	200% Above	No	No
51672403801	ENALAPRIL MALEATE 5 MG TABLET	12	30.00	0.33	0.07139	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	1	30.00	0.08	0.17769	51%-75% Below	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	2	30.00	0.07	0.21028	51%-75% Below	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	3	30.00	0.07	0.20992	51%-75% Below	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	12	30.00	0.10	0.16494	26%-50% Below	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	2	15.00	0.33	0.27790	10%-25% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	2	15.00	1.23	0.27790	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	2	30.00	0.33	0.27790	10%-25% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	2	30.00	0.58	0.27790	101%-200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	2	60.00	1.22	0.27790	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	3	15.00	0.91	0.25496	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	4	30.00	0.33	0.24943	26%-50% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	4	30.00	0.67	0.24943	101%-200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	12	30.00	0.76	0.29044	101%-200% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	12	30.00	0.76	0.29044	101%-200% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.11	0.21882	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.61	0.21882	101%-200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.11	0.20608	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.33	0.20608	51%-75% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.33	0.20608	51%-75% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.56	0.20608	101%-200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.11	0.20237	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.56	0.20237	101%-200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	4	45.00	0.11	0.19993	26%-50% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	0.33	0.21350	51%-75% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	0.44	0.21350	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	0.72	0.21350	200% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	1	75.00	0.03	0.02149	26%-50% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	1	150.00	0.03	0.02149	26%-50% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	1	150.00	0.04	0.02149	51%-75% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	2	75.00	0.03	0.02234	26%-50% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	3	150.00	0.03	0.02147	26%-50% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	3	240.00	0.03	0.02147	26%-50% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	4	120.00	0.04	0.02174	76%-100% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	12	75.00	0.05	0.02149	101%-200% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	12	150.00	0.04	0.02149	51%-75% Above	No	No
51672408104	CLINDAMYCIN PH 1% SOLUTION	12	60.00	0.49	0.14667	200% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	1	120.00	0.12	0.19338	26%-50% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	2	120.00	0.12	0.15711	10%-25% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	3	120.00	0.12	0.15306	10%-25% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	4	120.00	0.12	0.15715	10%-25% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	12	333.00	0.17	0.19487	10%-25% Below	No	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	3	45.00	0.78	0.43740	76%-100% Above	Yes	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	0.38	0.67719	26%-50% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	0.50	0.67719	26%-50% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	0.75	0.67719	10%-25% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	2.20	0.67719	200% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	3	40.00	1.81	0.74727	101%-200% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	3	40.00	2.00	0.74727	101%-200% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	4	40.00	0.37	0.73185	26%-50% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	12	40.00	0.01	0.66016	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672413001	LAMOTRIGINE 25 MG TABLET	1	30.00	0.04	0.02750	51%-75% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	1	30.00	0.05	0.02750	76%-100% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	2	30.00	0.04	0.02955	26%-50% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	1	60.00	0.07	0.04060	76%-100% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	1	90.00	0.06	0.04060	51%-75% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	3	60.00	0.07	0.04446	51%-75% Above	No	No
51672413204	LAMOTRIGINE 150 MG TABLET	2	90.00	0.08	0.06338	26%-50% Above	No	No
51672413204	LAMOTRIGINE 150 MG TABLET	12	60.00	0.58	0.06212	200% Above	No	No
51672413304	LAMOTRIGINE 200 MG TABLET	1	60.00	0.05	0.07339	26%-50% Below	No	No
51672413304	LAMOTRIGINE 200 MG TABLET	1	90.00	0.10	0.07339	26%-50% Above	No	No
51672413304	LAMOTRIGINE 200 MG TABLET	2	60.00	0.05	0.07799	26%-50% Below	No	No
51672414506	IMIQUIMOD 5% CREAM PACKET	4	12.00	1.05	0.83104	26%-50% Above	Yes	No
51672414601	PHENYTOIN 50 MG TABLET CHEW	1	30.00	0.21	0.23530	10%-25% Below	No	No
51672414601	PHENYTOIN 50 MG TABLET CHEW	2	30.00	0.17	0.23712	26%-50% Below	No	No
51672414601	PHENYTOIN 50 MG TABLET CHEW	3	30.00	0.16	0.22813	26%-50% Below	No	No
51672414601	PHENYTOIN 50 MG TABLET CHEW	4	30.00	0.28	0.21858	26%-50% Above	No	No
51672417005	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.09	0.16356	26%-50% Below	No	No
51672417005	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.09	0.17136	26%-50% Below	No	No
51672417005	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.09	0.17860	26%-50% Below	No	No
51672419303	CLOBETASOL PROP 0.05% FOAM	1	50.00	0.31	0.25957	10%-25% Above	Yes	No
51672419303	CLOBETASOL PROP 0.05% FOAM	2	50.00	0.16	0.28512	26%-50% Below	No	No
51672421503	METRONIDAZOLE TOPICAL 1% GEL	2	60.00	1.33	0.75688	51%-75% Above	Yes	No
51672421701	DOXEPIN 10 MG CAPSULE	1	30.00	0.04	0.07377	26%-50% Below	No	No
51672421701	DOXEPIN 10 MG CAPSULE	2	30.00	0.04	0.08341	51%-75% Below	No	No
51862054506	SRONYX 0.10-0.02 MG TABLET	12	84.00	0.20	0.14071	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51862056406	LOW-OGESTREL-28 TABLET	1	84.00	0.42	0.35006	10%-25% Above	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	3	84.00	0.33	0.37794	10%-25% Below	Yes	No
51862056406	LOW-OGESTREL-28 TABLET	12	84.00	0.42	0.34661	10%-25% Above	Yes	No
51862061001	METHYLPHENIDATE LA 20 MG CAP	1	30.00	1.93	2.43291	10%-25% Below	No	No
51862064330	TAMOXIFEN 20 MG TABLET	12	90.00	0.41	0.24317	51%-75% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	1	30.00	1.71	0.43119	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	1	90.00	0.17	0.43119	51%-75% Below	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	3	90.00	1.32	0.52713	101%-200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	12	30.00	1.71	0.41440	200% Above	No	No
51991007301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	3	36.00	0.43	0.85017	26%-50% Below	No	No
51991029201	OXCARBAZEPINE 150 MG TABLET	2	60.00	0.06	0.12817	51%-75% Below	Yes	No
51991029201	OXCARBAZEPINE 150 MG TABLET	2	180.00	0.11	0.12817	10%-25% Below	Yes	No
51991029201	OXCARBAZEPINE 150 MG TABLET	4	180.00	0.11	0.13127	10%-25% Below	Yes	No
51991029201	OXCARBAZEPINE 150 MG TABLET	12	60.00	0.08	0.11870	26%-50% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	2	360.00	0.08	0.18222	51%-75% Below	Yes	No
51991029301	OXCARBAZEPINE 300 MG TABLET	3	90.00	0.11	0.18730	26%-50% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	3	180.00	0.17	0.18730	10%-25% Below	No	No
51991029301	OXCARBAZEPINE 300 MG TABLET	12	180.00	0.10	0.16783	26%-50% Below	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.67	0.40692	51%-75% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.67	0.44426	26%-50% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.67	0.46463	26%-50% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	3	90.00	0.24	0.46463	26%-50% Below	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	1.49	0.40071	200% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.22	0.46463	51%-75% Below	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	1.33	0.46463	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	4	90.00	0.33	0.45372	26%-50% Below	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	12	90.00	0.33	0.40071	10%-25% Below	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	1.46	0.42073	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	1	90.00	0.17	0.42073	51%-75% Below	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	2	30.00	1.46	0.45927	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.01	0.45927	76%-100% Below	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	1.46	0.45927	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	3	30.00	1.33	0.47463	101%-200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	1.72	0.42073	200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	2	30.00	1.46	0.45927	200% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	12	30.00	1.72	0.41149	200% Above	No	No
51991054490	MULTIGEN PLS TAB	1	12.00	1.00	.		No	No
51991062033	ANASTROZOLE 1 MG TABLET	1	30.00	0.08	0.13670	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	2	15.00	0.08	0.15102	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	2	30.00	0.08	0.15102	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	3	30.00	0.08	0.15294	26%-50% Below	No	No
51991062033	ANASTROZOLE 1 MG TABLET	4	30.00	0.07	0.15139	51%-75% Below	No	No
51991062090	ANASTROZOLE 1 MG TABLET	1	36.00	0.08	0.13670	26%-50% Below	No	No
51991062090	ANASTROZOLE 1 MG TABLET	2	6.00	0.23	0.15102	26%-50% Above	No	No
51991062090	ANASTROZOLE 1 MG TABLET	3	36.00	0.08	0.15294	26%-50% Below	No	No
51991062090	ANASTROZOLE 1 MG TABLET	12	30.00	0.07	0.13683	26%-50% Below	No	No
51991062090	ANASTROZOLE 1 MG TABLET	12	90.00	0.07	0.13683	26%-50% Below	No	No
51991074605	DULOXETINE HCL DR 20 MG CAP	1	30.00	0.43	0.09380	200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	1	30.00	0.50	0.09380	200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	2	30.00	0.50	0.10210	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991074690	DULOXETINE HCL DR 20 MG CAP	3	90.00	0.33	0.11020	200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	4	15.00	0.67	0.10560	200% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	12	30.00	0.50	0.09612	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	1	270.00	0.14	0.07189	76%-100% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	2	90.00	0.15	0.07796	76%-100% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.50	0.08381	200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.19	0.07084	101%-200% Above	No	No
51991074710	DULOXETINE HCL DR 30 MG CAP	12	90.00	0.19	0.07084	101%-200% Above	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.03	0.07189	51%-75% Below	No	No
51991074790	DULOXETINE HCL DR 30 MG CAP	3	270.00	0.15	0.08381	76%-100% Above	Yes	No
51991074810	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.33	0.09476	200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.50	0.09476	200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.00	0.09476	76%-100% Below	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.16	0.09476	51%-75% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	1	180.00	0.00	0.09476	76%-100% Below	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	1	180.00	0.19	0.09476	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.33	0.10676	200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.33	0.11627	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.22	0.11627	76%-100% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.27	0.09160	101%-200% Above	No	No
51991074810	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.22	0.09160	101%-200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.67	0.09476	200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	1	60.00	0.16	0.09476	51%-75% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.67	0.10676	200% Above	No	No
51991074890	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.67	0.11627	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991074890	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.33	0.11627	101%-200% Above	Yes	No
51991074890	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.19	0.09160	101%-200% Above	No	No
51991075033	DULOXETINE HCL DR 40 MG CAP	1	30.00	2.30	1.30790	51%-75% Above	No	No
51991075033	DULOXETINE HCL DR 40 MG CAP	2	30.00	2.09	1.50779	26%-50% Above	No	No
51991075033	DULOXETINE HCL DR 40 MG CAP	3	30.00	2.09	1.59308	26%-50% Above	No	No
51991075033	DULOXETINE HCL DR 40 MG CAP	12	30.00	2.75	1.34678	101%-200% Above	No	No
51991075933	LETROZOLE 2.5 MG TABLET	1	30.00	0.08	0.13255	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	1	30.00	0.09	0.13255	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	2	30.00	0.08	0.13700	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	3	30.00	0.07	0.13983	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	4	30.00	0.16	0.14277	10%-25% Above	No	No
51991075933	LETROZOLE 2.5 MG TABLET	12	10.00	0.15	0.13398	10%-25% Above	No	No
51991075933	LETROZOLE 2.5 MG TABLET	12	30.00	0.09	0.13398	26%-50% Below	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	3	90.00	0.22	0.18385	10%-25% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	4	60.00	0.53	0.17854	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	12	90.00	0.22	0.16475	26%-50% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	1	90.00	0.79	0.18131	200% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	3	90.00	0.72	0.21399	200% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	1	30.00	1.14	0.53119	101%-200% Above	No	No
51991087833	EPLERENONE 50 MG TABLET	12	30.00	1.34	0.57633	101%-200% Above	No	No
51991090701	TETRACYCLINE 500 MG CAPSULE	2	120.00	0.62	0.69535	10%-25% Below	No	No
52187053116	SOD SUL/SULF SUS 8-4%	1	473.00	0.04	.		No	No
52187053116	SOD SUL/SULF SUS 8-4%	3	473.00	0.58	.		No	No
52187053606	SOD SUL/SULF LIQ 10-5%	3	170.30	0.46	.		No	No
52187053612	SOD SUL/SULF LIQ 10-5%	12	340.20	0.04	.		No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52187054610	SOD SUL/SULF LIQ 9.8-4.8%	1	285.00	0.05	.		No	No
52187054610	SOD SUL/SULF LIQ 9.8-4.8%	2	285.00	0.05	.		No	No
52187054610	SOD SUL/SULF LIQ 9.8-4.8%	12	285.00	0.05	.		No	No
52268001201	SUPREP BOWEL PREP KIT	3	355.00	0.09	0.32340	51%-75% Below	No	No
52427080690	GRALISE ER 600 MG TABLET	3	90.00	0.01	10.19845	76%-100% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	1	1.00	3.45	12.23459	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	1	2.00	3.45	12.23459	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	1	4.00	3.45	12.23459	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	2	1.00	3.45	13.03302	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	2	2.00	3.45	13.03302	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	3	2.00	3.45	13.01273	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	3	4.00	3.45	13.01273	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	3	4.00	3.75	13.01273	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	4	4.00	3.45	12.99474	51%-75% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	12	2.00	3.45	12.37528	51%-75% Below	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	3.02	3.57832	10%-25% Below	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	2.75	3.81684	26%-50% Below	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	5.71	3.81684	26%-50% Above	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	4	10.00	5.71	3.82627	26%-50% Above	No	No
52536068210	CARISOPRODOL 250 MG TABLET	12	42.00	0.23	0.61487	51%-75% Below	Yes	No
52747071030	INTEGRA CAP	1	30.00	0.69	.		Yes	No
52747071030	INTEGRA CAP	12	30.00	0.00	.		Yes	No
52747071060	INTEGRA CAP	3	90.00	0.37	.		No	No
52747071260	INTEGRA PLUS CAP	2	90.00	0.64	.		No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.01	0.02305	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817018000	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.01	0.02305	26%-50% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.01	0.02500	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.01	0.02583	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.01	0.02583	51%-75% Below	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.01	0.02290	26%-50% Below	No	No
52817018010	CLONIDINE HCL 0.1 MG TABLET	3	2.00	0.09	0.02583	200% Above	No	No
52817018010	CLONIDINE HCL 0.1 MG TABLET	4	90.00	0.02	0.02563	26%-50% Below	No	No
52817018010	CLONIDINE HCL 0.1 MG TABLET	12	90.00	0.02	0.02290	10%-25% Below	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	2	60.00	0.01	0.03382	51%-75% Below	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	3	60.00	0.02	0.03442	26%-50% Below	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	12	60.00	0.02	0.03191	26%-50% Below	No	No
52817018110	CLONIDINE HCL 0.2 MG TABLET	2	90.00	0.02	0.03382	26%-50% Below	No	No
52817018110	CLONIDINE HCL 0.2 MG TABLET	3	180.00	0.02	0.03442	26%-50% Below	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	2	30.00	0.04	0.07397	26%-50% Below	No	No
52817021010	CYPROHEPTADINE 4 MG TABLET	3	60.00	0.04	0.08105	26%-50% Below	Yes	No
52817021050	CYPROHEPTADINE 4 MG TABLET	3	90.00	0.04	0.08105	51%-75% Below	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	51%-75% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.03	0.01791	51%-75% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.03	0.02142	10%-25% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	3	2.00	0.37	0.02243	200% Above	No	No
52817027030	BISOPROLOL FUMARATE 5 MG TAB	12	90.00	0.28	0.19392	26%-50% Above	No	No
52817031910	BACLOFEN 5 MG TABLET	1	90.00	0.06	0.09579	26%-50% Below	No	No
52817031910	BACLOFEN 5 MG TABLET	10	15.00	0.13	0.10748	10%-25% Above	No	No
52817031910	BACLOFEN 5 MG TABLET	12	45.00	0.13	0.09878	26%-50% Above	No	No
52817032000	BACLOFEN 10 MG TABLET	2	90.00	0.03	0.03547	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817033010	CYCLOBENZAPRINE 5 MG TABLET	2	15.00	0.04	0.02055	76%-100% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	4	21.00	0.19	0.02187	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.02	0.01908	26%-50% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	12	60.00	0.02	0.01908	10%-25% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	7.00	0.01	0.01854	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	20.00	0.01	0.01854	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	20.00	0.01	0.01854	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.02	0.01854	10%-25% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	90.00	0.01	0.01854	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.03	0.02055	26%-50% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	3	14.00	0.01	0.02186	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	3	15.00	0.03	0.02186	26%-50% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	12	28.00	0.01	0.01908	26%-50% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.02	0.01908	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	15.00	0.00	0.01624	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.00	0.01624	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01624	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	45.00	0.01	0.01624	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01624	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01624	10%-25% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 706

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.01	0.01624	10%-25% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	180.00	0.01	0.01624	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	12.00	0.01	0.01757	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.04	0.01757	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	26.00	0.01	0.01757	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.00	0.01757	76%-100% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.00	0.01757	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01757	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01757	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01757	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	60.00	0.01	0.01757	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.02	0.01757	10%-25% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	180.00	0.01	0.01757	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	14.00	0.18	0.01774	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	15.00	0.18	0.01774	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.01	0.01774	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	21.00	0.03	0.01774	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	21.00	0.18	0.01774	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.00	0.01774	76%-100% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.01	0.01774	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.02	0.01774	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.02	0.01774	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.03	0.01774	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 707

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.01	0.01774	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.02	0.01774	10%-25% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	14.00	0.18	0.01758	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	21.00	0.03	0.01758	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.18	0.01758	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.01	0.01758	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.01	0.01633	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.01	0.01633	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.02	0.01633	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	45.00	0.01	0.01633	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	60.00	0.01	0.01633	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	90.00	0.01	0.01633	26%-50% Below	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	2	21.00	0.03	0.01757	26%-50% Above	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	12	15.00	0.05	0.01633	200% Above	No	No
52817035910	METOPROLOL TARTRATE 75 MG TAB	1	60.00	0.34	0.12990	101%-200% Above	No	No
52817035910	METOPROLOL TARTRATE 75 MG TAB	2	60.00	0.29	0.13664	101%-200% Above	No	No
52817035910	METOPROLOL TARTRATE 75 MG TAB	2	180.00	0.29	0.13664	101%-200% Above	No	No
52817035910	METOPROLOL TARTRATE 75 MG TAB	3	60.00	0.26	0.13356	76%-100% Above	No	No
52817035910	METOPROLOL TARTRATE 75 MG TAB	12	60.00	0.34	0.13183	101%-200% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.02	0.01563	26%-50% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.03	0.01677	76%-100% Above	No	No
52817036000	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.03	0.01791	51%-75% Above	No	No
52817036010	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.04	0.01563	101%-200% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.03	0.01919	26%-50% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.03	0.01919	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 708

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817036100	METOPROLOL TARTRATE 50 MG TAB	1	90.00	0.03	0.01919	51%-75% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.02	0.01919	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	2	30.00	0.03	0.02142	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	12	60.00	0.02	0.01920	10%-25% Above	No	No
52817036100	METOPROLOL TARTRATE 50 MG TAB	12	60.00	0.03	0.01920	51%-75% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.04	0.02548	51%-75% Above	No	No
52817036200	METOPROLOL TARTRATE 100 MG TAB	3	60.00	0.04	0.02885	26%-50% Above	No	No
52817036410	TRIAMTERENE 50 MG CAPSULE	2	90.00	5.03	6.28174	10%-25% Below	Yes	No
52817038110	NAPROXEN DR 500 MG TABLET	2	180.00	1.15	1.93800	26%-50% Below	Yes	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	1	675.00	0.09	0.07629	10%-25% Above	Yes	No
52817081154	TRIAMCINOLONE 0.1% CREAM	4	454.00	0.04	0.03182	10%-25% Above	No	No
52817081615	ACETIC ACID 2% EAR SOLUTION	1	15.00	1.00	1.34699	10%-25% Below	No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	1	30.00	0.50	0.13591	200% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	12	30.00	0.50	0.13678	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	10.00	1.26	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	10.00	1.49	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.35	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.06	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.07	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.26	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.42	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.25	0.10693	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.75	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	1.00	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	1.07	0.10693	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	1.26	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	28.00	0.53	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	0.50	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	60.00	0.25	0.10693	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	90.00	0.33	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	90.00	1.15	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	90.00	1.26	0.10693	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.97	0.11870	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	1.06	0.11870	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	1.07	0.11870	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.50	0.11870	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.97	0.11870	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	1.07	0.11870	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	28.00	0.18	0.11870	26%-50% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	0.50	0.11870	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	10.00	0.45	0.12632	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	10.00	1.49	0.12632	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	0.97	0.12632	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.45	0.12632	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.75	0.12632	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.97	0.12632	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	28.00	0.53	0.12632	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	30.00	0.10	0.12632	10%-25% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.45	0.12632	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.97	0.12632	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 710

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	12.00	0.45	0.12629	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.25	0.12629	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.45	0.12629	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	28.00	0.53	0.12629	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	60.00	0.45	0.12629	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	1.06	0.10669	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	1.26	0.10669	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.75	0.10669	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	1.26	0.10669	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	28.00	0.18	0.10669	51%-75% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	60.00	1.26	0.10669	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	4	30.00	0.50	0.12859	200% Above	Yes	No
53489014305	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.03	0.04940	26%-50% Below	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.03	0.05175	51%-75% Below	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.16	0.05103	200% Above	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.03	0.04561	26%-50% Below	No	No
53489014305	SPIRONOLACTONE 25 MG TABLET	12	60.00	0.08	0.04561	76%-100% Above	No	No
53489021510	CLONIDINE TAB 0.1MG	1	60.00	0.00	.		No	No
53489036801	FELODIPINE TAB 2.5MG ER	4	90.00	0.48	.		No	No
53489038601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.11	0.08358	26%-50% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.13	0.08358	51%-75% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	2	30.00	0.08	0.09802	10%-25% Below	Yes	No
53489038601	MINOXIDIL 2.5 MG TABLET	2	30.00	0.11	0.09802	10%-25% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	12	8.00	0.13	0.08168	51%-75% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	12	30.00	0.13	0.08168	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 711

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53489047901	SULINDAC 200 MG TABLET	4	20.00	0.16	0.23251	26%-50% Below	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	1	60.00	0.17	0.08906	76%-100% Above	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	1	90.00	0.30	0.08906	200% Above	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	2	60.00	0.05	0.10427	26%-50% Below	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	2	60.00	0.17	0.10427	51%-75% Above	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	3	60.00	0.05	0.11361	51%-75% Below	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	3	60.00	0.25	0.11361	101%-200% Above	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	3	180.00	0.05	0.11361	51%-75% Below	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	3	180.00	0.17	0.11361	26%-50% Above	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	12	60.00	0.05	0.09578	26%-50% Below	No	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	12	120.00	0.05	0.09578	26%-50% Below	Yes	No
53489067610	PHEENTERMINE 37.5 MG TABLET	1	30.00	0.32	0.06099	200% Above	No	No
53489067610	PHEENTERMINE 37.5 MG TABLET	2	30.00	0.32	0.06975	200% Above	No	No
53489067610	PHEENTERMINE 37.5 MG TABLET	2	30.00	0.32	0.06975	200% Above	No	No
53489067610	PHEENTERMINE 37.5 MG TABLET	3	30.00	0.32	0.07993	200% Above	No	No
53489067610	PHEENTERMINE 37.5 MG TABLET	3	30.00	0.32	0.07993	200% Above	No	No
53489067610	PHEENTERMINE 37.5 MG TABLET	12	30.00	0.32	0.05964	200% Above	No	No
53489067610	PHEENTERMINE 37.5 MG TABLET	12	30.00	0.32	0.05964	200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.07	0.12377	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.18	0.12377	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.20	0.12377	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.20	0.12377	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.22	0.12377	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.06	0.12377	26%-50% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.06	0.12377	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 712

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.16	0.12377	26%-50% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	8.00	0.24	0.12132	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.06	0.12132	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.19	0.12132	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.20	0.12132	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.22	0.12132	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.06	0.12132	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	21.00	0.18	0.12132	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	24.00	0.06	0.12132	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.06	0.12126	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.23	0.12126	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.24	0.12126	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.06	0.12126	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.22	0.12126	76%-100% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.22	0.12126	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.06	0.12126	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.19	0.12126	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.19	0.12126	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	18.00	0.32	0.12126	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.06	0.12126	51%-75% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	24.00	0.06	0.12126	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	28.00	0.18	0.12126	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	5.00	0.32	0.12538	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	6.00	0.25	0.12538	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.20	0.12538	51%-75% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 713

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.26	0.12538	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.07	0.12538	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.20	0.12538	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.24	0.12538	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.32	0.12538	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	14.00	0.32	0.12538	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	16.00	0.32	0.12538	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	0.16	0.12538	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	0.32	0.12538	101%-200% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	0.32	0.12538	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.07	0.12482	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.07	0.12482	26%-50% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.20	0.12482	51%-75% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.25	0.12482	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.26	0.12482	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	90.00	0.17	0.12482	26%-50% Above	Yes	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	28.00	0.23	0.12377	76%-100% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	6.00	0.22	0.12538	51%-75% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.24	0.12538	76%-100% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	30.00	0.18	0.12482	26%-50% Above	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	30.00	0.06	0.15572	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	10.00	0.13	0.15673	10%-25% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	15.00	0.09	0.15673	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	20.00	0.09	0.15673	26%-50% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	28.00	0.06	0.15673	51%-75% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 714

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	84.00	0.08	0.16136	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.08	0.16136	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	15.00	0.09	0.15885	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.08	0.15885	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	8	30.00	0.06	0.13817	51%-75% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	28.00	0.06	0.15508	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	28.00	0.08	0.15508	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	30.00	0.08	0.15508	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	10.00	0.06	0.12752	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	10.00	0.10	0.12752	10%-25% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	18.00	0.06	0.12752	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	18.00	0.07	0.12752	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	20.00	0.06	0.12752	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	20.00	0.06	0.12752	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	24.00	0.07	0.12752	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	40.00	0.06	0.12752	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	120.00	0.06	0.12752	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.06	0.13022	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.07	0.13022	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.08	0.13022	26%-50% Below	No	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.07	0.13022	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	24.00	0.07	0.13022	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	26.00	0.06	0.13022	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	30.00	0.08	0.13022	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	120.00	0.06	0.13022	51%-75% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 715

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	6.00	0.06	0.13388	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	15.00	0.07	0.13388	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.06	0.13388	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.06	0.13388	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	26.00	0.06	0.13388	51%-75% Below	No	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	30.00	0.06	0.13388	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	15.00	0.37	0.12826	101%-200% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	20.00	0.06	0.12826	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	20.00	0.07	0.12826	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	24.00	0.06	0.12826	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	24.00	0.07	0.12826	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	25.00	0.37	0.12826	101%-200% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	12.00	0.08	0.12407	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	20.00	0.09	0.12407	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	24.00	0.06	0.12407	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	30.00	0.06	0.12407	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	84.00	0.06	0.12407	26%-50% Below	No	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	120.00	0.06	0.12407	51%-75% Below	Yes	No
53746020305	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	10.00	0.02	0.13388	76%-100% Below	No	No
53746020305	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	15.00	0.10	0.13388	10%-25% Below	No	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	90.00	0.11	0.22183	26%-50% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	90.00	0.11	0.24460	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	90.00	0.11	0.24460	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	120.00	0.11	0.24460	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.11	0.27219	51%-75% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 716

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	90.00	0.19	0.27865	26%-50% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	0.11	0.27865	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	0.19	0.27865	26%-50% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	105.00	0.10	0.21817	51%-75% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02251	51%-75% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	76%-100% Below	Yes	No
53746036110	FOLIC ACID 1 MG TABLET	4	90.00	0.03	0.02265	26%-50% Above	Yes	No
53746044201	MECLIZINE 25 MG TABLET	2	45.00	0.03	0.08105	51%-75% Below	No	No
53746044210	MECLIZINE 25 MG TABLET	3	16.00	0.07	0.08658	10%-25% Below	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.10	0.04612	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.03	0.04612	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.03	0.04612	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.03	0.04612	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.08	0.04612	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	15.00	0.11	0.04940	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.09	0.04940	76%-100% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.10	0.04940	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	45.00	0.03	0.04940	26%-50% Below	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	45.00	0.03	0.04940	26%-50% Below	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.03	0.04940	26%-50% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.07	0.04940	26%-50% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.09	0.04940	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.09	0.04940	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	180.00	0.06	0.04940	10%-25% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.09	0.05175	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 717

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746051101	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.10	0.05175	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	45.00	0.03	0.05175	51%-75% Below	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	45.00	0.09	0.05175	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	60.00	0.08	0.05175	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.03	0.05175	51%-75% Below	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.08	0.05175	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.10	0.05175	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.10	0.05103	76%-100% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.08	0.05103	26%-50% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.08	0.05103	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.16	0.05103	200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	12	45.00	0.09	0.04561	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.08	0.04561	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.10	0.04561	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.17	0.08835	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.18	0.08835	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.20	0.08835	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.18	0.08835	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.11	0.08835	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.16	0.08835	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.18	0.08835	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.19	0.08835	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.17	0.09621	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.18	0.09621	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.21	0.09621	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 718

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746051401	SPIRONOLACTONE 50 MG TABLET	2	90.00	0.19	0.09621	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	180.00	0.08	0.09621	10%-25% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	180.00	0.17	0.09621	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	30.00	0.17	0.10166	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.08	0.10166	10%-25% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.19	0.10166	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.01	0.10166	76%-100% Below	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.17	0.10166	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.17	0.10166	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.19	0.10166	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.19	0.10166	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.20	0.10166	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	30.00	0.19	0.10015	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	60.00	0.08	0.10015	10%-25% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	90.00	0.19	0.10015	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	28.00	0.11	0.08824	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.10	0.08824	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.11	0.08824	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.15	0.08824	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	270.00	0.15	0.08824	51%-75% Above	No	No
53746051405	SPIRONOLACTONE 50 MG TABLET	4	90.00	0.19	0.10015	76%-100% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.29	0.16851	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.29	0.16851	51%-75% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	1	90.00	0.19	0.16851	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	1	90.00	0.21	0.16851	10%-25% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746051501	SPIRONOLACTONE 100 MG TABLET	1	90.00	0.31	0.16851	76%-100% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	2	30.00	0.29	0.18716	51%-75% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	2	30.00	0.36	0.18716	76%-100% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.28	0.18716	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.38	0.19798	76%-100% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	3	60.00	0.25	0.19798	26%-50% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	3	90.00	0.16	0.19798	10%-25% Below	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	3	90.00	0.16	0.19798	10%-25% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	3	90.00	0.31	0.19798	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.23	0.19404	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.33	0.19404	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	12	30.00	0.36	0.16436	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	1	10.00	0.02	0.03987	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	1	20.00	0.01	0.03987	51%-75% Below	No	No
53746052101	PROMETHAZINE 25 MG TABLET	1	20.00	0.02	0.03987	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	2.00	0.02	0.04512	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	7.00	0.02	0.04512	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	10.00	0.05	0.04512	10%-25% Above	No	No
53746052101	PROMETHAZINE 25 MG TABLET	2	12.00	0.02	0.04512	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	30.00	0.02	0.04512	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	30.00	0.04	0.04512	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	60.00	0.04	0.04512	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	2.00	0.02	0.04900	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	9.00	0.02	0.04900	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	10.00	0.06	0.04900	10%-25% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 720

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746052101	PROMETHAZINE 25 MG TABLET	3	15.00	0.02	0.04900	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	20.00	0.02	0.04900	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	20.00	0.20	0.04900	200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	60.00	0.04	0.04900	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	60.00	0.20	0.04900	200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	10.00	0.20	0.04839	200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	24.00	0.04	0.04839	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	30.00	0.04	0.04839	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	60.00	0.04	0.04839	10%-25% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	12	10.00	0.05	0.03896	26%-50% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	12	15.00	0.05	0.03896	26%-50% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	12	20.00	0.03	0.03896	26%-50% Below	Yes	No
53746052110	PROMETHAZINE 25 MG TABLET	1	12.00	0.07	0.03987	76%-100% Above	No	No
53746052110	PROMETHAZINE 25 MG TABLET	1	30.00	0.03	0.03987	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	3	30.00	0.01	0.04900	76%-100% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	3	30.00	0.02	0.04900	51%-75% Below	No	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	3	90.00	0.28	0.13975	76%-100% Above	Yes	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	1	40.00	0.08	0.09565	10%-25% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	2	40.00	0.07	0.10752	26%-50% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	3	40.00	0.07	0.11141	26%-50% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	4	40.00	0.41	0.11060	200% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	2	180.00	0.15	0.10950	26%-50% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	12	180.00	0.16	0.10054	51%-75% Above	Yes	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	12	270.00	0.01	0.10054	76%-100% Below	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	1	30.00	0.33	0.16442	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 721

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746064201	FLECAINIDE ACETATE 100 MG TAB	1	180.00	0.29	0.16442	51%-75% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	2	60.00	0.29	0.17967	51%-75% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	3	30.00	0.33	0.18730	76%-100% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	3	180.00	0.48	0.18730	101%-200% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	4	30.00	0.33	0.18813	51%-75% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	12	180.00	0.34	0.16230	101%-200% Above	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	2	60.00	0.29	0.59735	26%-50% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	2	270.00	0.19	0.59735	51%-75% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	4	180.00	0.08	0.62398	76%-100% Below	No	No
53746071101	GUANFACINE 1 MG TABLET	2	15.00	0.22	0.18102	10%-25% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	1	10.00	0.08	0.03849	101%-200% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	1	20.00	0.02	0.03849	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	1	40.00	0.02	0.03849	26%-50% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	2	30.00	0.02	0.04576	51%-75% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	3	7.00	0.24	0.05286	200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	12	15.00	0.03	0.03798	10%-25% Below	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	2	90.00	0.08	0.04388	76%-100% Above	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	3	90.00	0.06	0.04688	10%-25% Above	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	4	30.00	0.31	0.04555	200% Above	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	1	30.00	0.08	0.06243	26%-50% Above	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	1	90.00	0.08	0.06243	26%-50% Above	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	2	30.00	0.08	0.06815	10%-25% Above	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	2	90.00	0.06	0.06815	10%-25% Below	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	3	90.00	0.06	0.07116	10%-25% Below	Yes	No
53746075301	BENAZEPRIL HCL 20 MG TABLET	4	90.00	0.23	0.07053	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 722

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53746075401	BENAZEPRIL HCL 40 MG TABLET	4	90.00	0.07	0.08413	10%-25% Below	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	4	90.00	0.25	0.08413	200% Above	Yes	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	7.02	14.39834	51%-75% Below	No	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	1.33	12.08724	76%-100% Below	No	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	8.86	12.08724	26%-50% Below	No	No
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	8.22	12.77122	26%-50% Below	No	No
53885000810	ONE TCH 33G LNC DELICAPL	1	100.00	0.09	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	1	100.00	0.12	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	1	100.00	0.12	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	1	100.00	0.12	.		Yes	No
53885000810	ONE TCH 33G LNC DELICAPL	1	100.00	0.12	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	1	100.00	0.13	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	1	200.00	0.11	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	2	100.00	0.12	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	2	100.00	0.12	.		Yes	No
53885000810	ONE TCH 33G LNC DELICAPL	2	200.00	0.11	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	3	100.00	0.12	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	3	200.00	0.11	.		No	No
53885000810	ONE TCH 33G LNC DELICAPL	3	200.00	0.12	.		Yes	No
53885000810	ONE TCH 33G LNC DELICAPL	3	300.00	0.12	.		Yes	No
53885000810	ONE TCH 33G LNC DELICAPL	4	100.00	0.12	.		Yes	No
53885000810	ONE TCH 33G LNC DELICAPL	4	200.00	0.11	.		No	No
53885000975	ONE TOUCH TES VERIO	1	100.00	0.82	.		Yes	No
53885000975	ONE TOUCH TES VERIO	3	100.00	0.81	.		No	No
53885000975	ONE TOUCH TES VERIO	4	100.00	0.81	.		No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 723

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53885000976	ONE TOUCH TES VERIO	1	50.00	0.81	.		No	No
53885001110	ONE TCH 30G LNC DELICAPL	1	50.00	0.12	.		No	No
53885001110	ONE TCH 30G LNC DELICAPL	1	200.00	0.12	.		Yes	No
53885001110	ONE TCH 30G LNC DELICAPL	3	200.00	0.12	.		No	No
53885001110	ONE TCH 30G LNC DELICAPL	4	200.00	0.12	.		Yes	No
53885001183	ONE TCH FLEX KIT VERIO	2	1.00	17.07	.		Yes	No
53885001185	ONE TCH KIT ULTRA 2	4	1.00	21.80	.		Yes	No
53885004401	ONE TCH FLEX KIT VERIO	1	1.00	16.20	.		No	No
53885004401	ONE TCH FLEX KIT VERIO	2	1.00	17.06	.		Yes	No
53885004401	ONE TCH FLEX KIT VERIO	2	1.00	17.28	.		No	No
53885004401	ONE TCH FLEX KIT VERIO	3	1.00	16.99	.		Yes	No
53885004601	ONE TCH KIT ULTRA 2	1	1.00	21.71	.		No	No
53885004601	ONE TCH KIT ULTRA 2	1	1.00	21.71	.		Yes	No
53885004601	ONE TCH KIT ULTRA 2	4	1.00	21.82	.		Yes	No
53885024450	ONE TOUCH TES ULTRA	1	100.00	1.51	.		No	No
53885024450	ONE TOUCH TES ULTRA	3	100.00	1.51	.		Yes	No
53885024510	ONE TOUCH TES ULTRA	1	100.00	1.51	.		Yes	No
53885024510	ONE TOUCH TES ULTRA	1	200.00	1.51	.		No	No
53885024510	ONE TOUCH TES ULTRA	2	100.00	1.44	.		No	No
53885024510	ONE TOUCH TES ULTRA	2	300.00	1.51	.		No	No
53885024510	ONE TOUCH TES ULTRA	2	300.00	1.51	.		No	No
53885024510	ONE TOUCH TES ULTRA	3	100.00	1.51	.		Yes	No
53885024510	ONE TOUCH TES ULTRA	3	100.00	1.65	.		No	No
53885024510	ONE TOUCH TES ULTRA	4	200.00	1.51	.		Yes	No
53885024510	ONE TOUCH TES ULTRA	12	100.00	1.51	.		Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 724

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53885024510	ONE TOUCH TES ULTRA	12	200.00	1.48	.		No	No
53885027150	ONE TOUCH TES VERIO	2	50.00	0.81	.		No	No
53885027150	ONE TOUCH TES VERIO	2	100.00	0.82	.		No	No
53885027210	ONE TOUCH TES VERIO	1	100.00	0.65	.		No	No
53885027210	ONE TOUCH TES VERIO	1	100.00	0.77	.		No	No
53885027210	ONE TOUCH TES VERIO	1	100.00	0.78	.		No	No
53885027210	ONE TOUCH TES VERIO	1	100.00	0.82	.		No	No
53885027210	ONE TOUCH TES VERIO	1	200.00	0.82	.		Yes	No
53885027210	ONE TOUCH TES VERIO	1	300.00	0.82	.		Yes	No
53885027210	ONE TOUCH TES VERIO	2	100.00	0.77	.		No	No
53885027210	ONE TOUCH TES VERIO	2	100.00	0.78	.		No	No
53885027210	ONE TOUCH TES VERIO	2	200.00	0.77	.		No	No
53885027210	ONE TOUCH TES VERIO	2	200.00	0.82	.		Yes	No
53885027210	ONE TOUCH TES VERIO	2	200.00	0.82	.		No	No
53885027210	ONE TOUCH TES VERIO	3	100.00	0.77	.		No	No
53885027210	ONE TOUCH TES VERIO	3	100.00	0.78	.		No	No
53885027210	ONE TOUCH TES VERIO	3	100.00	0.81	.		Yes	No
53885027210	ONE TOUCH TES VERIO	3	200.00	0.81	.		No	No
53885027210	ONE TOUCH TES VERIO	3	200.00	0.82	.		Yes	No
53885027210	ONE TOUCH TES VERIO	3	800.00	0.82	.		Yes	No
53885027210	ONE TOUCH TES VERIO	4	100.00	0.78	.		No	No
53885027210	ONE TOUCH TES VERIO	4	200.00	0.81	.		No	No
53885027210	ONE TOUCH TES VERIO	4	200.00	0.82	.		Yes	No
53885027210	ONE TOUCH TES VERIO	4	400.00	0.82	.		Yes	No
53885027210	ONE TOUCH TES VERIO	12	100.00	0.74	.		No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 725

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53885027210	ONE TOUCH TES VERIO	12	100.00	0.78	.		No	No
53885027210	ONE TOUCH TES VERIO	12	100.00	0.81	.		Yes	No
53885027810	ONE TCH 30G LNC ULTRSFT2	2	300.00	0.08	.		No	No
53885092701	ONETOUCH KIT VERIO RE	3	1.00	21.71	.		No	No
53885097301	ONETOUCH DEL DEV PLUS	2	1.00	14.75	.		No	No
54436027504	XYOSTED 75 MG/0.5 ML AUTO-INJ	3	2.00	345.67	308.12939	10%-25% Above	No	No
54629794101	VITAMIN D3 TAB 5000UNIT	3	60.00	0.13	.		No	No
54838000180	FERROUS SULF SOL 220/5ML	1	360.00	0.01	.		No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	1	240.00	0.10	0.16116	26%-50% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	3	240.00	0.02	0.15356	76%-100% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	3	300.00	0.06	0.15356	51%-75% Below	No	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	4	75.00	0.06	0.16844	51%-75% Below	Yes	No
54838050280	HYDROXYZINE 10 MG/5 ML SYRUP	12	75.00	0.09	0.16929	26%-50% Below	No	No
54838051080	OXYBUTYNIN 5 MG/5 ML SYRUP	4	225.00	0.02	0.03267	26%-50% Below	No	No
54838051180	HYOSYNE ELX 0.125/5	1	120.00	0.13	.		No	No
54838051240	DOXEPIN 10 MG/ML ORAL CONC	1	55.00	0.39	0.28111	26%-50% Above	Yes	No
54838055840	LORATADINE ALLERGY 5 MG/5 ML	3	75.00	0.06	0.04133	26%-50% Above	No	No
55111012390	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
55111013681	ZENATANE 20 MG CAPSULE	3	60.00	1.13	2.41882	51%-75% Below	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	2	1.00	0.58	0.27134	101%-200% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	2	2.00	0.36	0.27134	26%-50% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	2	10.00	0.15	0.27134	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	1.00	1.46	0.52425	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	1.00	1.54	0.52425	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	1.00	1.63	0.52425	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111014512	FLUCONAZOLE 150 MG TABLET	1	2.00	0.89	0.52425	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	2.00	1.32	0.52425	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	2.00	1.61	0.52425	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	3.00	0.76	0.52425	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	3.00	0.89	0.52425	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	3.00	1.19	0.52425	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	4.00	1.37	0.52425	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	5.00	1.13	0.52425	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	0.76	0.53979	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	1.54	0.53979	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	1.69	0.53979	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	1.71	0.53979	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	1.96	0.53979	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	0.69	0.53979	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	0.76	0.53979	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.27	0.53979	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.32	0.53979	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.40	0.53979	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.61	0.53979	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	3.00	0.69	0.53979	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	3.00	0.76	0.53979	26%-50% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	3.00	1.19	0.53979	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	3.00	1.49	0.53979	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	4.00	1.29	0.53979	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	10.00	1.14	0.53979	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111014512	FLUCONAZOLE 150 MG TABLET	3	1.00	0.69	0.59122	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	0.69	0.59122	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	1.32	0.59122	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	1.40	0.59122	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	1.49	0.59122	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	1.61	0.59122	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	3.00	0.69	0.59122	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	3.00	0.74	0.59122	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	3.00	1.24	0.59122	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	3.00	1.49	0.59122	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	4.00	1.29	0.59122	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	8.00	0.69	0.59122	10%-25% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	1.00	1.54	0.57248	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	1.20	0.57248	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	1.27	0.57248	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	1.32	0.57248	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	1.49	0.57248	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	4.62	0.57248	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	3.00	1.24	0.57248	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	5.00	4.62	0.57248	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	1.00	0.01	0.51642	76%-100% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	1.00	1.86	0.51642	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.00	0.89	0.51642	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.00	1.56	0.51642	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.00	1.61	0.51642	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.00	1.83	0.51642	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	3.00	0.89	0.51642	51%-75% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	3.00	1.46	0.51642	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	3.00	1.50	0.51642	101%-200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	1	1.00	0.68	0.38628	76%-100% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	1	2.00	0.43	0.38628	10%-25% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	1	2.00	0.59	0.38628	51%-75% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	2	2.00	0.22	0.41182	26%-50% Below	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	4	2.00	1.90	0.43600	200% Above	No	No
55111015001	FLUOXETINE HCL 10 MG TABLET	1	90.00	0.21	0.08804	101%-200% Above	Yes	No
55111015330	ONDANSETRON HCL 4 MG TABLET	1	12.00	0.03	0.06298	51%-75% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.03	0.06298	51%-75% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	12.00	0.03	0.06660	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.03	0.06660	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.05	0.06660	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.05	0.06660	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	15.00	0.03	0.06872	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.03	0.06872	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06872	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06872	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.06	0.06872	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.38	0.06872	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	30.00	0.05	0.06872	26%-50% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.38	0.06893	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.38	0.06893	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111015330	ONDANSETRON HCL 4 MG TABLET	12	10.00	1.25	0.06241	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.03	0.06241	51%-75% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	1	6.00	0.05	0.08108	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	1	10.00	0.05	0.08108	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.05	0.08941	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.05	0.09296	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.06	0.09296	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.49	0.09632	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.05	0.08240	26%-50% Below	No	No
55111015801	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.06	0.03069	76%-100% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.03315	76%-100% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.06	0.03019	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.07	0.04764	26%-50% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	60.00	0.07	0.04764	26%-50% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.06	0.04764	10%-25% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.07	0.04764	26%-50% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.04764	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.16	0.04764	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.06	0.05073	10%-25% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.13	0.05073	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.14	0.05073	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.16	0.05073	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.13	0.05309	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.24	0.05309	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05275	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.16	0.05275	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	4	180.00	0.24	0.05275	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.07	0.04805	26%-50% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	1.00	0.04805	200% Above	No	No
55111016705	OLANZAPINE 15 MG TABLET	1	30.00	0.06	0.13378	51%-75% Below	No	No
55111016705	OLANZAPINE 15 MG TABLET	12	30.00	0.06	0.13428	51%-75% Below	No	No
55111016730	OLANZAPINE 15 MG TABLET	4	30.00	0.30	0.12571	101%-200% Above	No	No
55111016805	OLANZAPINE 20 MG TABLET	1	30.00	0.09	0.14265	26%-50% Below	No	No
55111016805	OLANZAPINE 20 MG TABLET	12	30.00	0.09	0.14195	26%-50% Below	No	No
55111016830	OLANZAPINE 20 MG TABLET	1	30.00	0.07	0.14265	26%-50% Below	No	No
55111016830	OLANZAPINE 20 MG TABLET	2	30.00	0.07	0.15263	51%-75% Below	No	No
55111016830	OLANZAPINE 20 MG TABLET	3	30.00	0.08	0.15509	26%-50% Below	No	No
55111016830	OLANZAPINE 20 MG TABLET	12	30.00	0.09	0.14195	26%-50% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	4	30.00	0.00	0.03550	76%-100% Below	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	4	90.00	0.24	0.03550	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.02	0.04397	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.03	0.04397	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.01	0.04397	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.04397	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.01	0.04664	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.01	0.04664	76%-100% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.02	0.04664	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.01	0.04664	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.04664	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.03	0.04664	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111018010	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.01	0.04558	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.03	0.04558	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.04	0.04558	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	45.00	0.02	0.04558	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.01	0.04558	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.02	0.04558	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.03	0.04558	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.01	0.04558	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.04558	51%-75% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.03	0.04558	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	10.00	0.18	0.04417	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.18	0.04417	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.03	0.04417	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.03	0.04417	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	1	40.00	0.02	0.04397	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.02	0.04664	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.04	0.04664	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	40.00	0.02	0.04664	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	45.00	0.03	0.04664	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.02	0.04664	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.02	0.04664	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.02	0.04664	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.04664	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.04664	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.03	0.04664	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111018015	TIZANIDINE HCL 4 MG TABLET	2	120.00	0.02	0.04664	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.04	0.04558	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	40.00	0.02	0.04558	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.02	0.04558	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	120.00	0.18	0.04558	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	180.00	0.01	0.04558	76%-100% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	15.00	0.18	0.04417	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.02	0.04417	51%-75% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	60.00	0.03	0.04042	10%-25% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	1	30.00	0.01	0.05723	76%-100% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	1	90.00	0.02	0.05723	51%-75% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	1	90.00	0.10	0.05723	51%-75% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	2	30.00	0.05	0.06027	10%-25% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	2	90.00	0.01	0.06027	76%-100% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	2	90.00	0.05	0.06027	10%-25% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	2	90.00	0.07	0.06027	10%-25% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	2	90.00	0.08	0.06027	26%-50% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	3	90.00	0.08	0.06179	26%-50% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	4	90.00	0.03	0.06092	51%-75% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	4	90.00	0.09	0.06092	26%-50% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	12	30.00	0.00	0.05708	76%-100% Below	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	12	90.00	0.71	0.05708	200% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	2	90.00	0.05	0.06027	10%-25% Below	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	2	90.00	0.08	0.06027	10%-25% Above	No	No
55111019690	CLOPIDOGREL 75 MG TABLET	2	90.00	0.08	0.06027	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 733

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111023090	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.08	0.06502	26%-50% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	1	4.00	0.14	0.24839	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	1	7.00	0.09	0.24839	51%-75% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	1	7.00	0.14	0.24839	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	1	10.00	0.14	0.24839	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	1	10.00	0.16	0.24839	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	12	3.00	0.32	0.24697	26%-50% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	12	7.00	0.16	0.24697	26%-50% Below	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	12	14.00	0.77	0.24697	200% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	1	9.00	0.41	0.28620	26%-50% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	2	9.00	0.37	0.32035	10%-25% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	2	9.00	0.54	0.32035	51%-75% Above	Yes	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	12	9.00	0.48	0.28551	51%-75% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	3	6.00	1.00	0.33505	101%-200% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.83	0.33379	101%-200% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.83	0.37464	101%-200% Above	No	No
55111029290	SUMATRIPTAN SUCC 50 MG TABLET	3	18.00	0.29	0.37464	10%-25% Below	Yes	No
55111029290	SUMATRIPTAN SUCC 50 MG TABLET	4	18.00	0.90	0.36345	101%-200% Above	Yes	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.37	0.33379	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.77	0.33379	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	10.00	0.37	0.33379	10%-25% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	10.00	0.64	0.33379	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	10.00	0.65	0.33379	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	2	5.00	0.75	0.36066	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.29	0.36066	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 734

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	2	10.00	0.31	0.36066	10%-25% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	3	10.00	0.64	0.37464	51%-75% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	3	12.00	0.29	0.37464	10%-25% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	0.54	0.36345	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	0.90	0.36345	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.96	0.33399	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.87	0.45412	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.56	0.40836	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.75	0.40836	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.83	0.40836	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.89	0.40836	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	1	12.00	0.37	0.40836	10%-25% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.56	0.43698	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	2	12.00	0.88	0.43698	101%-200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	4.00	0.70	0.46031	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.33	0.46031	26%-50% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.75	0.46031	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.83	0.46031	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	27.00	0.70	0.46031	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	4	4.00	0.70	0.45412	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.75	0.41351	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	1.53	0.41351	200% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	30.00	0.50	0.41351	10%-25% Above	No	No
55111032001	GLIMEPIRIDE 1 MG TABLET	1	90.00	0.04	0.03124	10%-25% Above	Yes	No
55111032001	GLIMEPIRIDE 1 MG TABLET	1	90.00	0.07	0.03124	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 735

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111032001	GLIMEPIRIDE 1 MG TABLET	2	90.00	0.06	0.03163	51%-75% Above	Yes	No
55111032001	GLIMEPIRIDE 1 MG TABLET	4	90.00	0.07	0.02906	101%-200% Above	Yes	No
55111032001	GLIMEPIRIDE 1 MG TABLET	4	90.00	0.17	0.02906	200% Above	Yes	No
55111032005	GLIMEPIRIDE 1 MG TABLET	2	90.00	0.06	0.03163	76%-100% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	90.00	0.12	0.03086	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	90.00	0.13	0.03086	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	180.00	0.08	0.03086	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	270.00	0.11	0.03086	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	30.00	0.11	0.03060	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	60.00	0.08	0.03060	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	90.00	0.07	0.03060	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	180.00	0.11	0.03060	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	3	90.00	0.10	0.03135	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	3	180.00	0.07	0.03135	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	90.00	0.21	0.03070	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	180.00	0.21	0.03070	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	12	90.00	0.11	0.03039	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	12	180.00	0.09	0.03039	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	12	180.00	0.09	0.03039	101%-200% Above	Yes	No
55111032105	GLIMEPIRIDE 2 MG TABLET	1	90.00	0.07	0.03086	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	1	180.00	0.09	0.03086	101%-200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	3	90.00	0.11	0.03135	200% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	3	180.00	0.04	0.03135	10%-25% Above	No	No
55111032105	GLIMEPIRIDE 2 MG TABLET	4	180.00	0.11	0.03070	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	1	30.00	0.22	0.03467	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111032201	GLIMEPIRIDE 4 MG TABLET	1	180.00	0.12	0.03467	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	1	180.00	0.12	0.03467	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	1	180.00	0.18	0.03467	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	30.00	0.22	0.03233	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	90.00	0.02	0.03233	26%-50% Below	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	90.00	0.12	0.03233	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	90.00	0.21	0.03233	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	3	90.00	0.21	0.03389	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	3	180.00	0.11	0.03389	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	30.00	0.18	0.03619	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	60.00	0.18	0.03619	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.20	0.03619	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	180.00	0.16	0.03619	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	12	180.00	0.13	0.03586	200% Above	Yes	No
55111032205	GLIMEPIRIDE 4 MG TABLET	1	30.00	0.12	0.03467	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	1	90.00	0.11	0.03467	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	1	90.00	0.12	0.03467	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	1	90.00	0.14	0.03467	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	1	180.00	0.11	0.03467	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	2	30.00	0.11	0.03233	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	2	90.00	0.11	0.03233	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	2	180.00	0.11	0.03233	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	30.00	0.11	0.03389	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	180.00	0.11	0.03389	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	30.00	0.18	0.03619	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111032205	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.11	0.03619	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.16	0.03619	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	4	180.00	0.11	0.03619	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	30.00	0.14	0.03586	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	60.00	0.14	0.03586	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	180.00	0.14	0.03586	200% Above	No	No
55111033901	AMLODIPINE-BENAZEPRIL 5-10 MG	1	90.00	0.04	0.08990	51%-75% Below	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	3	90.00	0.20	0.11690	51%-75% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	2	90.00	0.12	0.09748	10%-25% Above	No	No
55111042830	LAMOTRIGINE ER 300 MG TABLET	1	30.00	0.70	1.25626	26%-50% Below	No	No
55111042830	LAMOTRIGINE ER 300 MG TABLET	2	30.00	0.70	1.38047	26%-50% Below	No	No
55111042830	LAMOTRIGINE ER 300 MG TABLET	3	30.00	0.76	1.56991	51%-75% Below	No	No
55111042830	LAMOTRIGINE ER 300 MG TABLET	4	30.00	0.76	1.50802	26%-50% Below	No	No
55111042830	LAMOTRIGINE ER 300 MG TABLET	12	30.00	1.10	1.26633	10%-25% Below	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.11	0.05304	101%-200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.22	0.05304	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.10	0.05453	76%-100% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05936	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.24	0.05936	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.10	0.05896	51%-75% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.23	0.05896	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.27	0.05936	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.26	0.05936	200% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.02	0.05304	51%-75% Below	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.23	0.05304	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111046701	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.23	0.05925	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.17	0.05821	101%-200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.22	0.05821	200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.23	0.05925	200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.17	0.06388	101%-200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.23	0.06482	200% Above	Yes	No
55111046801	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.17	0.11223	26%-50% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.33	0.11223	101%-200% Above	Yes	No
55111046901	METOPROLOL SUCC ER 200 MG TAB	3	30.00	0.51	0.19795	101%-200% Above	No	No
55111051930	ATOMOXETINE HCL 10 MG CAPSULE	2	90.00	0.56	0.39974	26%-50% Above	No	No
55111051930	ATOMOXETINE HCL 10 MG CAPSULE	12	30.00	0.80	0.37864	101%-200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	2.06	0.54802	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	2.06	0.54802	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	2.42	0.54802	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	1	60.00	2.42	0.54802	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	0.79	0.50230	51%-75% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	1.87	0.50230	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	2.06	0.50230	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	0.33	0.49724	26%-50% Below	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	0.79	0.49724	51%-75% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	1.87	0.49724	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	1.87	0.49724	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	3	60.00	1.87	0.49724	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	2.53	0.49332	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	3.80	0.49332	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 739

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	4	60.00	0.79	0.49332	51%-75% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	4	90.00	3.80	0.49332	200% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	12	30.00	2.42	0.56604	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	12	60.00	0.33	0.56604	26%-50% Below	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	3	90.00	3.88	0.52976	200% Above	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	1	7.00	0.70	0.37074	76%-100% Above	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	1	30.00	2.23	0.37074	200% Above	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	2	90.00	1.73	0.39639	200% Above	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	12	30.00	0.70	0.38255	76%-100% Above	Yes	No
55111053401	DIVALPROEX SOD ER 500 MG TAB	4	30.00	0.66	0.19333	200% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	1	90.00	2.38	0.54756	200% Above	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	2	30.00	0.67	0.55660	10%-25% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	12	30.00	2.61	0.53522	200% Above	No	No
55111056430	ATOMOXETINE HCL 100 MG CAPSULE	1	90.00	2.22	0.52265	200% Above	Yes	No
55111056430	ATOMOXETINE HCL 100 MG CAPSULE	2	30.00	0.77	0.54061	26%-50% Above	Yes	No
55111056430	ATOMOXETINE HCL 100 MG CAPSULE	3	30.00	0.77	0.54778	26%-50% Above	Yes	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	2	30.00	0.45	0.12789	200% Above	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	3	30.00	0.45	0.13556	200% Above	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	12	90.00	0.34	0.12152	101%-200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	1	30.00	0.34	0.09029	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	1	30.00	0.40	0.09029	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	2	30.00	0.31	0.09492	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	3	30.00	0.31	0.10287	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	4	30.00	0.44	0.09985	200% Above	No	No
55111061701	ESZOPICLONE 3 MG TABLET	4	90.00	0.44	0.09985	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111061901	ESZOPICLONE 2 MG TABLET	1	30.00	0.33	0.08840	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	2	10.00	0.34	0.09574	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	2	30.00	0.31	0.09574	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	3	30.00	0.31	0.10495	101%-200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	3	30.00	0.35	0.10495	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	4	30.00	0.35	0.10204	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	4	30.00	0.35	0.10204	200% Above	Yes	No
55111061901	ESZOPICLONE 2 MG TABLET	12	30.00	0.33	0.09608	200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	12	30.00	0.40	0.09608	200% Above	No	No
55111062660	ZAFIRLUKAST 20 MG TABLET	12	60.00	0.66	0.56095	10%-25% Above	Yes	No
55111064410	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.04	0.03069	10%-25% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.07	0.03069	101%-200% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.08	0.03069	101%-200% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.09	0.03069	101%-200% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	1	90.00	0.05	0.03069	51%-75% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	2	30.00	0.07	0.03315	101%-200% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	2	30.00	0.08	0.03315	101%-200% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	2	90.00	0.06	0.03315	76%-100% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	2	90.00	0.07	0.03315	101%-200% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	3	30.00	0.03	0.03379	10%-25% Below	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	3	30.00	0.07	0.03379	76%-100% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	3	30.00	0.21	0.03379	200% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	3	90.00	0.03	0.03379	10%-25% Below	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	3	90.00	0.06	0.03379	76%-100% Above	No	No
55111064410	OMEPRazole DR 20 MG CAPSULE	3	90.00	0.06	0.03379	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.07	0.03379	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.21	0.03379	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	11	30.00	0.06	0.02654	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.06	0.04764	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.17	0.04764	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.06	0.04764	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.13	0.04764	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.14	0.05073	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.06	0.05073	10%-25% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.13	0.05073	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.16	0.05073	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.16	0.05309	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.24	0.05309	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.16	0.05309	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.24	0.05309	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.13	0.05275	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	12	10.00	0.07	0.04805	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.07	0.04805	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.00	0.04805	76%-100% Below	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.07	0.04805	26%-50% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.13	0.04805	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	2	45.00	1.16	0.51631	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	3	30.00	1.06	0.54021	76%-100% Above	No	No
55111066230	ROPINIROLE HCL ER 8 MG TABLET	1	90.00	2.69	1.61581	51%-75% Above	Yes	No
55111068305	IBU 600 MG TABLET	1	30.00	0.03	0.04794	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111068305	IBU 600 MG TABLET	2	30.00	0.03	0.04873	26%-50% Below	No	No
55111068305	IBU 600 MG TABLET	2	60.00	0.03	0.04873	26%-50% Below	No	No
55111068305	IBU 600 MG TABLET	3	20.00	0.04	0.04951	10%-25% Below	No	No
55111068305	IBU 600 MG TABLET	3	30.00	0.02	0.04951	51%-75% Below	No	No
55111068305	IBU 600 MG TABLET	4	20.00	0.04	0.05019	10%-25% Below	No	No
55111068405	IBU 800 MG TABLET	12	30.00	0.03	0.05567	26%-50% Below	No	No
55111071930	LAMOTRIGINE ER 100 MG TABLET	1	60.00	0.30	0.63693	51%-75% Below	No	No
55111071930	LAMOTRIGINE ER 100 MG TABLET	2	60.00	0.39	0.71183	26%-50% Below	No	No
55111071930	LAMOTRIGINE ER 100 MG TABLET	3	60.00	0.39	0.76233	26%-50% Below	No	No
55111071930	LAMOTRIGINE ER 100 MG TABLET	4	60.00	0.39	0.82097	51%-75% Below	No	No
55111072590	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.18	0.04855	200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.11	0.04855	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.22	0.04855	200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.05461	200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.24	0.05461	200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.22	0.05317	200% Above	Yes	No
55111073005	ALLOPURINOL 300 MG TABLET	12	90.00	0.03	0.06173	51%-75% Below	No	No
55111073005	ALLOPURINOL 300 MG TABLET	12	90.00	0.17	0.06173	101%-200% Above	No	No
55111073130	VALSARTAN 40 MG TABLET	1	90.00	0.16	0.12159	26%-50% Above	Yes	No
55111073130	VALSARTAN 40 MG TABLET	2	90.00	0.33	0.12836	101%-200% Above	Yes	No
55111073290	VALSARTAN 80 MG TABLET	1	90.00	0.16	0.11869	26%-50% Above	Yes	No
55111073290	VALSARTAN 80 MG TABLET	1	90.00	0.18	0.11869	26%-50% Above	Yes	No
55111073290	VALSARTAN 80 MG TABLET	2	90.00	0.15	0.12697	10%-25% Above	Yes	No
55111073290	VALSARTAN 80 MG TABLET	3	180.00	0.22	0.13496	51%-75% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	4	30.00	0.37	0.13170	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111073290	VALSARTAN 80 MG TABLET	4	90.00	0.37	0.13170	101%-200% Above	Yes	No
55111073290	VALSARTAN 80 MG TABLET	12	180.00	0.22	0.12225	76%-100% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	1	5.00	0.67	0.14772	200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	1	30.00	0.17	0.14772	10%-25% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	1	30.00	0.17	0.14772	10%-25% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	1	30.00	0.20	0.14772	26%-50% Above	No	No
55111073390	VALSARTAN 160 MG TABLET	1	30.00	0.50	0.14772	200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	1	90.00	0.17	0.14772	10%-25% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	1	90.00	0.19	0.14772	26%-50% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	1	90.00	0.33	0.14772	101%-200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	1	90.00	0.33	0.14772	101%-200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	2	30.00	0.50	0.15730	200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	2	90.00	0.33	0.15730	101%-200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	4	30.00	0.50	0.16602	101%-200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	4	90.00	0.57	0.16602	200% Above	Yes	No
55111073390	VALSARTAN 160 MG TABLET	12	30.00	0.20	0.15036	26%-50% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	1	30.00	0.00	0.19030	76%-100% Below	No	No
55111073490	VALSARTAN 320 MG TABLET	1	30.00	0.11	0.19030	26%-50% Below	No	No
55111073490	VALSARTAN 320 MG TABLET	2	82.00	0.25	0.20518	10%-25% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	2	90.00	0.25	0.20518	10%-25% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	4	90.00	0.51	0.21570	101%-200% Above	Yes	No
55111073490	VALSARTAN 320 MG TABLET	12	30.00	0.10	0.19675	26%-50% Below	No	No
55111073490	VALSARTAN 320 MG TABLET	12	90.00	0.26	0.19675	26%-50% Above	Yes	No
55111076260	VALGANCICLOVIR 450 MG TABLET	4	60.00	1.58	2.47728	26%-50% Below	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	2	60.00	0.10	0.18208	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111078301	FEXOFENADINE HCL 60 MG TABLET	2	60.00	0.10	0.18208	26%-50% Below	Yes	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	3	60.00	0.10	0.17448	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.13	0.22930	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.14	0.22930	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	90.00	0.11	0.22930	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	90.00	0.14	0.22930	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	15.00	0.14	0.24884	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.13	0.24884	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.14	0.24884	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.14	0.24884	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	10.00	0.14	0.27225	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.13	0.27225	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.14	0.27225	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.16	0.27225	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.16	0.27225	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	90.00	0.09	0.27225	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	30.00	0.14	0.27180	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	60.00	0.14	0.27180	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	30.00	0.16	0.23198	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	60.00	0.11	0.23198	51%-75% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.15	0.22930	26%-50% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.15	0.24884	26%-50% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.17	0.24884	26%-50% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	3	90.00	0.06	0.27225	76%-100% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	12	30.00	0.15	0.23198	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55150027701	TESTOSTERONE CYP 200 MG/ML	1	2.00	5.93	12.23459	51%-75% Below	Yes	No
55150027701	TESTOSTERONE CYP 200 MG/ML	2	4.00	3.75	13.03302	51%-75% Below	No	No
55150027701	TESTOSTERONE CYP 200 MG/ML	12	10.00	7.85	12.37528	26%-50% Below	Yes	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	1.44	3.57832	51%-75% Below	No	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	1	40.00	0.50	2.15146	76%-100% Below	No	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	2	20.00	0.58	1.93278	51%-75% Below	No	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	3	40.00	0.60	1.64920	51%-75% Below	No	No
55150033001	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	13.75	34.08693	51%-75% Below	No	No
55150033001	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	12.38	36.78357	51%-75% Below	No	No
56151014401	TRUEPLUS LNC 30G	1	100.00	0.05	.		No	No
56151014701	TRUEPLUS LNC 33G	2	100.00	0.05	.		No	No
56151014701	TRUEPLUS LNC 33G	2	200.00	0.05	.		Yes	No
56151014701	TRUEPLUS LNC 33G	3	100.00	0.03	.		No	No
56151060150	KETONE TES STRIP	1	100.00	0.08	.		No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	0.76	0.52425	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	0.89	0.52425	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	1.54	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	1.61	0.52425	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	1.71	0.52425	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	2.21	0.52425	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	0.76	0.52425	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	0.89	0.52425	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.21	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.22	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.24	0.52425	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.27	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.27	0.52425	101%-200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.32	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.48	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.56	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.61	0.52425	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	0.16	0.52425	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	0.76	0.52425	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	0.89	0.52425	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.21	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.33	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	5.00	1.38	0.52425	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	6.00	0.89	0.52425	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	0.76	0.53979	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.39	0.53979	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.53	0.53979	101%-200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.54	0.53979	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.63	0.53979	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.86	0.53979	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.94	0.53979	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.96	0.53979	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	0.69	0.53979	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	0.76	0.53979	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.22	0.53979	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.27	0.53979	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.32	0.53979	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.56	0.53979	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	2.35	0.53979	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	2.36	0.53979	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	3.00	0.76	0.53979	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	3.00	1.24	0.53979	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	3.00	1.46	0.53979	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	5.00	0.69	0.53979	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	5.00	1.18	0.53979	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	6.00	0.76	0.53979	26%-50% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	0.30	0.59122	26%-50% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	0.48	0.59122	10%-25% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	0.69	0.59122	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.45	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.49	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.54	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.94	0.59122	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	0.69	0.59122	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.21	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.22	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.27	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.32	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.40	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.49	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.56	0.59122	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.65	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	2.31	0.59122	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	2.36	0.59122	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	4.62	0.59122	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	3.00	0.69	0.59122	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	3.00	1.08	0.59122	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	3.00	1.24	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	3.00	1.33	0.59122	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	3.00	2.29	0.59122	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	5.00	0.69	0.59122	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	6.00	0.69	0.59122	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	7.00	0.94	0.59122	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	10.00	0.69	0.59122	10%-25% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	14.00	0.36	0.59122	26%-50% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	1.08	0.57248	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	1.94	0.57248	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	1.96	0.57248	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	1.32	0.57248	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	1.49	0.57248	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	1.56	0.57248	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	4.62	0.57248	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	4.62	0.57248	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	3.00	1.24	0.57248	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	4.00	4.62	0.57248	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	0.89	0.51642	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	1.39	0.51642	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	1.48	0.51642	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	1.62	0.51642	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	0.00	0.51642	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	0.89	0.51642	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.22	0.51642	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.32	0.51642	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.44	0.51642	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.48	0.51642	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.56	0.51642	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.56	0.51642	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.61	0.51642	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	3.00	0.28	0.51642	26%-50% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	3.00	1.09	0.51642	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	3.00	1.32	0.51642	101%-200% Above	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	2	3.00	0.31	0.41182	10%-25% Below	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	4	3.00	0.32	0.43600	26%-50% Below	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	1	2.00	0.25	0.38628	26%-50% Below	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	1	3.00	0.24	0.38628	26%-50% Below	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	3	3.00	0.20	0.43388	51%-75% Below	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	12	2.00	0.54	0.39654	26%-50% Above	No	No
57237000705	MIRTAZAPINE 7.5 MG TABLET	3	30.00	0.76	0.41378	76%-100% Above	No	No
57237000730	MIRTAZAPINE 7.5 MG TABLET	2	30.00	0.22	0.42128	26%-50% Below	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	1	60.00	0.10	0.06647	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	3	60.00	0.10	0.07406	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.11	0.04698	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.16	0.04698	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.39	0.04698	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.11	0.04698	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.11	0.04698	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.11	0.04698	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.17	0.04698	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.34	0.04698	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.38	0.04698	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.11	0.04698	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	16.00	0.11	0.04928	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.16	0.04928	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.33	0.04928	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.34	0.04928	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.39	0.04928	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.11	0.04928	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.11	0.04928	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.33	0.04928	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	180.00	0.17	0.04928	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	7.00	0.10	0.05166	76%-100% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.10	0.05166	76%-100% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.16	0.05166	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.28	0.05166	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.34	0.05166	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.10	0.05166	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.11	0.05166	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.17	0.05166	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.35	0.05166	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	180.00	0.10	0.05166	76%-100% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	15.00	0.40	0.05255	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.16	0.05255	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.35	0.05255	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.43	0.05255	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.28	0.05255	200% Above	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.28	0.05255	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.34	0.05255	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.38	0.05255	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.35	0.04665	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	60.00	0.12	0.04665	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.12	0.04665	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.22	0.04665	200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.12	0.04698	101%-200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.10	0.04928	76%-100% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.33	0.04928	200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.11	0.05166	101%-200% Above	Yes	No
57237001760	DULOXETINE HCL DR 20 MG CAP	1	60.00	0.37	0.09380	200% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	2	90.00	0.15	0.07796	76%-100% Above	No	No
57237001830	DULOXETINE HCL DR 30 MG CAP	12	30.00	1.09	0.07084	200% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.10	0.11273	10%-25% Below	No	No
57237001999	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.16	0.10676	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237001999	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.15	0.11627	26%-50% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	1	21.00	0.23	0.11713	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	1	30.00	0.22	0.11713	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	2	20.00	0.22	0.13074	51%-75% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	2	21.00	0.22	0.13074	51%-75% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	2	21.00	0.26	0.13074	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	2	30.00	0.23	0.13074	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	12	20.00	0.24	0.11807	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	12	21.00	0.21	0.11807	51%-75% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	12	21.00	0.22	0.11807	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	12	21.00	0.23	0.11807	76%-100% Above	Yes	No
57237002801	AMOXICILLIN 500 MG TABLET	12	30.00	0.17	0.11807	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	10.00	0.20	0.15313	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	14.00	0.09	0.15313	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	14.00	0.20	0.15313	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.09	0.15313	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.09	0.15313	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.10	0.15313	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.19	0.15313	26%-50% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	28.00	0.13	0.15313	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	10.00	0.09	0.16502	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	14.00	0.09	0.16502	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	14.00	0.14	0.16502	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	20.00	0.09	0.16502	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	20.00	0.14	0.16502	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237002901	AMOXICILLIN 875 MG TABLET	3	14.00	0.08	0.16872	51%-75% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.09	0.16872	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.09	0.16872	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.12	0.16872	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.14	0.16872	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	14.00	0.15	0.16916	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	14.00	0.19	0.16916	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	14.00	0.40	0.16916	101%-200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	20.00	0.40	0.16916	101%-200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	10.00	0.30	0.15465	76%-100% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	14.00	0.30	0.15465	76%-100% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	20.00	0.10	0.15465	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	20.00	0.19	0.15465	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	20.00	0.30	0.15465	76%-100% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	28.00	0.10	0.15465	26%-50% Below	No	No
57237003101	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.05	0.08158	26%-50% Below	No	No
57237003101	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.05	0.08742	26%-50% Below	No	No
57237003101	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.05	0.09093	26%-50% Below	No	No
57237003101	AMOXICILLIN 500 MG CAPSULE	12	8.00	0.05	0.08279	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	1	14.00	0.10	0.08158	10%-25% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.05	0.08158	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	2	14.00	0.05	0.08742	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	2	15.00	0.03	0.08742	51%-75% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.04	0.08742	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08742	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237003105	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08742	10%-25% Below	Yes	No
57237003105	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.09188	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	3	23.00	0.04	0.09188	51%-75% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.06	0.09093	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	4	30.00	0.06	0.09093	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	4	30.00	0.18	0.09093	76%-100% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	12	14.00	0.10	0.08279	10%-25% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.07	0.08279	10%-25% Below	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.05	0.03180	51%-75% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.08	0.03180	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.08	0.03180	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.05	0.03180	51%-75% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.08	0.03180	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.08	0.03366	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.05	0.03366	26%-50% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.05	0.03373	26%-50% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.08	0.03375	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.09	0.03375	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.05	0.03375	26%-50% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.08	0.03375	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.08	0.03139	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.09	0.03139	101%-200% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.05	0.03139	51%-75% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.06	0.03139	76%-100% Above	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.08	0.03139	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	12	300.00	0.05	0.03139	51%-75% Above	No	No
57237003350	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.08	0.04633	76%-100% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	2	75.00	0.05	0.03875	26%-50% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.07	0.03875	51%-75% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.08	0.03875	101%-200% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.08	0.03875	101%-200% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.07	0.03866	51%-75% Above	No	No
57237003375	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.08	0.03866	101%-200% Above	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	2	100.00	0.10	0.16523	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	2	100.00	0.11	0.16523	26%-50% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	2	200.00	0.10	0.16523	26%-50% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	3	200.00	0.10	0.19615	26%-50% Below	No	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	4	75.00	0.12	0.18759	26%-50% Below	No	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	4	150.00	0.08	0.18759	51%-75% Below	No	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	12	150.00	0.10	0.18849	26%-50% Below	No	No
57237003750	CEFPROZIL 500 MG TABLET	6	20.00	1.32	1.05703	10%-25% Above	No	No
57237004001	PENICILLIN VK 250 MG TABLET	3	20.00	0.12	0.07742	51%-75% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	4	12.00	0.36	0.10725	200% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	2	21.00	0.21	0.09313	101%-200% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	2	28.00	0.17	0.09899	51%-75% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	3	20.00	0.17	0.10947	51%-75% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.33	0.23463	26%-50% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.33	0.24930	26%-50% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.33	0.24832	26%-50% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.33	0.23739	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	1	14.00	0.47	0.42457	10%-25% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	4	21.00	1.05	0.43151	101%-200% Above	Yes	No
57237004390	VALACYCLOVIR HCL 1 GRAM TABLET	2	14.00	0.37	0.44748	10%-25% Below	No	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	1	60.00	0.07	0.09413	26%-50% Below	Yes	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	2	60.00	0.07	0.09624	26%-50% Below	Yes	No
57237004705	DIVALPROEX SOD DR 250 MG TAB	12	60.00	0.07	0.09895	26%-50% Below	Yes	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	3	60.00	0.09	0.17856	26%-50% Below	No	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	3	90.00	0.06	0.17856	51%-75% Below	Yes	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	12	90.00	0.07	0.16434	51%-75% Below	Yes	No
57237005920	CEFUROXIME AXETIL 500 MG TAB	1	20.00	0.75	0.40558	76%-100% Above	No	No
57237005960	CEFUROXIME AXETIL 500 MG TAB	4	14.00	0.52	0.44496	10%-25% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.03	0.06298	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	12.00	0.03	0.06298	51%-75% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.03	0.06298	51%-75% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06298	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06298	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.06	0.06298	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	2	12.00	0.03	0.06660	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	2	15.00	0.03	0.06660	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	10.00	0.03	0.06872	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.38	0.06872	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	15.00	0.03	0.06872	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.02	0.06872	76%-100% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.03	0.06872	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06872	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007530	ONDANSETRON HCL 4 MG TABLET	4	3.00	0.15	0.06893	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	4	10.00	0.38	0.06893	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.03	0.06241	51%-75% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	1	12.00	0.03	0.06298	26%-50% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	1	14.00	0.05	0.06298	10%-25% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.03	0.06872	26%-50% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06872	26%-50% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	4	10.00	0.10	0.06893	26%-50% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.05	0.06893	10%-25% Below	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	12	10.00	0.08	0.06241	10%-25% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.03	0.06241	51%-75% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	15.00	0.08	0.10196	10%-25% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.03	0.08108	51%-75% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.05	0.08108	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.05	0.08108	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	2	10.00	0.10	0.08941	10%-25% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.03	0.08941	51%-75% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.05	0.08941	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.05	0.08941	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.06	0.08941	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	12.00	0.08	0.09296	10%-25% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.02	0.09296	51%-75% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.05	0.09296	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.06	0.09296	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.07	0.09632	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007630	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.49	0.09632	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	12	12.00	0.05	0.08240	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.00	0.08240	76%-100% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.07	0.08240	10%-25% Below	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.05	0.08108	26%-50% Below	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.05	0.08108	26%-50% Below	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.06	0.08108	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.10	0.15819	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.12	0.15819	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	14.00	0.05	0.15819	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15819	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	4.00	0.05	0.17264	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	8.00	0.14	0.17264	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.07	0.17264	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.11	0.17264	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.11	0.17264	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.13	0.17264	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.10	0.17264	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.10	0.17264	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.15	0.17264	10%-25% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.05	0.17264	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.05	0.17264	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.07	0.17264	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.17264	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.11	0.17264	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.13	0.17264	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.15	0.17264	10%-25% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	1.00	0.52	0.17951	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.24	0.17951	26%-50% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.54	0.17951	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	6.00	0.15	0.17951	10%-25% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	8.00	0.13	0.17951	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.14	0.17951	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.15	0.17951	10%-25% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.09	0.17951	51%-75% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	14.00	0.11	0.17951	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.09	0.17951	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.10	0.17951	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.05	0.17951	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.17951	51%-75% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	9.00	0.13	0.17506	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.54	0.17506	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	5.00	0.17	0.15648	10%-25% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	6.00	2.40	0.15648	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	8.00	0.17	0.15648	10%-25% Above	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.10	0.15648	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.10	0.15648	26%-50% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	18.00	2.40	0.15648	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007730	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.07	0.15819	51%-75% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.07	0.17264	51%-75% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.09	0.17264	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.07	0.17264	51%-75% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.05	0.17951	51%-75% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.09	0.17951	51%-75% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.11	0.17951	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.10	0.17951	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.17951	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.54	0.17951	200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	30.00	0.09	0.17951	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.11	0.15648	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.10	0.15648	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.14	0.15648	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.10	0.15648	26%-50% Below	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.06	0.16848	51%-75% Below	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.13	0.16848	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.13	0.16848	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.10	0.16848	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.11	0.16848	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.11	0.16848	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.14	0.16848	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	2	14.00	0.13	0.17645	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.06	0.17645	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007830	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.11	0.17645	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	15.00	0.14	0.18699	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.09	0.18699	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.11	0.18699	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.14	0.18699	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.14	0.18304	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	12	12.00	3.99	0.17064	200% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	12	14.00	0.13	0.17064	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.11	0.17064	26%-50% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	1	5.00	0.89	0.46416	76%-100% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	1	10.00	0.76	0.46416	51%-75% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	3	5.00	0.69	0.55777	10%-25% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	3	18.00	0.83	0.55777	26%-50% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	12	5.00	0.89	0.48675	76%-100% Above	No	No
57237009601	CEFADROXIL 500 MG CAPSULE	3	14.00	0.13	0.29548	51%-75% Below	No	No
57237009601	CEFADROXIL 500 MG CAPSULE	3	28.00	0.14	0.29548	51%-75% Below	No	No
57237009601	CEFADROXIL 500 MG CAPSULE	4	28.00	0.14	0.29631	51%-75% Below	No	No
57237009601	CEFADROXIL 500 MG CAPSULE	12	60.00	0.74	0.25989	101%-200% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	14.00	0.36	0.41249	10%-25% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	20.00	0.30	0.41249	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	20.00	0.35	0.41249	10%-25% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	20.00	0.50	0.41249	10%-25% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	20.00	0.75	0.41249	76%-100% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	2	14.00	0.27	0.45141	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	2	14.00	1.10	0.45141	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237009960	CEFDINIR 300 MG CAPSULE	2	20.00	0.30	0.45141	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	2	20.00	0.75	0.45141	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	14.00	0.52	0.47036	10%-25% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	20.00	0.27	0.47036	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	12	14.00	1.11	0.41004	101%-200% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	12	20.00	0.25	0.41004	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	12	20.00	0.35	0.41004	10%-25% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	12	20.00	1.11	0.41004	101%-200% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	1	30.00	0.04	0.01563	101%-200% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	2	30.00	0.03	0.01677	76%-100% Above	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.10	0.01776	200% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	1	30.00	0.03	0.01919	26%-50% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	1	56.00	0.03	0.01919	26%-50% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	1	56.00	0.03	0.01919	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.01	0.01919	51%-75% Below	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	2	30.00	0.03	0.02142	10%-25% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	2	56.00	0.02	0.02142	10%-25% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.01	0.02142	26%-50% Below	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	3	56.00	0.09	0.02243	200% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	3	60.00	0.01	0.02243	51%-75% Below	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	4	180.00	0.01	0.02221	51%-75% Below	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	12	30.00	0.03	0.01920	51%-75% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	12	60.00	0.01	0.01920	51%-75% Below	No	No
57237010299	METOPROLOL TARTRATE 100 MG TAB	1	60.00	0.01	0.02548	51%-75% Below	No	No
57237010299	METOPROLOL TARTRATE 100 MG TAB	3	60.00	0.01	0.02885	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237010299	METOPROLOL TARTRATE 100 MG TAB	3	60.00	0.02	0.02885	10%-25% Below	No	No
57237010299	METOPROLOL TARTRATE 100 MG TAB	12	60.00	0.01	0.02531	51%-75% Below	No	No
57237010299	METOPROLOL TARTRATE 100 MG TAB	12	60.00	0.01	0.02531	51%-75% Below	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	2	90.00	0.27	0.10352	101%-200% Above	Yes	No
57237014301	AMLODIPINE-BENAZEPRIL 5-10 MG	2	30.00	0.08	0.09959	10%-25% Below	No	No
57237014301	AMLODIPINE-BENAZEPRIL 5-10 MG	3	90.00	0.06	0.10516	26%-50% Below	No	No
57237014301	AMLODIPINE-BENAZEPRIL 5-10 MG	4	90.00	0.05	0.10521	26%-50% Below	No	No
57237014501	AMLODIPINE-BENAZEPRIL 5-40 MG	2	90.00	0.43	0.13852	200% Above	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	1	30.00	0.00	0.11929	76%-100% Below	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	2	30.00	0.06	0.12777	51%-75% Below	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	2	30.00	0.25	0.12777	76%-100% Above	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	3	30.00	0.06	0.13543	51%-75% Below	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	4	30.00	0.06	0.13463	51%-75% Below	No	No
57237014601	AMLODIPINE-BENAZEPRIL 10-20 MG	4	90.00	0.33	0.13463	101%-200% Above	No	No
57237014701	AMLODIPINE-BENAZEPRIL 10-40 MG	1	90.00	0.29	0.11862	101%-200% Above	No	No
57237014701	AMLODIPINE-BENAZEPRIL 10-40 MG	3	90.00	0.17	0.13556	10%-25% Above	No	No
57237014701	AMLODIPINE-BENAZEPRIL 10-40 MG	4	90.00	0.28	0.13662	101%-200% Above	No	No
57237014701	AMLODIPINE-BENAZEPRIL 10-40 MG	12	90.00	0.34	0.12152	101%-200% Above	No	No
57237014935	FLUCONAZOLE 10 MG/ML SUSP	3	140.00	0.12	0.28102	51%-75% Below	No	No
57237015035	FLUCONAZOLE 40 MG/ML SUSP	4	35.00	0.61	0.53936	10%-25% Above	No	No
57237016190	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.09	0.03069	200% Above	No	No
57237016190	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.09	0.03315	101%-200% Above	No	No
57237016190	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.09	0.03379	101%-200% Above	No	No
57237016190	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.08	0.03379	101%-200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.04	0.03069	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.05	0.03069	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.05	0.03069	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.06	0.03069	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.07	0.03069	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.07	0.03069	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.07	0.03315	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.03	0.03315	10%-25% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.05	0.03315	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.03315	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.07	0.03315	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	14.00	0.09	0.03379	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.06	0.03379	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.03379	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.03379	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.08	0.03379	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.03	0.03379	10%-25% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.05	0.03379	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.06	0.03379	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.05	0.03364	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.06	0.03364	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.21	0.03364	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.04	0.03019	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.04	0.03019	10%-25% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.07	0.03019	101%-200% Above	Yes	No
57237016230	OMEPRAZOLE DR 40 MG CAPSULE	3	14.00	0.16	0.05309	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.07	0.04764	26%-50% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.16	0.04764	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.06	0.04764	10%-25% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.07	0.04764	26%-50% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.14	0.04764	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.06	0.05073	10%-25% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.16	0.05073	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.14	0.05073	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.16	0.05073	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.14	0.04805	200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.06	0.05073	10%-25% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.07	0.04805	26%-50% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.02	0.04805	26%-50% Below	No	No
57237016990	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.04089	26%-50% Below	No	No
57237016990	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.04246	26%-50% Below	No	No
57237016999	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.72	0.03875	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.03	0.05528	26%-50% Below	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.03	0.05663	51%-75% Below	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.02	0.05663	51%-75% Below	No	No
57237017130	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	1.97	0.09086	200% Above	No	No
57237017190	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	1.71	0.09086	200% Above	No	No
57237018490	PRAMIPEXOLE 1 MG TABLET	12	90.00	0.07	0.06389	10%-25% Above	No	No
57237021230	MONTELUKAST SOD 4 MG TAB CHEW	1	90.00	0.00	0.07108	76%-100% Below	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	0.24	0.06909	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	0.27	0.06909	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.24	0.07440	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.27	0.07440	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.24	0.07698	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.27	0.07698	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	0.24	0.07524	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	0.24	0.06629	200% Above	No	No
57237021390	MONTELUKAST SOD 5 MG TAB CHEW	1	90.00	0.24	0.06909	200% Above	Yes	No
57237021990	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	0.11	0.07639	26%-50% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	1	30.00	0.11	0.09641	10%-25% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	1	30.00	0.26	0.09641	101%-200% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	3	30.00	0.17	0.10569	51%-75% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	3	90.00	0.22	0.10569	101%-200% Above	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	1	30.00	0.05	0.09641	26%-50% Below	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.24	0.09641	101%-200% Above	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	2	30.00	0.05	0.10348	26%-50% Below	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	3	30.00	0.09	0.10569	10%-25% Below	No	No
57237022030	PIOGLITAZONE HCL 30 MG TABLET	12	30.00	0.04	0.09642	51%-75% Below	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	1	30.00	0.05	0.09641	26%-50% Below	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	1	30.00	0.13	0.09641	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.13	0.09641	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.18	0.10348	76%-100% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	3	30.00	0.05	0.10569	26%-50% Below	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	4	30.00	0.06	0.10333	26%-50% Below	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	4	30.00	0.28	0.10333	101%-200% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	0.28	0.10333	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237022090	PIOGLITAZONE HCL 30 MG TABLET	12	30.00	0.05	0.09642	51%-75% Below	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	12	30.00	0.13	0.09642	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	12	30.00	1.15	0.09642	200% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	4	90.00	0.21	0.13372	51%-75% Above	No	No
57237022401	RAMIPRIL 5 MG CAPSULE	3	90.00	0.09	0.04997	76%-100% Above	No	No
57237022501	RAMIPRIL 10 MG CAPSULE	12	90.00	0.08	0.05844	26%-50% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.20	0.05983	200% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	12	10.00	0.03	0.05210	26%-50% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.03	0.05277	26%-50% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.05	0.05277	10%-25% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.03	0.05697	26%-50% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.03	0.05697	26%-50% Below	Yes	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.03	0.05697	26%-50% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	3	2.00	0.20	0.05983	200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	3	10.00	0.03	0.05983	51%-75% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.03	0.05983	51%-75% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.05	0.05785	10%-25% Below	No	No
57237024001	ZALEPLON 10 MG CAPSULE	1	30.00	0.29	0.13469	101%-200% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	2	30.00	0.24	0.15531	51%-75% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	3	30.00	0.22	0.18430	10%-25% Above	No	No
57237024001	ZALEPLON 10 MG CAPSULE	12	30.00	0.29	0.13187	101%-200% Above	No	No
57599000101	FREESTYLE LB KIT 14D/SEN	3	2.00	68.10	.		Yes	No
57664002597	ISOTRETINOIN 40 MG CAPSULE	3	30.00	1.05	14.49561	76%-100% Below	No	No
57664004688	LISDEXAMFETAMINE 10 MG CAPSULE	12	30.00	2.54	4.93496	26%-50% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	3.40	4.50447	10%-25% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	3.40	4.08974	10%-25% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	3.40	3.87585	10%-25% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	0.17	4.13384	76%-100% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	3.40	4.13384	10%-25% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.00	2.41	4.98479	51%-75% Below	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	3.76	4.88566	10%-25% Below	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	3	60.00	2.27	4.26195	26%-50% Below	No	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	2.66	4.84722	26%-50% Below	No	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	2.66	4.68536	26%-50% Below	No	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	3.69	4.59237	10%-25% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	1.79	5.11443	51%-75% Below	Yes	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	3.69	5.11443	26%-50% Below	Yes	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	3.76	5.11443	26%-50% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	3.69	4.77768	10%-25% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	3.76	4.77768	10%-25% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	1.79	4.52741	51%-75% Below	Yes	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	3.76	4.52741	10%-25% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	1.79	4.84969	51%-75% Below	Yes	No
57664005288	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	1.69	6.08993	51%-75% Below	No	No
57664005288	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	1.79	5.74826	51%-75% Below	Yes	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	2	30.00	11.16	8.10635	26%-50% Above	Yes	No
57664008888	LISDEXAMFETAMINE 60 MG TB CHEW	4	30.00	7.76	8.65206	10%-25% Below	Yes	No
57664037708	TRAMADOL HCL 50 MG TABLET	1	180.00	0.01	0.02332	51%-75% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	1	28.00	0.02	0.02332	26%-50% Below	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	1	30.00	0.04	0.02332	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 769

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664037718	TRAMADOL HCL 50 MG TABLET	2	30.00	0.03	0.02473	10%-25% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	3	30.00	0.03	0.02594	10%-25% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	4	30.00	0.03	0.02596	10%-25% Above	No	No
57664037718	TRAMADOL HCL 50 MG TABLET	12	30.00	0.04	0.02546	26%-50% Above	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	1	30.00	0.09	0.25892	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	1	30.00	0.13	0.25892	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	1	60.00	0.09	0.25892	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	2	30.00	0.14	0.26559	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	4	30.00	0.10	0.27213	51%-75% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	4	60.00	0.14	0.27213	26%-50% Below	No	No
57664037888	DEXMETHYLPHENIDATE 5 MG TAB	12	60.00	0.09	0.25573	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	1	30.00	0.14	0.38865	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	1	30.00	0.19	0.38865	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	1	60.00	0.12	0.38865	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	2	30.00	0.19	0.37734	26%-50% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	2	60.00	0.12	0.37734	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	3	30.00	0.19	0.37347	26%-50% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	3	60.00	0.12	0.37347	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	4	30.00	0.32	0.37767	10%-25% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	4	60.00	0.12	0.37767	51%-75% Below	No	No
57664049983	MIRTAZAPINE 15 MG TABLET	1	90.00	0.13	0.06647	76%-100% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	2	30.00	0.13	0.07254	76%-100% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	3	30.00	0.25	0.07406	200% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	3	90.00	0.12	0.07406	51%-75% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	4	15.00	0.25	0.07346	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664050083	MIRTAZAPINE 30 MG TABLET	3	90.00	0.11	0.08897	26%-50% Above	Yes	No
57664050289	TIZANIDINE HCL 2 MG TABLET	1	14.00	0.02	0.03142	26%-50% Below	No	No
57664050289	TIZANIDINE HCL 2 MG TABLET	2	30.00	0.02	0.03136	26%-50% Below	No	No
57664050289	TIZANIDINE HCL 2 MG TABLET	3	180.00	0.02	0.03404	26%-50% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	20.00	0.02	0.04397	51%-75% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.02	0.04397	51%-75% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.02	0.04397	26%-50% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.04397	51%-75% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.03	0.04397	26%-50% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	270.00	0.02	0.04397	26%-50% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.03	0.04664	26%-50% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.03	0.04664	26%-50% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.04664	51%-75% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.04558	51%-75% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.18	0.04558	200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.03	0.04417	26%-50% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.02	0.04042	26%-50% Below	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.03	0.04042	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.01	0.04397	76%-100% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	120.00	0.02	0.04397	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	270.00	0.02	0.04397	51%-75% Below	Yes	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.02	0.04664	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	180.00	0.01	0.04664	76%-100% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	14.00	0.01	0.04558	76%-100% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.03	0.04558	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664050389	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.01	0.04558	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.04558	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	180.00	0.02	0.04558	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.02	0.04417	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	20.00	0.16	0.04042	200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	40.00	0.02	0.04042	51%-75% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.02	0.04042	51%-75% Below	No	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	2	30.00	0.83	0.42128	76%-100% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	2	90.00	0.76	0.42128	76%-100% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	2	90.00	0.83	0.42128	76%-100% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	3	30.00	0.76	0.41378	76%-100% Above	Yes	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	3	90.00	0.76	0.41378	76%-100% Above	Yes	No
57664066483	CARVEDILOL ER 20 MG CAPSULE	1	90.00	3.27	4.50313	26%-50% Below	Yes	No
57664066483	CARVEDILOL ER 20 MG CAPSULE	4	90.00	3.23	4.56321	26%-50% Below	Yes	No
57664066683	CARVEDILOL ER 80 MG CAPSULE	3	90.00	2.53	5.48837	51%-75% Below	Yes	No
57664066683	CARVEDILOL ER 80 MG CAPSULE	12	90.00	2.98	5.13000	26%-50% Below	Yes	No
57896063912	GERI-MOX SUS	2	120.00	0.05	.		No	No
57896092110	ASPIRIN TAB 325MG EC	1	30.00	0.01	.		No	No
57896092110	ASPIRIN TAB 325MG EC	2	30.00	0.01	.		No	No
57896092110	ASPIRIN TAB 325MG EC	3	30.00	0.01	.		No	No
57896092110	ASPIRIN TAB 325MG EC	3	30.00	0.01	.		No	No
57896098101	ASPIRIN EC TAB 81MG	3	30.00	0.01	.		No	No
57896098101	ASPIRIN EC TAB 81MG	12	56.00	0.01	.		No	No
58160081552	TWINRIX INJ	1	1.00	125.39	.		Yes	No
58160081552	TWINRIX INJ	2	1.00	125.39	.		Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 772

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58160081552	TWINRIX INJ	2	1.00	126.90	.		No	No
58160081552	TWINRIX INJ	3	1.00	124.75	.		No	No
58160081552	TWINRIX INJ	3	1.00	126.90	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	203.40	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	203.66	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	204.43	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	204.43	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	206.89	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	193.96	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	203.40	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	203.40	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	204.43	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	206.89	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	170.57	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	193.96	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	203.40	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	203.40	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	204.43	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	205.21	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	206.89	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	193.96	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	203.40	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	206.89	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	12	1.00	178.10	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	12	1.00	187.72	.		No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58160082311	SHINGRIX INJ 50/0.5ML	12	1.00	187.72	.		Yes	No
58160082415	PRIORIX INJ	3	1.00	89.95	.		Yes	No
58160084211	BOOSTRIX INJ	12	0.50	84.64	.		No	No
58160084252	BOOSTRIX INJ	1	0.50	87.08	.		No	No
58160084252	BOOSTRIX INJ	1	0.50	91.32	.		No	No
58160084252	BOOSTRIX INJ	1	0.50	91.60	.		No	No
58160084252	BOOSTRIX INJ	1	0.50	91.78	.		Yes	No
58160084252	BOOSTRIX INJ	2	0.50	87.08	.		No	No
58160084252	BOOSTRIX INJ	2	0.50	91.32	.		No	No
58160084252	BOOSTRIX INJ	2	0.50	91.32	.		Yes	No
58160084252	BOOSTRIX INJ	2	0.50	91.78	.		Yes	No
58160084252	BOOSTRIX INJ	3	0.50	91.32	.		Yes	No
58160084252	BOOSTRIX INJ	3	0.50	91.78	.		Yes	No
58160084252	BOOSTRIX INJ	4	0.50	87.08	.		No	No
58160084252	BOOSTRIX INJ	4	0.50	91.32	.		No	No
58160084252	BOOSTRIX INJ	4	0.50	91.78	.		Yes	No
58160084252	BOOSTRIX INJ	12	0.50	80.86	.		No	No
58160084252	BOOSTRIX INJ	12	0.50	89.20	.		Yes	No
58160084811	AREXVY INJ 120MCG	2	1.00	277.48	.		Yes	No
58160084811	AREXVY INJ 120MCG	3	1.00	277.48	.		Yes	No
58160084811	AREXVY INJ 120MCG	4	1.00	278.89	.		Yes	No
58160084811	AREXVY INJ 120MCG	12	1.00	277.83	.		No	No
58160084811	AREXVY INJ 120MCG	12	1.00	278.89	.		No	No
58604021430	ADDYI TAB 100MG	1	30.00	30.67	.		No	No
58604021430	ADDYI TAB 100MG	1	90.00	28.66	.		No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 774

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58604021430	ADDYI TAB 100MG	2	30.00	30.01	.		No	No
58604021430	ADDYI TAB 100MG	3	30.00	30.01	.		No	No
58657015101	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	51%-75% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	1	30.00	0.01	0.02086	51%-75% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	51%-75% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	3	30.00	0.01	0.02320	51%-75% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	51%-75% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	12	30.00	0.01	0.02077	51%-75% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	12	90.00	0.01	0.02077	51%-75% Below	No	No
58657040801	ESTROG/MTEST TAB 1.25-2.5	1	30.00	2.69	.		No	No
58657040801	ESTROG/MTEST TAB 1.25-2.5	3	30.00	2.69	.		No	No
58657040801	ESTROG/MTEST TAB 1.25-2.5	4	30.00	2.69	.		No	No
58657045401	ME-NAPHOS-MB-HYO 1 TABLET	2	9.00	1.66	3.75029	51%-75% Below	No	No
58657045401	ME-NAPHOS-MB-HYO 1 TABLET	2	90.00	0.22	3.75029	76%-100% Below	No	No
58657045601	URO-MP CAPSULE	3	90.00	0.17	1.60450	76%-100% Below	No	No
58657045601	URO-MP CAPSULE	4	120.00	1.45	1.61756	10%-25% Below	No	No
58657050004	CODEINE-GUAIFEN 10-100 MG/5 ML	3	200.00	0.02	0.05122	51%-75% Below	No	No
58657050916	GUAIFENESIN 100 MG/5 ML LIQUID	1	240.00	0.02	0.01169	51%-75% Above	No	No
58657064810	CLONIDINE HCL 0.2 MG TABLET	1	120.00	0.02	0.03180	26%-50% Below	No	No
58657064810	CLONIDINE HCL 0.2 MG TABLET	2	120.00	0.02	0.03382	26%-50% Below	No	No
58657064810	CLONIDINE HCL 0.2 MG TABLET	3	120.00	0.02	0.03442	26%-50% Below	No	No
58657067601	CIPROFLOXACIN HCL 500 MG TAB	12	20.00	0.16	0.12497	10%-25% Above	No	No
58980060530	UREA CRE 10%	1	85.00	0.07	.		No	No
59417010510	VYVANSE 50 MG CAPSULE	1	30.00	1.78	12.39302	76%-100% Below	No	No
59417010510	VYVANSE 50 MG CAPSULE	12	30.00	1.76	12.39539	76%-100% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651000101	OMEPRAZOLE DR 10 MG CAPSULE	2	30.00	0.11	0.07614	26%-50% Above	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.08	0.03069	101%-200% Above	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.06	0.03069	101%-200% Above	Yes	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.07	0.03069	101%-200% Above	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.07	0.03379	101%-200% Above	No	No
59651000205	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.21	0.03364	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.17	0.04764	200% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.18	0.04764	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.03	0.04764	26%-50% Below	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.06	0.04764	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.06	0.04764	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.07	0.04764	26%-50% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.11	0.04764	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.13	0.04764	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.13	0.04764	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.14	0.04764	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.16	0.04764	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.06	0.05073	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.16	0.05073	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.17	0.05073	200% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.06	0.05073	10%-25% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.11	0.05073	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.13	0.05073	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.15	0.05309	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.17	0.05309	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.24	0.05309	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.11	0.05309	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.13	0.05309	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.13	0.05309	101%-200% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.24	0.05309	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.15	0.05275	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.17	0.05275	200% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.24	0.05275	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.13	0.05275	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.24	0.05275	200% Above	No	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.24	0.05275	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.13	0.04805	101%-200% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.06	0.04764	10%-25% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.07	0.04764	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.14	0.04764	101%-200% Above	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.11	0.04764	101%-200% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.14	0.04764	200% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.15	0.04805	200% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.16	0.04805	200% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.04	0.04805	10%-25% Below	No	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.06	0.04805	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.07	0.04805	26%-50% Above	Yes	No
59651000330	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.13	0.04805	101%-200% Above	No	No
59651000715	AZITHROMYCIN 100 MG/5 ML SUSP	10	30.00	0.27	0.41887	26%-50% Below	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	0.73	0.30075	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	0.83	0.30075	101%-200% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	2	15.00	1.00	0.32488	200% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	4	15.00	0.48	0.33826	26%-50% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	4	15.00	0.77	0.33826	101%-200% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	0.77	0.29991	101%-200% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	2	22.50	0.46	0.23470	76%-100% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	2	22.50	0.66	0.23470	101%-200% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	3	22.50	0.42	0.25040	51%-75% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	3	45.00	0.42	0.25040	51%-75% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	12	22.50	0.44	0.22049	76%-100% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	12	22.50	0.54	0.22049	101%-200% Above	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	12	45.00	0.54	0.22049	101%-200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	1	30.00	0.54	0.19881	101%-200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	0.16	0.21875	10%-25% Below	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	0.50	0.21875	101%-200% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	3	30.00	0.42	0.22657	76%-100% Above	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	0.13	0.20436	26%-50% Below	Yes	No
59651000830	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	0.50	0.20436	101%-200% Above	Yes	No
59651002601	AMOX-CLAV 250-62.5 MG/5 ML SUS	3	100.00	0.21	0.42405	26%-50% Below	Yes	No
59651002675	AMOX-CLAV 250-62.5 MG/5 ML SUS	4	150.00	0.29	0.46130	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	28.00	0.94	0.14233	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	84.00	0.94	0.14233	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	28.00	0.80	0.15369	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	28.00	0.73	0.15950	200% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	84.00	0.73	0.15950	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	4	28.00	0.27	0.15699	51%-75% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	4	84.00	0.27	0.15699	51%-75% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	12	28.00	0.94	0.15099	200% Above	No	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	1	150.00	0.01	0.03687	51%-75% Below	No	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	1	240.00	0.02	0.03687	26%-50% Below	No	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	1	473.00	0.02	0.03687	26%-50% Below	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	3	237.00	0.01	0.02484	26%-50% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	30.00	0.02	0.07396	51%-75% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	30.00	0.05	0.07396	26%-50% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	30.00	1.13	0.07396	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	30.00	1.33	0.07396	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	90.00	0.05	0.07396	26%-50% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	90.00	1.33	0.07396	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	30.00	0.00	0.07466	76%-100% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	30.00	0.02	0.07466	51%-75% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	30.00	1.03	0.07466	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	30.00	1.13	0.07466	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	90.00	1.13	0.07466	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	30.00	0.02	0.07731	51%-75% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	30.00	0.61	0.07731	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	30.00	1.03	0.07731	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	90.00	0.02	0.07731	51%-75% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	90.00	0.02	0.07731	51%-75% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	4	30.00	0.02	0.07594	51%-75% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	4	30.00	0.02	0.07594	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651005205	EZETIMIBE 10 MG TABLET	4	30.00	0.61	0.07594	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	4	90.00	0.61	0.07594	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	30.00	0.05	0.07518	26%-50% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	30.00	1.33	0.07518	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	1	90.00	1.33	0.07396	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	2	90.00	0.22	0.07466	101%-200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	2	90.00	1.13	0.07466	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	3	90.00	1.03	0.07731	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	3	90.00	1.03	0.07731	200% Above	Yes	No
59651005290	EZETIMIBE 10 MG TABLET	12	90.00	0.28	0.07518	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	12	90.00	1.33	0.07518	200% Above	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	3	4.00	2.83	2.07980	26%-50% Above	Yes	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	3	9.00	13.78	2.07980	200% Above	Yes	No
59651011330	FEBUXOSTAT 40 MG TABLET	3	90.00	2.85	0.37533	200% Above	No	No
59651011330	FEBUXOSTAT 40 MG TABLET	4	90.00	2.90	0.37743	200% Above	Yes	No
59651011330	FEBUXOSTAT 40 MG TABLET	12	90.00	3.68	0.33182	200% Above	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	1	90.00	0.28	0.47417	26%-50% Below	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	4	90.00	0.28	0.47013	26%-50% Below	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	12	5.00	3.68	0.48943	200% Above	No	No
59651013830	NEBIVOLOL 5 MG TABLET	1	30.00	0.67	0.10355	200% Above	No	No
59651013830	NEBIVOLOL 5 MG TABLET	2	30.00	0.67	0.11119	200% Above	No	No
59651013830	NEBIVOLOL 5 MG TABLET	2	90.00	0.63	0.11119	200% Above	No	No
59651013830	NEBIVOLOL 5 MG TABLET	3	30.00	0.67	0.11800	200% Above	No	No
59651013830	NEBIVOLOL 5 MG TABLET	4	30.00	0.67	0.11713	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	1	30.00	0.50	0.13237	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651013930	NEBIVOLOL 10 MG TABLET	1	90.00	0.63	0.13237	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	2	90.00	0.05	0.14323	51%-75% Below	No	No
59651013930	NEBIVOLOL 10 MG TABLET	2	90.00	0.58	0.14323	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	3	90.00	0.46	0.15233	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	4	90.00	0.50	0.15266	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	12	30.00	0.50	0.13394	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	12	90.00	0.04	0.13394	51%-75% Below	No	No
59651013930	NEBIVOLOL 10 MG TABLET	12	90.00	0.74	0.13394	200% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	1	90.00	0.65	0.17083	200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	2	5.00	0.91	0.24029	200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	1	84.00	0.60	0.35713	51%-75% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.93	0.35713	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	2	90.00	0.50	0.40063	10%-25% Above	Yes	No
59651015301	PROGESTERONE 200 MG CAPSULE	3	60.00	0.72	0.43261	51%-75% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	3	84.00	0.60	0.43261	26%-50% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.33	0.43330	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	4	60.00	0.88	0.43330	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	4	90.00	0.88	0.43330	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	12	90.00	0.42	0.34434	10%-25% Above	No	No
59651017301	DOXEPIN 10 MG CAPSULE	1	30.00	0.04	0.07377	26%-50% Below	No	No
59651017301	DOXEPIN 10 MG CAPSULE	3	60.00	0.06	0.09126	26%-50% Below	No	No
59651017401	DOXEPIN 25 MG CAPSULE	1	90.00	0.05	0.12196	51%-75% Below	Yes	No
59651017501	DOXEPIN 50 MG CAPSULE	1	90.00	0.10	0.13589	10%-25% Below	Yes	No
59651017501	DOXEPIN 50 MG CAPSULE	3	90.00	0.10	0.16529	26%-50% Below	Yes	No
59651018201	METHOTREXATE 2.5 MG TABLET	2	20.00	1.00	0.15552	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.17	0.26318	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.37	0.26318	26%-50% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.37	0.26318	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.43	0.26318	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.50	0.26318	76%-100% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.50	0.26318	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.50	0.26318	76%-100% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	90.00	0.37	0.26318	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	90.00	0.42	0.26318	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.23	0.28432	10%-25% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.33	0.28432	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.34	0.28432	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.34	0.28432	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.37	0.28432	26%-50% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.37	0.28432	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.50	0.28432	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.23	0.29902	10%-25% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.33	0.29902	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.34	0.29902	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.34	0.29902	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.50	0.29902	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.50	0.29902	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.66	0.29902	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	90.00	0.34	0.29902	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.33	0.29366	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.33	0.29366	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.34	0.29366	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.34	0.29366	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.66	0.29366	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	60.00	0.34	0.29366	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	90.00	0.34	0.29366	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.33	0.25753	26%-50% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.43	0.25753	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.50	0.25753	76%-100% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.73	0.25753	101%-200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	90.00	0.43	0.25753	51%-75% Above	Yes	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	4	90.00	1.14	0.25747	200% Above	Yes	No
59651023630	ANASTROZOLE 1 MG TABLET	2	12.00	0.12	0.15102	10%-25% Below	No	No
59651023690	ANASTROZOLE 1 MG TABLET	1	30.00	0.08	0.13670	26%-50% Below	No	No
59651023690	ANASTROZOLE 1 MG TABLET	3	90.00	0.06	0.15294	51%-75% Below	Yes	No
59651024130	IMATINIB MESYLATE 400 MG TAB	1	30.00	54.40	2.55973	200% Above	No	No
59651024130	IMATINIB MESYLATE 400 MG TAB	2	30.00	54.40	2.60649	200% Above	No	No
59651024130	IMATINIB MESYLATE 400 MG TAB	3	30.00	54.40	2.71445	200% Above	No	No
59651024601	MIDODRINE HCL 2.5 MG TABLET	2	180.00	0.21	0.08994	101%-200% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	1	30.00	0.50	0.29695	51%-75% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	2	30.00	0.50	0.29482	51%-75% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	4	30.00	0.50	0.33053	51%-75% Above	No	No
59651025101	NADOLOL 40 MG TABLET	2	90.00	1.27	0.22483	200% Above	Yes	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	1	60.00	0.17	0.86616	76%-100% Below	No	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	2	60.00	0.17	0.83089	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651027760	PROPAFENONE HCL ER 325 MG CAP	3	60.00	0.17	0.83287	76%-100% Below	No	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	12	60.00	0.00	0.83005	76%-100% Below	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	2	90.00	0.17	0.09701	76%-100% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.16	0.10232	51%-75% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.32	0.10232	200% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	12	45.00	0.22	0.08220	101%-200% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	12	90.00	0.19	0.08220	101%-200% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	1	90.00	0.12	0.13508	10%-25% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	2	30.00	0.26	0.14851	51%-75% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	3	90.00	0.33	0.15248	101%-200% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	12	30.00	0.60	0.13335	200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.33	0.13335	101%-200% Above	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	2	30.00	0.11	0.21355	26%-50% Below	No	No
59651029701	NIFEDIPINE ER 90 MG TABLET	2	90.00	0.39	0.21355	76%-100% Above	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	3	30.00	0.11	0.22560	51%-75% Below	No	No
59651029701	NIFEDIPINE ER 90 MG TABLET	4	90.00	0.53	0.22745	101%-200% Above	Yes	No
59651029960	TAMOXIFEN 10 MG TABLET	3	90.00	0.07	0.15105	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	1	30.00	0.32	0.24833	26%-50% Above	No	No
59651030030	TAMOXIFEN 20 MG TABLET	2	30.00	0.13	0.29345	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	3	30.00	0.14	0.34457	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	3	30.00	0.15	0.34457	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	3	30.00	0.29	0.34457	10%-25% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	3	90.00	0.29	0.34457	10%-25% Below	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	12	30.00	0.11	0.24317	51%-75% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	12	30.00	0.38	0.24317	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651030030	TAMOXIFEN 20 MG TABLET	12	90.00	0.38	0.24317	51%-75% Above	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	12	90.00	0.66	0.24317	101%-200% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	1	30.00	0.00	0.08804	76%-100% Below	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	3	30.00	0.19	0.10277	76%-100% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	2	30.00	1.25	0.08942	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	2	135.00	1.25	0.08942	200% Above	Yes	No
59651030901	FLUOXETINE HCL 20 MG TABLET	3	30.00	1.14	0.10499	200% Above	No	No
59651030930	FLUOXETINE HCL 20 MG TABLET	2	30.00	1.25	0.08942	200% Above	No	No
59651030930	FLUOXETINE HCL 20 MG TABLET	3	30.00	1.14	0.10499	200% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	2	30.00	0.80	0.12195	200% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	4	60.00	0.76	0.12487	200% Above	No	No
59651031677	TIZANIDINE HCL 6 MG CAPSULE	1	90.00	0.29	0.14854	76%-100% Above	No	No
59651031677	TIZANIDINE HCL 6 MG CAPSULE	2	180.00	0.07	0.15456	51%-75% Below	No	No
59651031677	TIZANIDINE HCL 6 MG CAPSULE	4	90.00	0.20	0.16979	10%-25% Above	No	No
59651034930	LEFLUNOMIDE 20 MG TABLET	3	90.00	2.44	0.31856	200% Above	Yes	No
59651036001	IBUPROFEN 400 MG TABLET	3	30.00	0.02	0.04449	51%-75% Below	No	No
59651036005	IBUPROFEN 400 MG TABLET	1	30.00	0.03	0.03855	10%-25% Below	No	No
59651036005	IBUPROFEN 400 MG TABLET	2	270.00	0.02	0.04213	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	9.00	0.02	0.04794	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	18.00	0.02	0.04794	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	20.00	0.02	0.04794	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	20.00	0.04	0.04794	10%-25% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	20.00	0.06	0.04794	10%-25% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	21.00	0.01	0.04794	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	21.00	0.03	0.04794	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036105	IBUPROFEN 600 MG TABLET	1	30.00	0.03	0.04794	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	30.00	0.03	0.04873	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	30.00	0.03	0.04873	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	40.00	0.03	0.04873	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	90.00	0.03	0.04873	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	3	30.00	0.02	0.04951	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	3	90.00	0.06	0.04951	10%-25% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	4	30.00	0.03	0.05019	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	12	20.00	0.04	0.04830	10%-25% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	12	30.00	0.02	0.04830	51%-75% Below	No	No
59651036201	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
59651036201	IBUPROFEN 800 MG TABLET	3	40.00	0.03	0.06324	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	15.00	0.02	0.05620	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	21.00	0.02	0.05620	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	21.00	0.04	0.05620	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	24.00	0.05	0.05620	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.02	0.05620	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05620	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	42.00	0.02	0.05620	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	60.00	0.01	0.05620	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	60.00	0.02	0.05620	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05620	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	90.00	0.01	0.05620	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036205	IBUPROFEN 800 MG TABLET	2	10.00	0.09	0.06029	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	16.00	0.01	0.06029	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	16.00	0.03	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	16.00	0.07	0.06029	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	20.00	0.01	0.06029	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	20.00	0.03	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	20.00	0.05	0.06029	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.03	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.05	0.06029	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.05	0.06029	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.07	0.06029	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	28.00	0.04	0.06029	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.01	0.06029	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.07	0.06029	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	40.00	0.07	0.06029	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	42.00	0.03	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	45.00	0.03	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	60.00	0.03	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.01	0.06029	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.01	0.06029	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036205	IBUPROFEN 800 MG TABLET	3	3.00	0.12	0.06324	76%-100% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	16.00	0.03	0.06324	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	20.00	0.03	0.06324	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	21.00	0.03	0.06324	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.01	0.06324	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.06324	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.15	0.06324	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	60.00	0.01	0.06324	76%-100% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.06324	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	60.00	0.15	0.06324	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	0.15	0.06324	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	15.00	0.15	0.06335	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	16.00	0.15	0.06335	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	18.00	0.15	0.06335	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.15	0.06335	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.06335	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.06335	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	0.15	0.06335	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	16.00	0.07	0.05567	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	18.00	0.02	0.05567	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	20.00	0.04	0.05567	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.03	0.05567	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	45.00	0.03	0.05567	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036205	IBUPROFEN 800 MG TABLET	12	45.00	0.07	0.05567	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	60.00	0.02	0.05567	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.00	0.02	0.05567	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05567	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05567	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	180.00	0.03	0.05567	26%-50% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	1	30.00	0.46	0.09292	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	1	180.00	0.46	0.09292	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	1	180.00	0.54	0.09292	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	30.00	0.46	0.10388	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	0.33	0.10388	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	0.42	0.10388	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	90.00	0.42	0.10388	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	3	30.00	0.42	0.11667	200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.30	0.11912	101%-200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	4	180.00	0.30	0.11912	101%-200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	0.25	0.10076	101%-200% Above	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	4	120.00	0.28	0.49256	26%-50% Below	No	No
59651040217	MOMETASONE FUROATE 50 MCG SPRY	1	17.00	4.18	1.72893	101%-200% Above	Yes	No
59651040217	MOMETASONE FUROATE 50 MCG SPRY	12	17.00	4.18	1.79213	101%-200% Above	Yes	No
59651041350	HYDROCORTISONE 5 MG TABLET	3	480.00	0.09	0.15288	26%-50% Below	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	2	90.00	0.19	0.24174	10%-25% Below	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	2	120.00	0.21	0.24174	10%-25% Below	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	3	120.00	0.19	0.24243	10%-25% Below	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	12	120.00	0.24	0.22003	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651042101	URSODIOL 300 MG CAPSULE	1	120.00	0.25	0.42370	26%-50% Below	No	No
59651042101	URSODIOL 300 MG CAPSULE	2	120.00	0.24	0.44544	26%-50% Below	No	No
59651042101	URSODIOL 300 MG CAPSULE	3	120.00	0.25	0.48242	26%-50% Below	No	No
59651042101	URSODIOL 300 MG CAPSULE	3	360.00	1.48	0.48242	200% Above	Yes	No
59651042101	URSODIOL 300 MG CAPSULE	4	120.00	0.22	0.47599	51%-75% Below	No	No
59651042201	CEVIMELINE HCL 30 MG CAPSULE	12	270.00	0.52	0.72366	26%-50% Below	No	No
59651042601	SPIRONOLACTONE 25 MG TABLET	3	45.00	0.02	0.05175	51%-75% Below	Yes	No
59651042601	SPIRONOLACTONE 25 MG TABLET	12	45.00	0.03	0.04561	26%-50% Below	Yes	No
59651042605	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.09	0.05175	51%-75% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.17	0.08835	76%-100% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.17	0.08835	76%-100% Above	Yes	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.18	0.08835	76%-100% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.11	0.08835	10%-25% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.11	0.08835	10%-25% Above	Yes	No
59651042701	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.33	0.09621	200% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	4	60.00	0.17	0.10015	51%-75% Above	Yes	No
59651042701	SPIRONOLACTONE 50 MG TABLET	4	90.00	0.19	0.10015	76%-100% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	4	90.00	0.19	0.10015	76%-100% Above	Yes	No
59651042701	SPIRONOLACTONE 50 MG TABLET	12	60.00	0.17	0.08824	76%-100% Above	Yes	No
59651042701	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.17	0.08824	76%-100% Above	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.30	0.16851	76%-100% Above	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.16	0.19798	10%-25% Below	Yes	No
59651045501	COLCHICINE 0.6 MG TABLET	1	27.00	2.37	0.17873	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	1	30.00	2.37	0.17873	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	4	60.00	1.93	0.19567	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651045501	COLCHICINE 0.6 MG TABLET	12	30.00	0.72	0.19012	200% Above	No	No
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	1	90.00	0.10	0.07629	26%-50% Above	No	No
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	2	180.00	0.10	0.08728	10%-25% Above	No	No
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	3	90.00	0.08	0.09598	10%-25% Below	No	No
59651045705	CARBIDOPA-LEVODOPA 25-100 TAB	1	165.00	0.09	0.07629	10%-25% Above	No	No
59651045705	CARBIDOPA-LEVODOPA 25-100 TAB	1	165.00	0.10	0.07629	26%-50% Above	No	No
59651048499	PREDNISONE 1 MG TABLET	1	300.00	0.02	0.04144	51%-75% Below	No	No
59651048499	PREDNISONE 1 MG TABLET	2	300.00	0.02	0.04122	51%-75% Below	No	No
59651048499	PREDNISONE 1 MG TABLET	3	180.00	0.10	0.04221	101%-200% Above	No	No
59651048499	PREDNISONE 1 MG TABLET	3	300.00	0.02	0.04221	26%-50% Below	No	No
59651048501	PREDNISONE 2.5 MG TABLET	3	18.00	0.03	0.06728	51%-75% Below	No	No
59651048601	PREDNISONE 5 MG TABLET	2	42.00	0.10	0.04743	101%-200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	1	30.00	0.10	0.04429	101%-200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	1	90.00	0.09	0.04429	76%-100% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	3	10.00	0.13	0.04819	101%-200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	3	30.00	0.10	0.04819	101%-200% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	2	60.00	0.11	0.05399	76%-100% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	3	6.00	0.16	0.05827	101%-200% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	4	28.00	0.14	0.05827	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	1	21.00	0.10	0.07317	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	2	10.00	0.10	0.07911	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	3	10.00	0.17	0.08187	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	4	5.00	0.15	0.08127	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651048801	PREDNISONE 20 MG TABLET	4	5.00	0.15	0.08127	76%-100% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	12	10.00	0.15	0.07170	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	12	10.00	0.21	0.07170	101%-200% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	1	5.00	0.10	0.07317	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	1	7.00	0.12	0.07317	51%-75% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	1	10.00	0.12	0.07317	51%-75% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	1	12.00	0.10	0.07317	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	2	10.00	0.09	0.07911	10%-25% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	2	10.00	0.10	0.07911	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	2	30.00	0.09	0.07911	10%-25% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	3	5.00	0.09	0.08187	10%-25% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	3	10.00	0.03	0.08187	51%-75% Below	No	No
59651048805	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	3	10.00	0.15	0.08187	76%-100% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	3	10.00	0.15	0.08187	76%-100% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	3	10.00	0.16	0.08187	76%-100% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	4	8.00	0.14	0.08127	76%-100% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	4	60.00	0.14	0.08127	51%-75% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	12	10.00	0.12	0.07170	51%-75% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	12	10.00	0.16	0.07170	101%-200% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	3	5.00	0.10	0.19505	26%-50% Below	No	No
59651048901	PREDNISONE 50 MG TABLET	12	4.00	0.08	0.17685	51%-75% Below	No	No
59651048901	PREDNISONE 50 MG TABLET	12	5.00	0.07	0.17685	51%-75% Below	No	No
59651049901	HYDROXYZINE HCL 10 MG TABLET	12	120.00	0.08	0.02797	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651049905	HYDROXYZINE HCL 10 MG TABLET	1	14.00	0.08	0.02756	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.08	0.02756	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	3	30.00	0.07	0.03191	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	3	30.00	0.09	0.03191	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	4	30.00	0.09	0.03282	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	4	80.00	0.15	0.03282	200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	14.00	0.08	0.03964	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.04	0.03964	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.08	0.03964	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.04	0.03964	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.07	0.03964	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.08	0.03964	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.04	0.03964	10%-25% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.07	0.03964	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	270.00	0.06	0.03964	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	15.00	0.08	0.04247	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.07	0.04247	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.07	0.04247	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.04247	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.04247	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	60.00	0.07	0.04247	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	180.00	0.06	0.04247	26%-50% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	10.00	0.13	0.04398	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	15.00	0.18	0.04398	200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.07	0.04398	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.07	0.04398	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.07	0.04398	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.07	0.04398	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.07	0.04214	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.04214	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.18	0.04214	200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	60.00	0.07	0.04214	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.07	0.04214	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.18	0.04214	200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	180.00	0.07	0.04214	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.07	0.03948	76%-100% Above	Yes	No
59651050101	HYDROXYZINE HCL 50 MG TABLET	1	90.00	0.11	0.05684	76%-100% Above	No	No
59651050101	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.11	0.06182	51%-75% Above	No	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.11	0.05684	76%-100% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.13	0.05684	101%-200% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	1	90.00	0.11	0.05684	76%-100% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	1	90.00	0.24	0.05684	200% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	2	90.00	0.24	0.06182	200% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	2	180.00	0.10	0.06182	51%-75% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	3	20.00	0.12	0.06596	76%-100% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.19	0.06520	101%-200% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	4	90.00	0.19	0.06520	101%-200% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	12	30.00	0.11	0.05724	76%-100% Above	Yes	No
59651050530	RAMELTEON 8 MG TABLET	2	90.00	0.50	0.71331	26%-50% Below	No	No
59651050530	RAMELTEON 8 MG TABLET	12	90.00	1.91	0.63734	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651051630	EXEMESTANE 25 MG TABLET	1	30.00	3.85	0.67916	200% Above	No	No
59651051630	EXEMESTANE 25 MG TABLET	2	30.00	3.27	0.73776	200% Above	No	No
59651051630	EXEMESTANE 25 MG TABLET	3	90.00	2.98	0.79872	200% Above	No	No
59651051630	EXEMESTANE 25 MG TABLET	3	90.00	2.98	0.79872	200% Above	Yes	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	1	90.00	0.17	0.06531	101%-200% Above	No	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	1	90.00	0.19	0.06531	101%-200% Above	No	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	2	30.00	0.17	0.06993	101%-200% Above	No	No
59651054001	ISOSORBIDE MONONIT ER 60 MG TB	3	30.00	0.22	0.09821	101%-200% Above	No	No
59651054001	ISOSORBIDE MONONIT ER 60 MG TB	4	30.00	0.05	0.09977	51%-75% Below	No	No
59651054005	ISOSORBIDE MONONIT ER 60 MG TB	1	30.00	0.05	0.08473	26%-50% Below	No	No
59651054005	ISOSORBIDE MONONIT ER 60 MG TB	3	30.00	0.05	0.09821	51%-75% Below	No	No
59651054005	ISOSORBIDE MONONIT ER 60 MG TB	3	30.00	0.22	0.09821	101%-200% Above	No	No
59651054005	ISOSORBIDE MONONIT ER 60 MG TB	12	30.00	0.04	0.08737	51%-75% Below	No	No
59651054005	ISOSORBIDE MONONIT ER 60 MG TB	12	90.00	0.22	0.08737	101%-200% Above	No	No
59651057590	FENOFIBRATE 54 MG TABLET	12	90.00	0.24	0.07168	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	1	30.00	0.33	0.11225	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	1	90.00	0.39	0.11225	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	1	90.00	0.42	0.11225	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	1	90.00	0.75	0.11225	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	30.00	0.16	0.11759	26%-50% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	30.00	0.33	0.11759	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	90.00	0.22	0.11759	76%-100% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	90.00	0.36	0.11759	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	90.00	0.39	0.11759	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	3	30.00	0.16	0.12820	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651057690	FENOFIBRATE 160 MG TABLET	3	30.00	0.50	0.12820	200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	3	90.00	0.36	0.12820	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	4	30.00	0.33	0.12987	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	4	90.00	0.32	0.12987	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	4	90.00	0.33	0.12987	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	12	30.00	0.33	0.11584	101%-200% Above	Yes	No
59651058901	NADOLOL 20 MG TABLET	3	90.00	1.02	0.12041	200% Above	Yes	No
59651058901	NADOLOL 20 MG TABLET	12	90.00	0.28	0.14811	76%-100% Above	Yes	No
59651065804	NITROGLYCERIN 0.4 MG TABLET SL	2	25.00	0.06	0.17715	51%-75% Below	No	No
59651065804	NITROGLYCERIN 0.4 MG TABLET SL	3	25.00	0.12	0.17515	26%-50% Below	No	No
59651065804	NITROGLYCERIN 0.4 MG TABLET SL	4	25.00	0.31	0.17201	76%-100% Above	Yes	No
59651065804	NITROGLYCERIN 0.4 MG TABLET SL	12	150.00	0.09	0.18498	51%-75% Below	Yes	No
59651069101	LOPERAMIDE 2 MG CAPSULE	1	12.00	0.14	0.12270	10%-25% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	1	21.00	0.06	0.07879	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	1	30.00	0.14	0.07879	51%-75% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	1	42.00	0.11	0.07879	26%-50% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	2	21.00	0.06	0.08345	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	2	90.00	0.06	0.08345	26%-50% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	2	270.00	0.10	0.08345	10%-25% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	10.00	0.05	0.08613	26%-50% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	20.00	0.14	0.08613	51%-75% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	30.00	0.07	0.08613	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	30.00	0.12	0.08613	26%-50% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	40.00	0.06	0.08613	26%-50% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	90.00	0.06	0.08613	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651071901	DICYCLOMINE 10 MG CAPSULE	12	30.00	0.19	0.08082	101%-200% Above	No	No
59651071999	DICYCLOMINE 10 MG CAPSULE	2	20.00	0.06	0.08345	26%-50% Below	No	No
59651071999	DICYCLOMINE 10 MG CAPSULE	3	60.00	0.06	0.08613	26%-50% Below	No	No
59651072001	DICYCLOMINE 20 MG TABLET	1	20.00	0.16	0.08916	76%-100% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	1	60.00	0.15	0.08916	51%-75% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	2	20.00	0.17	0.08997	76%-100% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	2	30.00	0.10	0.08997	10%-25% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	2	30.00	0.16	0.08997	76%-100% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	2	40.00	0.10	0.08997	10%-25% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	2	60.00	0.15	0.08997	51%-75% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	2	90.00	0.10	0.08997	10%-25% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	3	60.00	0.15	0.08697	51%-75% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	4	20.00	0.22	0.08330	101%-200% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	4	30.00	0.22	0.08330	101%-200% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	4	60.00	0.15	0.08330	76%-100% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	1	60.00	0.10	0.08916	10%-25% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	1	90.00	0.12	0.08916	26%-50% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	2	20.00	0.10	0.08997	10%-25% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	3	28.00	0.18	0.08697	101%-200% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	3	60.00	0.22	0.08697	101%-200% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	4	15.00	0.22	0.08330	101%-200% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	12	20.00	0.05	0.09153	26%-50% Below	No	No
59651072099	DICYCLOMINE 20 MG TABLET	12	60.00	0.12	0.09153	26%-50% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	1	90.00	0.02	0.01935	10%-25% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	2	15.00	0.01	0.02094	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072201	CLONAZEPAM 0.5 MG TABLET	3	15.00	0.01	0.02178	51%-75% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.02	0.02178	26%-50% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	3	270.00	0.01	0.02178	51%-75% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	12	10.00	0.01	0.02070	51%-75% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	12	90.00	0.01	0.02070	51%-75% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	12	270.00	0.01	0.02070	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	1	10.00	0.01	0.01935	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.01	0.01935	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.02	0.01935	10%-25% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.03	0.01935	51%-75% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	1	60.00	0.00	0.01935	76%-100% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	1	60.00	0.01	0.01935	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	2	10.00	0.01	0.02094	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.05	0.02094	101%-200% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.01	0.02094	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.07	0.02094	200% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.01	0.02178	51%-75% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.03	0.02178	10%-25% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	12	10.00	0.01	0.02070	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	12	16.00	0.08	0.02070	200% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	12	21.00	0.01	0.02070	26%-50% Below	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.08	0.02070	200% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	12	60.00	0.08	0.02070	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	1	2.00	0.02	0.02768	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	1	30.00	0.01	0.02768	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072301	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	2	45.00	0.02	0.02920	10%-25% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	2	60.00	0.02	0.02920	10%-25% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.03013	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	30.00	0.03	0.03013	10%-25% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	45.00	0.02	0.03013	10%-25% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	60.00	0.02	0.03013	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	90.00	0.01	0.03013	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	4	30.00	0.16	0.02994	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	4	45.00	0.02	0.02994	10%-25% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	12	30.00	0.01	0.02722	26%-50% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	12	90.00	0.01	0.02722	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	1	20.00	0.03	0.02768	10%-25% Above	No	No
59651072399	CLONAZEPAM 1 MG TABLET	1	21.00	0.01	0.02768	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	1	21.00	0.01	0.02768	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	1	60.00	0.01	0.02768	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	1	60.00	0.02	0.02768	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	1	60.00	0.02	0.02768	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	2	21.00	0.01	0.02920	51%-75% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	3	20.00	0.01	0.03013	51%-75% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.03013	51%-75% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	3	40.00	0.01	0.03013	51%-75% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	3	60.00	0.02	0.03013	26%-50% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	4	20.00	0.16	0.02994	200% Above	No	No
59651072399	CLONAZEPAM 1 MG TABLET	4	60.00	0.02	0.02994	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072399	CLONAZEPAM 1 MG TABLET	12	60.00	0.02	0.02722	26%-50% Below	No	No
59651072405	CLONAZEPAM 2 MG TABLET	1	56.00	0.02	0.03636	26%-50% Below	No	No
59651072405	CLONAZEPAM 2 MG TABLET	1	56.00	0.02	0.03636	26%-50% Below	No	No
59651072405	CLONAZEPAM 2 MG TABLET	2	56.00	0.02	0.04014	51%-75% Below	No	No
59651072405	CLONAZEPAM 2 MG TABLET	3	56.00	0.19	0.04329	200% Above	No	No
59651078030	GLIPIZIDE ER 2.5 MG TABLET	3	30.00	0.09	0.11690	10%-25% Below	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	1	180.00	0.19	0.15035	10%-25% Above	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	1	180.00	0.19	0.15035	10%-25% Above	Yes	No
59651078201	GLIPIZIDE ER 10 MG TABLET	2	90.00	0.22	0.15809	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	4	90.00	0.23	0.14820	51%-75% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	12	60.00	0.22	0.14818	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	12	90.00	0.22	0.14818	26%-50% Above	No	No
59651078401	CEPHALEXIN 500 MG TABLET	4	30.00	0.50	2.01909	51%-75% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	4	15.00	0.21	0.08635	101%-200% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	12	30.00	0.01	0.07745	76%-100% Below	No	No
59651084001	GUANFACINE 1 MG TABLET	1	90.00	0.33	0.16966	76%-100% Above	Yes	No
59651085505	METFORMIN HCL 850 MG TABLET	2	60.00	0.02	0.02356	26%-50% Below	Yes	No
59651085505	METFORMIN HCL 850 MG TABLET	3	180.00	0.03	0.02372	10%-25% Above	Yes	No
59651085605	METFORMIN TAB 1000MG	3	90.00	0.02	.		Yes	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	1	6.00	0.23	0.12620	76%-100% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	1	10.00	0.16	0.12620	10%-25% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	1	14.00	0.17	0.12620	26%-50% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	1	28.00	0.17	0.12620	26%-50% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	2	6.00	0.23	0.13765	51%-75% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	2	7.00	0.17	0.13765	10%-25% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 800

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651086701	CIPROFLOXACIN HCL 500 MG TAB	2	10.00	0.18	0.13765	26%-50% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	2	14.00	0.12	0.13765	10%-25% Below	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.17	0.14575	10%-25% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	3	20.00	0.13	0.14575	10%-25% Below	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	3	56.00	0.12	0.14575	10%-25% Below	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.19	0.14325	26%-50% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.51	0.14325	200% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.16	0.12497	10%-25% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	12	20.00	0.16	0.12497	10%-25% Above	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	2	20.00	0.12	0.13765	10%-25% Below	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	3	6.00	0.51	0.14575	200% Above	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.51	0.14575	200% Above	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	3	20.00	0.12	0.14575	10%-25% Below	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	3	28.00	0.12	0.14575	10%-25% Below	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.16	0.12497	10%-25% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.26	0.11419	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.30	0.11419	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.56	0.11419	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.26	0.13230	76%-100% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.55	0.13230	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.57	0.13230	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.15456	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.23	0.11746	76%-100% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.29	0.11746	101%-200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.30	0.11746	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 801

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.44	0.11746	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.55	0.11746	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.56	0.11746	200% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.56	0.11746	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	1	21.00	0.67	0.12332	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	3	21.00	0.44	0.14131	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	3	30.00	0.80	0.14131	200% Above	No	No
59746000106	METHYLPREDNISOLONE 4 MG TABLET	12	21.00	0.71	0.12410	200% Above	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	1	30.00	0.15	0.19046	10%-25% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	1	30.00	0.16	0.19046	10%-25% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	3	30.00	0.10	0.23067	51%-75% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	4	90.00	0.31	0.21726	26%-50% Above	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	12	90.00	0.15	0.18855	10%-25% Below	No	No
59746017306	PREDNISONE 10 MG TABLET	1	7.00	0.01	0.04773	76%-100% Below	No	No
59746017306	PREDNISONE 10 MG TABLET	2	10.00	0.09	0.05399	51%-75% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	2	10.00	0.17	0.05399	200% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	2	39.00	0.09	0.05399	51%-75% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	3	5.00	0.09	0.05827	26%-50% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	3	5.00	0.23	0.05827	200% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	3	6.00	0.21	0.05827	200% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	3	10.00	0.18	0.05827	200% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	4	10.00	0.18	0.05827	200% Above	No	No
59746017306	PREDNISONE 10 MG TABLET	12	5.00	0.02	0.04665	51%-75% Below	No	No
59746017310	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	2	10.00	0.12	0.05399	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 802

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746017310	PREDNISONE 10 MG TABLET	2	30.00	0.13	0.05399	101%-200% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	3	10.00	0.09	0.05827	26%-50% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	4	21.00	0.07	0.05827	10%-25% Above	No	No
59746017310	PREDNISONE 10 MG TABLET	12	10.00	0.11	0.04665	101%-200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	1	3.00	0.10	0.07317	26%-50% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	1	5.00	0.27	0.07317	200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	1	6.00	0.25	0.07317	200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	1	10.00	0.12	0.07317	51%-75% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	2	5.00	0.27	0.07911	200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	2	7.00	0.18	0.07911	101%-200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	2	10.00	0.10	0.07911	26%-50% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	3	5.00	0.04	0.08187	51%-75% Below	No	No
59746017506	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	4	7.00	0.13	0.08127	51%-75% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	4	10.00	0.23	0.08127	101%-200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	12	6.00	0.25	0.07170	200% Above	No	No
59746017506	PREDNISONE 20 MG TABLET	12	10.00	0.12	0.07170	51%-75% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	1	5.00	0.12	0.07317	51%-75% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	1	8.00	0.12	0.07317	51%-75% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	2	7.00	0.09	0.07911	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	2	9.00	0.10	0.07911	26%-50% Above	Yes	No
59746017509	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	No	No
59746017509	PREDNISONE 20 MG TABLET	12	10.00	0.12	0.07170	51%-75% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	1	7.00	0.01	0.01624	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 803

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746017710	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01624	26%-50% Below	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	26%-50% Below	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	51%-75% Below	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.01	0.01774	51%-75% Below	No	No
59746021110	CYCLOBENZAPRINE 5 MG TABLET	2	10.00	0.05	0.02055	101%-200% Above	Yes	No
59746021110	CYCLOBENZAPRINE 5 MG TABLET	2	20.00	0.03	0.02055	26%-50% Above	Yes	No
59746021110	CYCLOBENZAPRINE 5 MG TABLET	2	21.00	0.03	0.02055	10%-25% Above	Yes	No
59746021110	CYCLOBENZAPRINE 5 MG TABLET	3	10.00	0.04	0.02186	101%-200% Above	Yes	No
59746032437	VALACYCLOVIR TAB 500MG	3	30.00	0.16	.		No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.09	0.02706	200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.01	0.02706	26%-50% Below	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.25	0.03031	200% Above	No	No
59746038406	TERAZOSIN 2 MG CAPSULE	1	90.00	0.07	0.13854	26%-50% Below	No	No
59746038406	TERAZOSIN 2 MG CAPSULE	12	30.00	0.10	0.14297	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	1	180.00	0.08	0.14648	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	2	30.00	0.07	0.14773	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	2	90.00	0.07	0.14773	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	2	90.00	0.09	0.14773	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	3	90.00	0.07	0.14918	26%-50% Below	No	No
59746038606	TERAZOSIN 10 MG CAPSULE	2	30.00	0.08	0.16070	51%-75% Below	No	No
59746038606	TERAZOSIN 10 MG CAPSULE	12	90.00	0.09	0.15793	26%-50% Below	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.56	0.30818	76%-100% Above	Yes	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.56	0.30818	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	0.51	0.30818	51%-75% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	30.00	0.56	0.30818	76%-100% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.50	0.32751	51%-75% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.73	0.32751	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	1.25	0.32751	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	0.73	0.32751	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	1.07	0.32751	200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	1.23	0.32751	200% Above	No	No
59746079701	METHENAMINE HIPP 1 GM TABLET	2	60.00	0.62	0.37624	51%-75% Above	No	No
59746079701	METHENAMINE HIPP 1 GM TABLET	3	60.00	0.62	0.39829	51%-75% Above	No	No
59762005501	MEDROXYPROGESTERONE 2.5 MG TAB	4	14.00	0.15	0.11459	26%-50% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	4	14.00	0.23	0.15779	26%-50% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	12	5.00	0.17	0.12926	26%-50% Above	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	2	75.00	0.19	0.24174	10%-25% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	3	75.00	0.21	0.24243	10%-25% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	4	180.00	0.21	0.24342	10%-25% Below	No	No
59762007401	HYDROCORTISONE 10 MG TABLET	12	75.00	0.24	0.22003	10%-25% Above	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	1	120.00	0.19	0.24405	10%-25% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	2	120.00	0.19	0.24529	10%-25% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	3	120.00	0.19	0.24640	10%-25% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	4	120.00	0.19	0.24706	10%-25% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	12	120.00	0.20	0.24679	10%-25% Below	No	No
59762013100	SILVER SULFADIAZINE 1% CREAM	12	20.00	0.09	0.25570	51%-75% Below	No	No
59762013105	SILVER SULFADIAZINE 1% CREAM	12	50.00	0.07	0.13026	26%-50% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	1	2.50	1.41	1.66742	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762033302	LATANOPROST 0.005% EYE DROPS	1	2.50	1.96	1.66742	10%-25% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	1	2.50	3.17	1.66742	76%-100% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	1	7.50	1.19	1.66742	26%-50% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	1	7.50	1.33	1.66742	10%-25% Below	Yes	No
59762033302	LATANOPROST 0.005% EYE DROPS	1	7.50	2.00	1.66742	10%-25% Above	Yes	No
59762033302	LATANOPROST 0.005% EYE DROPS	1	7.50	3.29	1.66742	76%-100% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	1	7.50	3.55	1.66742	101%-200% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	2	2.50	1.19	1.79597	26%-50% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	2	10.00	1.50	1.79597	10%-25% Below	Yes	No
59762033302	LATANOPROST 0.005% EYE DROPS	3	2.50	0.55	1.86544	51%-75% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	3	2.50	2.75	1.86544	26%-50% Above	No	No
59762040101	SUCRALFATE 1 GM TABLET	1	120.00	0.13	0.16605	10%-25% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	2	120.00	0.15	0.17224	10%-25% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	4	120.00	0.15	0.17648	10%-25% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	4	120.00	0.15	0.17648	10%-25% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	1	60.00	0.15	0.16605	10%-25% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	1	60.00	0.20	0.16605	10%-25% Above	No	No
59762040105	SUCRALFATE 1 GM TABLET	2	60.00	0.20	0.17224	10%-25% Above	No	No
59762045001	COLESTIPOL HCL 1 GM TABLET	12	120.00	0.39	0.64507	26%-50% Below	No	No
59762106101	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	30.00	0.20	0.16182	10%-25% Above	No	No
59762219801	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
59762219801	AZITHROMYCIN 250 MG TABLET	1	6.00	0.48	0.32126	26%-50% Above	No	No
59762219801	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
59762219803	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	No	No
59762285801	EXEMESTANE 25 MG TABLET	3	30.00	0.37	0.79872	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762285801	EXEMESTANE 25 MG TABLET	12	90.00	2.17	0.67286	200% Above	No	No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	2	15.00	0.46	0.32488	26%-50% Above	No	No
59762371809	TRIAZOLAM 0.25 MG TABLET	1	1.00	0.20	0.28253	26%-50% Below	No	No
59762371901	ALPRAZOLAM 0.25 MG TABLET	2	45.00	0.01	0.02206	51%-75% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.01	0.02157	26%-50% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.02	0.02270	10%-25% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.01	0.02270	26%-50% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	12	20.00	0.01	0.02038	26%-50% Below	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	12	75.00	0.02	0.02038	10%-25% Below	Yes	No
59762372103	ALPRAZOLAM 1 MG TABLET	1	60.00	0.01	0.02374	26%-50% Below	Yes	No
59762372103	ALPRAZOLAM 1 MG TABLET	2	60.00	0.02	0.02510	26%-50% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	4	60.00	0.13	0.02625	200% Above	Yes	No
59762372104	ALPRAZOLAM 1 MG TABLET	2	30.00	0.02	0.02510	10%-25% Below	No	No
59762372104	ALPRAZOLAM 1 MG TABLET	2	90.00	0.02	0.02510	10%-25% Below	Yes	No
59762372203	ALPRAZOLAM 2 MG TABLET	1	60.00	0.03	0.04196	26%-50% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	2	60.00	0.03	0.04494	26%-50% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	3	60.00	0.03	0.04873	26%-50% Below	No	No
59762372203	ALPRAZOLAM 2 MG TABLET	12	60.00	0.03	0.04204	26%-50% Below	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.23	0.13230	76%-100% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.26	0.13230	76%-100% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.23	0.15456	26%-50% Above	No	No
59762444002	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.57	0.15456	200% Above	No	No
59762444003	METHYLPREDNISOLONE 4 MG TABLET	1	21.00	0.56	0.12332	200% Above	No	No
59762453802	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	13.75	38.52283	51%-75% Below	No	No
59762500005	SULFASALAZINE 500 MG TABLET	4	60.00	0.17	0.18426	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762500005	SULFASALAZINE 500 MG TABLET	4	90.00	0.12	0.18426	26%-50% Below	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	2	2.00	0.99	0.65021	51%-75% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	4	4.00	1.01	0.68223	26%-50% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	1	1.00	1.37	0.62449	101%-200% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	2	1.00	1.37	0.65021	101%-200% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	3	2.00	0.80	0.64322	10%-25% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	3	8.00	0.81	0.64322	26%-50% Above	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	1	40.00	0.84	1.37537	26%-50% Below	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	2	40.00	0.84	1.48172	26%-50% Below	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	3	40.00	0.77	1.57137	51%-75% Below	No	No
59779027408	ASPIRIN LOW CHW 81MG	3	90.00	0.08	.		Yes	No
59779027468	ASPIRIN LOW CHW 81MG	3	90.00	0.02	.		Yes	No
59779074601	NASAL ALLRGY SPR 55MCG/AC	4	16.90	0.22	.		Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	2	90.00	0.28	0.14836	76%-100% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	3	90.00	0.40	0.15996	101%-200% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	3	135.00	0.26	0.15996	51%-75% Above	Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	12	90.00	0.33	0.13884	101%-200% Above	No	No
60219107601	AZATHIOPRINE 50 MG TABLET	12	225.00	0.20	0.13884	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.80	0.99337	10%-25% Below	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.47	0.99337	26%-50% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.64	0.99337	51%-75% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.69	0.99337	51%-75% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.93	0.99337	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	14.00	1.90	0.99337	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	20.00	1.90	0.99337	76%-100% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.49	1.15416	26%-50% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.69	1.15416	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.50	1.20618	10%-25% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.69	1.20618	26%-50% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.69	1.20618	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.90	1.20618	51%-75% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	3.80	1.17706	200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	7.00	1.69	0.91545	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.66	0.91545	76%-100% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.69	0.91545	76%-100% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.69	0.91545	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.90	0.91545	101%-200% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.90	0.91545	101%-200% Above	Yes	No
60219152301	TETRACYCLINE 500 MG CAPSULE	3	56.00	0.38	0.78632	51%-75% Below	No	No
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	3	5.00	10.41	13.37197	10%-25% Below	No	No
60219167501	THIOTHIXENE 5 MG CAPSULE	1	70.00	0.29	1.43632	76%-100% Below	No	No
60219167501	THIOTHIXENE 5 MG CAPSULE	2	60.00	0.17	1.44421	76%-100% Below	No	No
60219167501	THIOTHIXENE 5 MG CAPSULE	3	60.00	0.17	1.45486	76%-100% Below	No	No
60219170501	PREDNISONE 1 MG TABLET	2	120.00	0.12	0.04122	101%-200% Above	No	No
60219170501	PREDNISONE 1 MG TABLET	3	140.00	0.12	0.04221	101%-200% Above	No	No
60219170501	PREDNISONE 1 MG TABLET	12	120.00	0.09	0.04129	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170601	PREDNISONE 5 MG TABLET	1	21.00	0.10	0.04429	101%-200% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	4	28.00	0.13	0.04600	101%-200% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	12	50.00	0.09	0.04351	76%-100% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	1	7.00	0.13	0.04429	101%-200% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	1	10.00	0.09	0.04429	76%-100% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	2	5.00	0.09	0.04743	76%-100% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	2	21.00	0.08	0.04743	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	2	21.00	0.09	0.04743	76%-100% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	2	49.00	0.09	0.04743	76%-100% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	2	60.00	0.09	0.04743	76%-100% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	3	21.00	0.08	0.04819	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	4	30.00	0.12	0.04600	101%-200% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	4	60.00	0.13	0.04600	101%-200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	4	100.00	0.10	0.04600	101%-200% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	12	30.00	0.12	0.04351	101%-200% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	12	60.00	0.10	0.04351	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	1	7.00	0.11	0.04773	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	1	10.00	0.11	0.04773	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	1	10.00	0.14	0.04773	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	1	21.00	0.09	0.04773	76%-100% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	1	25.00	0.11	0.04773	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	2	5.00	0.17	0.05399	200% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	2	21.00	0.09	0.05399	51%-75% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	2	21.00	0.12	0.05399	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 810

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170701	PREDNISONE 10 MG TABLET	2	30.00	0.09	0.05399	51%-75% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	2	30.00	0.09	0.05399	51%-75% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	3	5.00	0.17	0.05827	101%-200% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	3	10.00	0.12	0.05827	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	3	12.00	0.14	0.05827	101%-200% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	3	21.00	0.09	0.05827	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	4	10.00	0.14	0.05827	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	4	21.00	0.14	0.05827	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	12	10.00	0.11	0.04665	101%-200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	12	10.00	0.18	0.04665	200% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	12	18.00	0.12	0.04665	101%-200% Above	Yes	No
60219170705	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	10.00	0.11	0.04773	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	12.00	0.13	0.04773	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	15.00	0.12	0.04773	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	19.00	0.09	0.04773	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	22.00	0.09	0.04773	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	28.00	0.09	0.04773	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	10.00	0.09	0.05399	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	14.00	0.13	0.05399	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	22.00	0.11	0.05399	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	30.00	0.10	0.05399	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	48.00	0.13	0.05399	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	60.00	0.09	0.05399	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	63.00	0.09	0.05399	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 811

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170705	PREDNISONE 10 MG TABLET	3	5.00	0.09	0.05827	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	5.00	0.23	0.05827	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	8.00	0.19	0.05827	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	12.00	0.14	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	14.00	0.16	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	18.00	0.11	0.05827	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	18.00	0.15	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	20.00	0.09	0.05827	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	21.00	0.10	0.05827	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	30.00	0.12	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	37.00	0.09	0.05827	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	60.00	0.12	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	3.00	0.13	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	5.00	0.13	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	8.00	0.15	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	12.00	0.17	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	20.00	0.11	0.05827	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	22.00	0.13	0.05827	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	7.00	0.11	0.04665	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	20.00	0.11	0.04665	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	30.00	0.14	0.04665	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	3.00	0.23	0.07317	200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	1	3.00	0.26	0.07317	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	4.00	0.34	0.07317	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.10	0.07317	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 812

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.12	0.07317	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.23	0.07317	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.25	0.07317	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.28	0.07317	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	6.00	0.18	0.07317	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	1	7.00	0.10	0.07317	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.17	0.07317	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.18	0.07317	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.22	0.07317	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	11.00	0.16	0.07317	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	14.00	0.12	0.07317	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	15.00	0.16	0.07317	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	18.00	0.12	0.07317	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	20.00	0.10	0.07317	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	24.00	0.14	0.07317	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	25.00	0.12	0.07317	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	30.00	0.15	0.07317	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	3.00	0.23	0.07911	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	2	5.00	0.09	0.07911	10%-25% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	5.00	0.22	0.07911	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	6.00	0.12	0.10070	10%-25% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	10.00	0.10	0.07911	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	10.00	0.17	0.07911	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	14.00	0.15	0.07911	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 813

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170801	PREDNISONE 20 MG TABLET	2	18.00	0.10	0.07911	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	3.00	0.23	0.08187	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	3	5.00	0.15	0.08187	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	6.00	0.09	0.08187	10%-25% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.15	0.08187	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.15	0.08187	76%-100% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.17	0.08187	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.19	0.08187	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.19	0.08187	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.22	0.08187	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	12.00	0.15	0.08187	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	5.00	0.20	0.08127	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	5.00	0.23	0.08127	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	10.00	0.15	0.08127	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	10.00	0.15	0.08127	76%-100% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	4	10.00	0.16	0.08127	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	10.00	0.16	0.08127	76%-100% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	12	5.00	0.09	0.07170	10%-25% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	5.00	0.21	0.07170	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	5.00	0.31	0.07170	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	7.00	0.19	0.07170	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	12	8.00	0.18	0.07170	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	10.00	0.17	0.07170	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	10.00	0.17	0.07170	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 814

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170801	PREDNISON 20 MG TABLET	12	10.00	0.22	0.07170	200% Above	No	No
60219170801	PREDNISON 20 MG TABLET	12	14.00	0.17	0.07170	101%-200% Above	No	No
60219170801	PREDNISON 20 MG TABLET	12	24.00	0.12	0.07170	51%-75% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	5.00	0.10	0.07317	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	5.00	0.12	0.07317	51%-75% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	5.00	0.19	0.07317	101%-200% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	5.00	0.20	0.07317	101%-200% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	7.00	0.12	0.07317	51%-75% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	10.00	0.12	0.07317	51%-75% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	10.00	0.18	0.07317	101%-200% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	15.00	0.10	0.07317	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	30.00	0.12	0.07317	51%-75% Above	No	No
60219170805	PREDNISON 20 MG TABLET	1	60.00	0.10	0.07317	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	5.00	0.10	0.07911	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	5.00	0.19	0.07911	101%-200% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	6.00	0.10	0.07911	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	10.00	0.09	0.07911	10%-25% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	10.00	0.10	0.07911	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	10.00	0.15	0.07911	76%-100% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	10.00	0.18	0.07911	101%-200% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	12.00	0.10	0.07911	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	14.00	0.10	0.07911	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	20.00	0.10	0.07911	26%-50% Above	No	No
60219170805	PREDNISON 20 MG TABLET	2	30.00	0.10	0.07911	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 815

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170805	PREDNISONE 20 MG TABLET	2	120.00	0.11	0.07911	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	5.00	0.09	0.08187	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	5.00	0.18	0.08187	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	5.00	0.27	0.08187	200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	5.00	0.29	0.08187	200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	6.00	0.15	0.08187	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	7.00	0.23	0.08187	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	9.00	0.09	0.08187	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	Yes	No
60219170805	PREDNISONE 20 MG TABLET	3	10.00	0.17	0.08187	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	10.00	0.22	0.08187	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	14.00	0.19	0.08187	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	20.00	0.09	0.08187	10%-25% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	60.00	0.03	0.08187	51%-75% Below	No	No
60219170805	PREDNISONE 20 MG TABLET	4	5.00	0.14	0.08127	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	5.00	0.15	0.08127	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	6.00	0.19	0.08127	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	10.00	0.14	0.08127	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	10.00	0.15	0.08127	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	10.00	0.15	0.08127	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	13.00	0.14	0.08127	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	4.00	0.21	0.07170	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	5.00	0.12	0.07170	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	5.00	0.18	0.07170	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 816

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219170805	PREDNISONE 20 MG TABLET	12	5.00	0.19	0.07170	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	5.00	0.23	0.07170	200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	10.00	0.12	0.07170	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	10.00	0.16	0.07170	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	12.00	0.15	0.07170	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	20.00	0.14	0.07170	76%-100% Above	No	No
60219175203	SILDENAFIL 50 MG TABLET	1	30.00	8.20	0.09541	200% Above	No	No
60219175203	SILDENAFIL 50 MG TABLET	2	30.00	6.96	0.10362	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	4	15.00	2.94	0.10963	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	4	30.00	2.94	0.10963	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	1	6.00	6.97	0.13518	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	2	6.00	6.97	0.15303	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	3	10.00	2.70	0.16083	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	3	10.00	6.35	0.16083	200% Above	Yes	No
60219203901	PROCHLORPERAZINE 10 MG TAB	4	30.00	0.18	0.21726	10%-25% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	1	5.00	0.19	0.27120	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	1	5.00	0.20	0.27120	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	1	6.00	0.19	0.27120	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	1	8.00	0.20	0.27120	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	2	5.00	0.08	0.28058	51%-75% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	2	5.00	0.20	0.28058	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	2	12.00	0.17	0.28058	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	3	5.00	0.15	0.30478	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	3	12.00	0.17	0.30478	26%-50% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	12	6.00	0.22	0.28001	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 817

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219204401	DEXAMETHASONE 6 MG TABLET	1	7.00	0.28	0.65248	51%-75% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	1	10.00	0.18	0.29350	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	2	10.00	0.18	0.32244	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	3	12.00	0.17	0.32855	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	12	12.00	0.20	0.30241	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	12	20.00	0.15	0.30241	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	10.00	0.02	0.02332	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	10.00	0.02	0.02332	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	15.00	0.02	0.02332	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	28.00	0.03	0.02332	10%-25% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	30.00	0.02	0.02332	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	40.00	0.02	0.02332	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	60.00	0.02	0.02332	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	90.00	0.02	0.02332	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	7.00	0.02	0.02473	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	12.00	0.02	0.02473	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	20.00	0.02	0.02473	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	60.00	0.02	0.02473	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	90.00	0.01	0.02473	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	7.00	0.01	0.02594	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	15.00	0.07	0.02594	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	20.00	0.07	0.02594	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	21.00	0.01	0.02594	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	24.00	0.07	0.02594	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	28.00	0.04	0.02594	26%-50% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219234801	TRAMADOL HCL 50 MG TABLET	3	28.00	0.07	0.02594	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	30.00	0.07	0.02594	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	60.00	0.01	0.02594	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	25.00	0.10	0.02596	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	30.00	0.10	0.02596	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	60.00	0.10	0.02596	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	90.00	0.10	0.02596	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	120.00	0.02	0.02596	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	12	15.00	0.02	0.02546	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	2	12.00	0.06	0.02473	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	2	90.00	0.02	0.02473	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	4	12.00	0.10	0.02596	200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	4	15.00	0.10	0.02596	200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	4	20.00	0.10	0.02596	200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	4	90.00	0.02	0.02596	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	12	30.00	0.02	0.02546	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	9.00	0.08	0.02332	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	14.00	0.02	0.02332	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	14.00	0.02	0.02332	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	30.00	0.02	0.02332	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	70.00	0.02	0.02332	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	70.00	0.02	0.02332	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	75.00	0.02	0.02332	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	240.00	0.02	0.02332	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	12.00	0.05	0.02473	76%-100% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219234807	TRAMADOL HCL 50 MG TABLET	2	12.00	0.05	0.02473	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	15.00	0.05	0.02473	76%-100% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	20.00	0.02	0.02473	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	20.00	0.03	0.02473	26%-50% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	30.00	0.02	0.02473	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	30.00	0.03	0.02473	26%-50% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	60.00	0.02	0.02473	10%-25% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	180.00	0.01	0.02473	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	180.00	0.02	0.02473	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	5.00	0.10	0.02594	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	7.00	0.01	0.02594	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	16.00	0.01	0.02594	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	20.00	0.01	0.02594	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	26.00	0.10	0.02594	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	30.00	0.01	0.02594	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	70.00	0.01	0.02594	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	75.00	0.02	0.02594	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	84.00	0.02	0.02594	10%-25% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	90.00	0.01	0.02594	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	240.00	0.01	0.02594	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	15.00	0.10	0.02596	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	16.00	0.03	0.02596	10%-25% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	16.00	0.10	0.02596	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	30.00	0.10	0.02596	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	70.00	0.10	0.02596	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219234807	TRAMADOL HCL 50 MG TABLET	12	4.00	0.18	0.02546	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	5.00	0.02	0.02546	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	12.00	0.04	0.02546	51%-75% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	20.00	0.02	0.02546	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	28.00	0.04	0.02546	26%-50% Above	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	60.00	0.02	0.02546	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	60.00	0.02	0.02546	26%-50% Below	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	84.00	0.02	0.02546	26%-50% Below	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	90.00	0.02	0.02546	26%-50% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	1	30.00	0.33	0.11225	101%-200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	1	30.00	0.50	0.11225	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	1	90.00	0.46	0.11225	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	2	30.00	0.50	0.11759	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	2	90.00	0.01	0.11759	76%-100% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	30.00	0.36	0.12820	101%-200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	30.00	0.50	0.12820	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	90.00	0.08	0.12820	26%-50% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	90.00	0.36	0.12820	101%-200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	4	30.00	0.33	0.12987	101%-200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	4	90.00	0.32	0.12987	101%-200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	12	30.00	0.33	0.11584	101%-200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	12	30.00	0.50	0.11584	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	12	90.00	0.08	0.11584	26%-50% Below	No	No
60219592201	PILOCARPINE HCL 5 MG TABLET	12	60.00	0.33	0.26834	10%-25% Above	No	No
60258015001	SF 5000 PLUS CRE 1.1%	1	51.00	0.10	.		No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60258015001	SF 5000 PLUS CRE 1.1%	2	51.00	0.09	.		No	No
60258015001	SF 5000 PLUS CRE 1.1%	2	51.00	0.10	.		No	No
60258015001	SF 5000 PLUS CRE 1.1%	3	51.00	0.10	.		No	No
60258018501	POLY-IRON CAP 150MG	2	90.00	0.12	.		No	No
60429002790	ATENOLOL TAB 25MG	2	90.00	0.02	.		No	No
60429011305	METFORMIN TAB 1000MG	12	90.00	0.03	.		No	No
60429019515	FLUTICASONE SPR 50MCG	1	16.00	0.22	.		No	No
60429019515	FLUTICASONE SPR 50MCG	1	16.00	0.22	.		No	No
60429019515	FLUTICASONE SPR 50MCG	2	16.00	0.22	.		No	No
60429019515	FLUTICASONE SPR 50MCG	8	16.00	0.21	.		No	No
60429092701	BENZONATATE CAP 100MG	2	90.00	0.13	.		No	No
60429092705	BENZONATATE CAP 100MG	2	30.00	0.13	.		No	No
60432003732	LACTULOS ORL SOL 10/15ML	1	150.00	0.00	.		No	No
60432003732	LACTULOS ORL SOL 10/15ML	12	150.00	0.00	.		No	No
60432006500	AMOX-CLAV 250-62.5 MG/5 ML SUS	12	100.00	0.23	0.45227	26%-50% Below	No	No
60505001406	DILT XR 120 MG CAPSULE	1	90.00	0.17	0.33896	26%-50% Below	No	No
60505001506	DILT XR 180 MG CAPSULE	1	90.00	0.23	0.36481	26%-50% Below	Yes	No
60505001506	DILT XR 180 MG CAPSULE	4	90.00	0.41	0.47655	10%-25% Below	Yes	No
60505001606	DILT XR 240 MG CAPSULE	1	90.00	0.31	0.51156	26%-50% Below	No	No
60505001606	DILT XR 240 MG CAPSULE	3	90.00	0.23	0.63994	51%-75% Below	Yes	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	1	60.00	0.17	0.29747	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	3	60.00	0.17	0.28815	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	4	60.00	0.23	0.27460	10%-25% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	12	60.00	0.17	0.30871	26%-50% Below	No	No
60505003901	ETODOLAC 200 MG CAPSULE	12	60.00	0.32	0.28329	10%-25% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505004101	ETODOLAC 400 MG TABLET	2	20.00	0.44	0.26230	51%-75% Above	No	No
60505004101	ETODOLAC 400 MG TABLET	3	20.00	0.41	0.26728	51%-75% Above	No	No
60505008401	PAROXETINE HCL 30 MG TABLET	1	90.00	0.07	0.08737	10%-25% Below	No	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	1	90.00	0.42	0.05819	200% Above	Yes	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	4	90.00	0.31	0.06105	200% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	1	30.00	0.30	0.08898	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	1	30.00	0.45	0.08898	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2	30.00	0.30	0.09407	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	0.66	0.09407	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	3	30.00	0.30	0.09594	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	3	30.00	0.34	0.09594	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	3	90.00	0.27	0.09594	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	4	30.00	0.29	0.09287	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	4	30.00	0.30	0.09287	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	12	30.00	0.30	0.08530	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	12	90.00	0.05	0.08530	26%-50% Below	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	0.38	0.09407	200% Above	No	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	3	90.00	0.31	0.09480	200% Above	Yes	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	3	90.00	0.36	0.09480	200% Above	No	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	12	90.00	0.43	0.08127	200% Above	Yes	No
60505009701	PAROXETINE HCL 10 MG TABLET	1	90.00	0.10	0.06244	51%-75% Above	No	No
60505009701	PAROXETINE HCL 10 MG TABLET	12	90.00	0.11	0.06204	76%-100% Above	No	No
60505013300	CYCLOSPORINE 25 MG CAPSULE	1	60.00	2.15	2.69812	10%-25% Below	No	No
60505013400	CYCLOSPORINE 100 MG CAPSULE	3	60.00	5.66	8.68545	26%-50% Below	Yes	No
60505014100	GLIPIZIDE 5 MG TABLET	1	60.00	0.02	0.02979	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505014100	GLIPIZIDE 5 MG TABLET	1	180.00	0.02	0.02979	10%-25% Below	No	No
60505014100	GLIPIZIDE 5 MG TABLET	2	180.00	0.02	0.03233	26%-50% Below	No	No
60505014100	GLIPIZIDE 5 MG TABLET	3	90.00	0.12	0.03365	200% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	12	60.00	0.01	0.02968	51%-75% Below	No	No
60505014101	GLIPIZIDE 5 MG TABLET	1	180.00	0.01	0.02979	51%-75% Below	No	No
60505014101	GLIPIZIDE 5 MG TABLET	3	15.00	0.07	0.03365	101%-200% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	2	180.00	0.02	0.03233	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	2	180.00	0.03	0.03233	10%-25% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	3	90.00	0.02	0.03365	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	3	120.00	0.02	0.03365	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	12	180.00	0.08	0.02968	101%-200% Above	No	No
60505014200	GLIPIZIDE 10 MG TABLET	1	90.00	0.03	0.04083	10%-25% Below	No	No
60505014200	GLIPIZIDE 10 MG TABLET	3	90.00	0.03	0.04556	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	1	180.00	0.03	0.04083	10%-25% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	2	180.00	0.03	0.04416	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	4	30.00	0.14	0.04561	200% Above	No	No
60505014201	GLIPIZIDE 10 MG TABLET	12	90.00	0.03	0.04167	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	1	30.00	0.00	0.04083	76%-100% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	1	90.00	0.03	0.04083	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	1	180.00	0.03	0.04083	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	2	60.00	0.03	0.04416	26%-50% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	2	90.00	0.03	0.04416	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	3	90.00	0.07	0.04556	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	3	180.00	0.03	0.04556	26%-50% Below	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.06	0.04764	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 824

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.08	0.04764	51%-75% Above	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	2	60.00	0.13	0.05073	101%-200% Above	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.06	0.05073	10%-25% Above	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.06	0.05309	10%-25% Above	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.07	0.05275	10%-25% Above	No	No
60505014602	OMEPRAZOLE DR 40 MG CAPSULE	12	60.00	0.13	0.04805	101%-200% Above	No	No
60505015701	BUPROPION HCL 100 MG TABLET	3	60.00	0.25	0.12584	76%-100% Above	No	No
60505015701	BUPROPION HCL 100 MG TABLET	12	45.00	0.37	0.11456	200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	1	7.00	0.42	0.09267	200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	1	30.00	0.28	0.09267	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	1	30.00	0.32	0.09267	200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	1	30.00	0.40	0.09267	200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	2	45.00	0.25	0.09768	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	3	45.00	0.25	0.10183	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	3	60.00	0.08	0.10183	10%-25% Below	No	No
60505015801	BUPROPION HCL 75 MG TABLET	3	90.00	0.25	0.10183	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	12	30.00	0.40	0.09466	200% Above	No	No
60505016401	FLUVOXAMINE MALEATE 25 MG TAB	3	14.00	0.16	0.19904	10%-25% Below	Yes	No
60505016401	FLUVOXAMINE MALEATE 25 MG TAB	4	30.00	0.16	0.19433	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	2	135.00	0.29	0.24326	10%-25% Above	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	3	135.00	0.28	0.25218	10%-25% Above	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	4	90.00	0.28	0.25130	10%-25% Above	No	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	12	90.00	0.11	0.21989	26%-50% Below	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	2	30.00	0.08	0.05614	26%-50% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	3	30.00	0.08	0.06193	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505016809	PRAVASTATIN SODIUM 10 MG TAB	3	90.00	0.03	0.06193	51%-75% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.09	0.06083	51%-75% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.08	0.06502	26%-50% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.16	0.05565	101%-200% Above	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.09	0.05581	51%-75% Above	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	4	30.00	0.26	0.06658	200% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	1	30.00	0.13	0.07702	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.04	0.07702	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.13	0.07702	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	0.13	0.08403	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.12	0.08403	26%-50% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.13	0.08403	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	0.12	0.08818	26%-50% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.12	0.08818	26%-50% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.17	0.08818	76%-100% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	4	30.00	0.29	0.08709	200% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.05	0.08709	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.29	0.08709	200% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	0.04	0.07609	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	0.22	0.07609	101%-200% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.29	0.08709	200% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	2	60.00	0.17	0.12951	26%-50% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	3	60.00	0.17	0.13844	10%-25% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	1	90.00	0.15	0.06647	101%-200% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	4	90.00	0.25	0.07346	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505024708	MIRTAZAPINE 15 MG TABLET	1	30.00	0.10	0.06647	51%-75% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	1	90.00	0.15	0.06647	101%-200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	1	30.00	0.02	0.03142	26%-50% Below	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	1	120.00	0.02	0.03142	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.01	0.04397	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.02	0.04397	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.02	0.04397	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	7.00	0.02	0.04664	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	45.00	0.02	0.04664	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.02	0.04664	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.03	0.04664	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	7.00	0.02	0.04558	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	40.00	0.03	0.04558	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	270.00	0.02	0.04558	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	4	20.00	0.04	0.04417	10%-25% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.03	0.04417	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.18	0.04417	200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	4	40.00	0.03	0.04417	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	45.00	0.02	0.04042	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	60.00	0.02	0.04042	51%-75% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	60.00	0.02	0.04042	26%-50% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	1	9.00	0.12	0.04397	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.02	0.04397	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.04397	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.03	0.04397	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505025203	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.03	0.04397	26%-50% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.01	0.04664	76%-100% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.02	0.04558	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.18	0.04558	200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.04558	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.03	0.04558	26%-50% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	4	15.00	0.18	0.04417	200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.12	0.04042	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	12	60.00	0.02	0.04042	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.02	0.04042	51%-75% Below	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.12	0.04042	101%-200% Above	No	No
60505025302	CLOPIDOGREL 75 MG TABLET	1	90.00	0.09	0.05723	51%-75% Above	Yes	No
60505025302	CLOPIDOGREL 75 MG TABLET	3	90.00	0.05	0.06179	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	1	60.00	0.25	0.37587	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	2	60.00	0.25	0.35630	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	3	60.00	0.25	0.35509	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	12	60.00	0.25	0.40552	26%-50% Below	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	2	5.00	9.09	1.39675	200% Above	No	No
60505036301	OFLOXACIN 0.3% EAR DROPS	4	10.00	7.08	1.39963	200% Above	No	No
60505036302	OFLOXACIN 0.3% EAR DROPS	1	10.00	8.31	1.22079	200% Above	No	No
60505036302	OFLOXACIN 0.3% EAR DROPS	4	10.00	0.73	1.33871	26%-50% Below	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	5.00	1.91	1.51745	10%-25% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	5.00	1.91	1.51745	26%-50% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	5.00	1.98	1.51745	26%-50% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	5.00	2.44	1.51745	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505056000	OFLOXACIN 0.3% EYE DROPS	2	5.00	1.00	1.65465	26%-50% Below	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	2	5.00	1.91	1.65465	10%-25% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	2	15.00	2.53	1.65465	51%-75% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	3	5.00	0.98	1.70393	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	3	5.00	2.42	1.70393	26%-50% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	3	5.00	2.60	1.70393	51%-75% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	4	5.00	1.51	1.71249	10%-25% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	4	5.00	2.23	1.71249	26%-50% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	12	5.00	1.98	1.51438	26%-50% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	12	5.00	2.00	1.51438	26%-50% Above	No	No
60505056001	OFLOXACIN 0.3% EYE DROPS	1	10.00	2.25	1.02581	101%-200% Above	No	No
60505056001	OFLOXACIN 0.3% EYE DROPS	2	10.00	0.99	1.13685	10%-25% Below	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	2	10.00	2.83	1.13685	101%-200% Above	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	3	10.00	1.74	1.26174	26%-50% Above	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	6	10.00	1.49	1.83494	10%-25% Below	Yes	No
60505057501	OLOPATADINE DRO 0.1%	1	5.00	1.97	.		No	No
60505057804	AZELASTINE HCL 0.05% DROPS	3	6.00	2.64	1.00593	101%-200% Above	Yes	No
60505058901	BRIMONIDINE-TIMOLOL 0.2%-0.5%	3	20.00	8.97	6.31553	26%-50% Above	Yes	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	1	2.50	5.25	12.16952	51%-75% Below	No	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	2	2.50	6.91	13.19668	26%-50% Below	No	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	3	2.50	6.91	13.78764	26%-50% Below	No	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	12	2.50	7.04	12.56446	26%-50% Below	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	1	30.00	1.30	0.50976	101%-200% Above	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	2	30.00	0.40	0.55062	26%-50% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	1	15.00	1.22	0.99676	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505082701	IPRATROPIUM 0.06% SPRAY	2	15.00	0.33	1.09407	51%-75% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	3	15.00	0.60	1.12242	26%-50% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	3	15.00	0.95	1.12242	10%-25% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	3	15.00	1.00	1.12242	10%-25% Below	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	12	15.00	2.23	0.97944	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	1.00	0.22	0.43233	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.11	0.43233	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.22	0.43233	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.22	0.43233	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.31	0.43233	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.53	0.43233	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.54	0.43233	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.54	0.43233	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.55	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.56	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.56	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.58	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.58	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.60	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.67	0.43233	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.69	0.43233	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.75	0.43233	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.79	0.43233	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	48.00	0.56	0.43233	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.10	0.44945	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.11	0.44945	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.13	0.44945	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.22	0.44945	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.31	0.44945	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.54	0.44945	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.55	0.44945	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.56	0.44945	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.58	0.44945	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.58	0.44945	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.60	0.44945	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.62	0.44945	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.63	0.44945	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.63	0.44945	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.66	0.44945	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.67	0.44945	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.68	0.44945	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.69	0.44945	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.75	0.44945	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	32.00	0.10	0.44945	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	32.00	0.53	0.44945	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	0.22	0.44945	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.10	0.46041	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.22	0.46041	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.31	0.46041	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.31	0.46041	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.52	0.46041	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.54	0.46041	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.55	0.46041	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.56	0.46041	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.56	0.46041	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.46041	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.46041	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.63	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.63	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.66	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.67	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.68	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.69	0.46041	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.22	0.46041	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.22	0.46261	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.52	0.46261	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.54	0.46261	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.55	0.46261	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.56	0.46261	10%-25% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.56	0.46261	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.58	0.46261	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.58	0.46261	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.63	0.46261	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.63	0.46261	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.63	0.46261	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.67	0.46261	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.68	0.46261	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	0.22	0.46261	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	0.56	0.46261	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	48.00	0.58	0.46261	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.20	0.42692	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.22	0.42692	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.31	0.42692	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.53	0.42692	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.55	0.42692	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.56	0.42692	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.58	0.42692	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.60	0.42692	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.62	0.42692	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.62	0.42692	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.63	0.42692	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.69	0.42692	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.73	0.42692	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	48.00	0.66	0.42692	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 833

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505083001	MOMETASONE FUROATE 50 MCG SPRY	1	17.00	0.93	1.72893	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	1	17.00	3.55	1.72893	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	1	17.00	4.18	1.72893	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	2	17.00	0.99	1.72696	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	2	17.00	3.55	1.72696	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	3	17.00	0.99	1.71509	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	3	17.00	1.18	1.71509	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	3	17.00	3.23	1.71509	76%-100% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	4	17.00	0.89	1.69162	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	12	17.00	0.93	1.79213	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	12	17.00	4.18	1.79213	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	12	17.00	5.27	1.79213	101%-200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.33	0.26318	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.37	0.26318	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.43	0.26318	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.50	0.26318	76%-100% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.50	0.26318	76%-100% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.98	0.26318	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	1.04	0.26318	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	1.05	0.26318	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.33	0.28432	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.33	0.28432	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.37	0.28432	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.50	0.28432	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.33	0.29902	10%-25% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.34	0.29902	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.50	0.29902	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.88	0.29902	101%-200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	90.00	0.34	0.29902	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.16	0.29366	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.34	0.29366	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.50	0.29366	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.33	0.25753	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.43	0.25753	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.50	0.25753	76%-100% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	90.00	0.43	0.25753	51%-75% Above	No	No
60505084505	OLOPATADINE 665 MCG NASAL SPRY	3	30.50	0.49	0.97633	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	1.72	3.11876	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	2.49	3.11876	10%-25% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	2.75	3.11876	10%-25% Below	Yes	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	4.16	3.11876	26%-50% Above	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	2	23.00	1.58	3.15474	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	0.87	3.19374	51%-75% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	1.58	3.19374	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	3	69.00	2.67	3.19374	10%-25% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	1.76	3.22203	26%-50% Below	No	No
60505100302	KETOROLAC 0.5% OPTH SOLUTION	2	10.00	1.80	1.12444	51%-75% Above	No	No
60505100602	BROMFENAC SODIUM 0.07% EYE DRP	4	3.00	59.07	17.13376	200% Above	No	No
60505131703	PAROXETINE CR 25 MG TABLET	3	90.00	1.74	0.42784	200% Above	No	No
60505131803	PAROXETINE CR 37.5 MG TABLET	1	180.00	1.96	0.44141	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505132101	MIDODRINE HCL 5 MG TABLET	12	90.00	0.63	0.12304	200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	2	30.00	0.01	0.15693	76%-100% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	3	30.00	0.01	0.16524	76%-100% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	3	90.00	0.01	0.16524	76%-100% Below	No	No
60505132501	MIDODRINE HCL 10 MG TABLET	2	60.00	0.33	0.21902	51%-75% Above	No	No
60505132501	MIDODRINE HCL 10 MG TABLET	3	60.00	0.33	0.21576	51%-75% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	1	30.00	0.01	0.02562	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02562	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	1	90.00	0.08	0.02562	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02726	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	2	90.00	0.01	0.02726	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02830	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	3	30.00	0.12	0.02830	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	30.00	0.01	0.02791	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	30.00	0.14	0.02791	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	12	30.00	0.01	0.02573	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	12	60.00	0.01	0.02573	76%-100% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03178	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	1	30.00	0.10	0.03178	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03178	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.03400	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505257908	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.03496	76%-100% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	90.00	0.55	0.03496	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	30.00	0.55	0.03419	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	90.00	0.04	0.03419	10%-25% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	30.00	0.01	0.03166	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	30.00	0.10	0.03166	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	90.00	0.04	0.03166	10%-25% Above	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	12	90.00	0.10	0.03166	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	90.00	0.16	0.03166	200% Above	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03178	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	1	90.00	0.09	0.03178	101%-200% Above	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	2	90.00	0.04	0.03400	10%-25% Above	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.03419	76%-100% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.03419	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	12	90.00	0.09	0.03166	101%-200% Above	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	12	90.00	0.10	0.03166	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	30.00	0.08	0.04591	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	30.00	0.10	0.04591	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	30.00	0.17	0.04591	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 837

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505258008	ATORVASTATIN 40 MG TABLET	1	30.00	0.19	0.04591	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	90.00	0.01	0.04591	51%-75% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	90.00	0.10	0.04591	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	51%-75% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	30.00	0.17	0.04677	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	30.00	0.17	0.04677	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	51%-75% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04677	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	90.00	0.16	0.04677	200% Above	Yes	No
60505258008	ATORVASTATIN 40 MG TABLET	3	30.00	0.08	0.04768	51%-75% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	30.00	0.17	0.04768	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	90.00	0.01	0.04768	76%-100% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	30.00	0.24	0.04653	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	90.00	0.02	0.04653	51%-75% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	90.00	0.15	0.04653	200% Above	Yes	No
60505258008	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	30.00	0.01	0.04678	51%-75% Below	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	30.00	0.10	0.04678	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	30.00	0.17	0.04678	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	30.00	0.19	0.04678	200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 838

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505258009	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	Yes	No
60505258009	ATORVASTATIN 40 MG TABLET	12	90.00	0.09	0.04678	76%-100% Above	Yes	No
60505258009	ATORVASTATIN 40 MG TABLET	12	90.00	0.14	0.04678	101%-200% Above	Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	1	30.00	0.12	.		No	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	1	30.00	0.14	.		No	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	1	45.00	0.11	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	1	45.00	0.13	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	1	90.00	0.14	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	2	90.00	0.11	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	2	90.00	0.13	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	3	30.00	0.11	.		No	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	3	90.00	0.11	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	4	90.00	0.17	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	4	90.00	0.18	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	12	90.00	0.10	.		Yes	No
60505265601	TRIAMT/HCTZ TAB 37.5-25	12	90.00	0.13	.		Yes	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.11	0.07823	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.11	0.08485	26%-50% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.11	0.09475	10%-25% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.11	0.09544	10%-25% Above	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	12	30.00	0.12	0.08119	26%-50% Above	No	No
60505265701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	2	90.00	0.14	0.10613	26%-50% Above	Yes	No
60505265705	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	2	90.00	0.12	0.10613	10%-25% Above	No	No
60505265705	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	12	90.00	0.11	0.09730	10%-25% Above	No	No
60505265901	TRAZODONE 300 MG TABLET	1	30.00	0.99	0.74917	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505267108	ATORVASTATIN 80 MG TABLET	1	30.00	0.11	0.07532	51%-75% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	1	90.00	0.10	0.07532	26%-50% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	2	30.00	0.17	0.08222	101%-200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	2	90.00	0.15	0.08222	76%-100% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	4	90.00	0.26	0.08502	200% Above	No	No
60505267108	ATORVASTATIN 80 MG TABLET	12	30.00	0.15	0.07506	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	2	30.00	0.10	0.08222	10%-25% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	2	90.00	0.17	0.08222	101%-200% Above	Yes	No
60505283303	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	0.34	0.54802	26%-50% Below	No	No
60505283303	ATOMOXETINE HCL 40 MG CAPSULE	12	30.00	0.36	0.56604	26%-50% Below	No	No
60505309702	RISEDRONATE SODIUM 150 MG TAB	3	3.00	46.07	17.99033	101%-200% Above	Yes	No
60505327503	OLANZAPINE ODT 5 MG TABLET	3	90.00	0.09	0.30306	51%-75% Below	No	No
60505327503	OLANZAPINE ODT 5 MG TABLET	12	90.00	0.18	0.29488	26%-50% Below	No	No
60505348903	AMLODIPINE-ATORVAST 10-40 MG	2	30.00	0.66	1.43385	51%-75% Below	No	No
60505348903	AMLODIPINE-ATORVAST 10-40 MG	3	30.00	0.66	1.39634	51%-75% Below	No	No
60505361405	VARENICLINE 1 MG TABLET	1	56.00	1.43	0.59705	101%-200% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	1	60.00	1.43	0.59705	101%-200% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	2	60.00	1.43	0.59358	101%-200% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	2	180.00	1.43	0.59358	101%-200% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	3	60.00	1.43	0.58443	101%-200% Above	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	1	30.00	0.36	0.15761	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	1	30.00	0.50	0.15761	200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	2	30.00	0.31	0.16515	76%-100% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	2	30.00	0.50	0.16515	200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	3	30.00	0.28	0.17519	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505392701	GUANFACINE HCL ER 1 MG TABLET	3	30.00	0.50	0.17519	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	4	30.00	0.35	0.17465	101%-200% Above	No	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	1	30.00	0.31	0.18254	51%-75% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	1	30.00	0.36	0.18254	76%-100% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	2	30.00	0.31	0.19234	51%-75% Above	Yes	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	3	30.00	0.50	0.20445	101%-200% Above	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	1	30.00	0.33	0.16994	76%-100% Above	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	1	90.00	0.42	0.16994	101%-200% Above	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	2	30.00	0.27	0.17814	51%-75% Above	Yes	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	3	30.00	0.25	0.18823	26%-50% Above	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	120.00	0.30	0.65519	51%-75% Below	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	120.00	0.37	0.65519	26%-50% Below	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	120.00	0.42	0.65519	26%-50% Below	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	120.00	0.30	0.67402	51%-75% Below	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	120.00	0.37	0.67402	26%-50% Below	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	120.00	0.30	0.66378	51%-75% Below	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	120.00	0.37	0.66378	26%-50% Below	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	360.00	0.34	0.66378	26%-50% Below	No	No
60505403301	ICOSAPENT ETHYL 1 GRAM CAPSULE	12	120.00	0.40	0.67224	26%-50% Below	No	No
60505437203	VILAZODONE HCL 10 MG TABLET	3	15.00	1.22	1.04549	10%-25% Above	Yes	No
60505437203	VILAZODONE HCL 10 MG TABLET	4	45.00	1.22	1.04482	10%-25% Above	Yes	No
60505437203	VILAZODONE HCL 10 MG TABLET	4	60.00	1.22	1.04482	10%-25% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	3	90.00	1.22	0.92785	26%-50% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	1	30.00	0.58	0.98323	26%-50% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	1	30.00	1.22	0.98323	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505437403	VILAZODONE HCL 40 MG TABLET	1	30.00	3.31	0.98323	200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	1	60.00	0.58	0.98323	26%-50% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	1	90.00	0.70	0.98323	26%-50% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	2	30.00	1.22	1.04159	10%-25% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	2	30.00	2.81	1.04159	101%-200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	2	90.00	2.56	1.04159	101%-200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	3	30.00	0.57	1.06187	26%-50% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	3	30.00	2.56	1.06187	101%-200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	4	15.00	4.23	1.07546	200% Above	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	12	30.00	1.22	0.98622	10%-25% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	12	30.00	3.31	0.98622	200% Above	Yes	No
60505464303	PRASUGREL 10 MG TABLET	1	30.00	0.23	0.26224	10%-25% Below	No	No
60505464303	PRASUGREL 10 MG TABLET	2	30.00	0.23	0.28505	10%-25% Below	No	No
60505464303	PRASUGREL 10 MG TABLET	3	30.00	0.23	0.29526	10%-25% Below	No	No
60505464303	PRASUGREL 10 MG TABLET	3	30.00	1.82	0.29526	200% Above	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	2	15.00	2.70	4.08974	26%-50% Below	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	7.86	3.87585	101%-200% Above	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	7.86	4.13384	76%-100% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	1.02	4.88566	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	2	60.00	8.00	4.44837	76%-100% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	1.44	4.26195	51%-75% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	3	60.00	8.00	4.26195	76%-100% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	1.02	5.35557	76%-100% Below	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	1.79	5.11443	51%-75% Below	Yes	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	1.79	4.88006	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	8.00	4.88006	51%-75% Above	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	1.79	4.77768	51%-75% Below	Yes	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	1.79	4.52741	51%-75% Below	Yes	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	1.79	4.84969	51%-75% Below	Yes	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	4.34	4.84969	10%-25% Below	No	No
60505475501	CLORAZEPATE 7.5 MG TABLET	1	60.00	1.33	1.15158	10%-25% Above	No	No
60505477303	VILAZODONE HCL 20 MG TABLET	12	30.00	3.31	0.84739	200% Above	No	No
60505615005	CEFTRIAXONE INJ 10GM	3	2.00	255.32	.		No	No
60505615005	CEFTRIAXONE INJ 10GM	4	2.00	255.32	.		No	No
60505625101	DEXAMETHASONE 1 MG TABLET	4	1.00	0.69	0.18699	200% Above	No	No
60505625301	DEXAMETHASONE 2 MG TABLET	2	7.00	0.20	0.32244	26%-50% Below	No	No
60505625301	DEXAMETHASONE 2 MG TABLET	12	7.00	0.20	0.30241	26%-50% Below	No	No
60505625301	DEXAMETHASONE 2 MG TABLET	12	15.00	0.16	0.30241	26%-50% Below	No	No
60505625401	DEXAMETHASONE 4 MG TABLET	1	7.00	0.19	0.27120	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	1	5.00	3.00	4.80516	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	1	5.00	3.22	4.80516	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	1	5.00	3.22	4.80516	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	1	5.00	4.06	4.80516	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	1	5.00	6.58	4.80516	26%-50% Above	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	5.00	1.00	5.21596	76%-100% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	5.00	3.22	5.21596	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	5.00	3.70	5.21596	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	10.00	4.06	5.21596	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	10.00	7.30	5.21596	26%-50% Above	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	3	5.00	3.22	5.34364	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60758011905	PREDNISOLONE AC 1% EYE DROP	3	10.00	3.70	5.34364	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	4	5.00	3.22	5.18256	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	4	10.00	3.60	5.18256	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	12	5.00	3.00	4.78445	26%-50% Below	No	No
60758011910	PREDNISOLONE AC 1% EYE DROP	3	10.00	3.56	5.25392	26%-50% Below	Yes	No
60758011915	PREDNISOLONE AC 1% EYE DROP	4	15.00	3.59	4.69487	10%-25% Below	Yes	No
60758077305	KETOROLAC 0.4% OPTH SOLUTION	1	5.00	6.15	11.45503	26%-50% Below	No	No
60758077305	KETOROLAC 0.4% OPTH SOLUTION	4	5.00	6.14	11.75029	26%-50% Below	Yes	No
60758080110	TIMOLOL MALEATE 0.5% EYE DROPS	12	10.00	0.53	0.77709	26%-50% Below	No	No
60793085101	LEVOXYL 50 MCG TABLET	2	90.00	0.57	0.81619	26%-50% Below	No	No
60793085301	LEVOXYL 88 MCG TABLET	1	90.00	0.19	0.91899	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	1	90.00	0.43	4.21306	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	2	30.00	0.47	4.21306	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	3	30.00	0.47	4.21142	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	4	30.00	0.47	4.20907	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	4	90.00	0.83	4.20907	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	12	30.00	0.47	4.21383	76%-100% Below	Yes	No
60846080501	UNITHROID 100 MCG TABLET	1	90.00	0.39	4.22595	76%-100% Below	Yes	No
60846080801	UNITHROID 137 MCG TABLET	2	90.00	0.43	4.24036	76%-100% Below	Yes	No
60846081001	UNITHROID 175 MCG TABLET	1	90.00	3.08	4.24853	26%-50% Below	No	No
60846081001	UNITHROID 175 MCG TABLET	4	90.00	0.42	4.24845	76%-100% Below	No	No
61269050906	PULMICORT 90 MCG FLEXHALER	1	1.00	0.01	189.53949	76%-100% Below	No	No
61314012605	KETOROLAC 0.5% OPTH SOLUTION	1	5.00	1.79	1.29471	26%-50% Above	No	No
61314012605	KETOROLAC 0.5% OPTH SOLUTION	2	5.00	1.64	1.39066	10%-25% Above	Yes	No
61314014315	BRIMONIDINE 0.2% EYE DROP	2	15.00	0.42	0.49940	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314014315	BRIMONIDINE 0.2% EYE DROP	3	15.00	0.73	0.52466	26%-50% Above	No	No
61314014315	BRIMONIDINE 0.2% EYE DROP	3	45.00	0.38	0.52466	26%-50% Below	Yes	No
61314022605	TIMOLOL MALEATE 0.25% EYE DROP	3	5.00	0.29	0.66834	51%-75% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	2	5.00	0.84	1.10155	10%-25% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	2	10.00	0.55	1.10155	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	3	5.00	0.49	1.12563	51%-75% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	3	5.00	0.87	1.12563	10%-25% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	4	10.00	1.52	1.11517	26%-50% Above	No	No
61314022710	TIMOLOL MALEATE 0.5% EYE DROPS	2	10.00	0.69	0.83544	10%-25% Below	No	No
61314022710	TIMOLOL MALEATE 0.5% EYE DROPS	3	10.00	0.43	0.87699	51%-75% Below	No	No
61314022710	TIMOLOL MALEATE 0.5% EYE DROPS	12	10.00	0.53	0.77709	26%-50% Below	No	No
61314022715	TIMOLOL MALEATE 0.5% EYE DROPS	2	30.00	0.50	0.84015	26%-50% Below	Yes	No
61314023710	CROMOLYN 4% EYE DROPS	3	10.00	0.45	0.55355	10%-25% Below	No	No
61314023710	CROMOLYN 4% EYE DROPS	4	10.00	0.46	0.54215	10%-25% Below	Yes	No
61314039601	CYCLOPENTOLATE 1% EYE DROPS	1	2.00	2.65	2.29453	10%-25% Above	Yes	No
61314054701	LATANOPROST 0.005% EYE DROPS	1	2.50	1.19	1.66742	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	1	2.50	1.41	1.66742	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	1	2.50	2.99	1.66742	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	1	2.50	3.17	1.66742	76%-100% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	1	7.50	1.98	1.66742	10%-25% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	2	2.50	1.09	1.79597	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	2	7.50	1.09	1.79597	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	2	7.50	1.19	1.79597	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	2	10.00	1.19	1.79597	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	2	10.00	2.25	1.79597	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314054701	LATANOPROST 0.005% EYE DROPS	3	2.50	1.09	1.86544	26%-50% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	3	2.50	2.75	1.86544	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	3	2.50	2.99	1.86544	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	4	7.50	4.64	1.81881	101%-200% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	2.50	1.41	1.63828	10%-25% Below	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	2.50	2.41	1.63828	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	7.50	3.17	1.63828	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	1	10.00	0.88	0.43544	101%-200% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.69	0.46083	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.75	0.46083	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.92	0.46083	76%-100% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.75	0.48670	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.75	0.48097	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.80	0.48097	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	12	10.00	0.64	0.44777	26%-50% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	2.84	1.84505	51%-75% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	1	10.00	2.08	1.84505	10%-25% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	2.08	1.84997	10%-25% Above	No	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	1	3.50	1.77	2.46230	26%-50% Below	Yes	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	1	3.50	2.00	2.46230	10%-25% Below	No	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	1	3.50	2.88	2.46230	10%-25% Above	Yes	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	1	3.50	3.62	2.46230	26%-50% Above	Yes	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	2	3.50	3.62	2.75327	26%-50% Above	Yes	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	4	3.50	2.58	2.98801	10%-25% Below	No	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	12	3.50	1.77	2.46962	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	12	3.50	2.88	2.46962	10%-25% Above	Yes	No
61314063305	GENTAMICIN 0.3% EYE DROP	1	5.00	1.16	0.59219	76%-100% Above	No	No
61314063305	GENTAMICIN 0.3% EYE DROP	1	5.00	1.95	0.59219	200% Above	Yes	No
61314063305	GENTAMICIN 0.3% EYE DROP	3	5.00	1.82	0.67162	101%-200% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	1	5.00	4.06	4.80516	10%-25% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	2	5.00	2.98	5.21596	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	2	5.00	4.06	5.21596	10%-25% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	3	5.00	3.70	5.34364	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	12	5.00	3.98	4.78445	10%-25% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	1	10.00	3.22	4.58817	26%-50% Below	Yes	No
61314063710	PREDNISOLONE AC 1% EYE DROP	2	10.00	2.38	5.00875	51%-75% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	2	10.00	3.91	5.00875	10%-25% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	3	10.00	3.56	5.25392	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	4	10.00	3.60	5.05917	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	12	10.00	2.52	4.57645	26%-50% Below	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	1	5.00	1.36	0.99926	26%-50% Above	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	1	5.00	1.85	0.99926	76%-100% Above	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	1	5.00	1.85	0.99926	76%-100% Above	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	2	5.00	2.02	1.05297	76%-100% Above	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	4	5.00	1.26	1.08040	10%-25% Above	Yes	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	12	10.00	2.71	4.41707	26%-50% Below	No	No
61314064610	NEO/POLY/HC SOL 1% OTIC	12	10.00	2.23	.		No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	7.62	4.62805	51%-75% Above	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	10.00	1.50	4.62805	51%-75% Below	No	No
61314064705	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.00	9.85	4.23609	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314064710	TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	10.00	8.36	4.43513	76%-100% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	1	5.00	1.00	1.46187	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	1	5.00	1.70	1.46187	10%-25% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2	5.00	1.03	1.57752	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2	5.00	1.21	1.57752	10%-25% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	3	5.00	0.94	1.61235	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	12	5.00	1.68	1.50086	10%-25% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	1	30.00	0.10	0.08234	10%-25% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.15	0.08353	76%-100% Above	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.05	0.08234	26%-50% Below	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.14	0.08234	51%-75% Above	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.14	0.08864	51%-75% Above	No	No
61442010305	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.05	0.09276	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	1	30.00	0.17	0.08234	101%-200% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.06	0.08234	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	1	180.00	0.12	0.08234	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.05	0.09276	26%-50% Below	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.13	0.09276	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.13	0.09235	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.20	0.09235	101%-200% Above	No	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	1	40.00	0.06	0.08234	26%-50% Below	No	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	3	30.00	0.15	0.09276	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61442010360	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.13	0.09235	26%-50% Above	Yes	No
61442011605	GLIMEPIRIDE 2 MG TABLET	1	90.00	0.09	0.03086	101%-200% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	1	60.00	0.04	0.02934	26%-50% Above	No	No
61442012110	FAMOTIDINE 20 MG TABLET	3	180.00	0.04	0.03313	10%-25% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	1	30.00	0.08	0.05152	51%-75% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	1	30.00	0.09	0.05152	76%-100% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	1	90.00	0.16	0.05152	200% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	2	30.00	0.08	0.05417	51%-75% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	3	30.00	0.08	0.05597	26%-50% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05597	76%-100% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	1	30.00	0.06	0.04197	26%-50% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	1	30.00	0.07	0.04197	51%-75% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	2	30.00	0.06	0.04491	26%-50% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	3	30.00	0.06	0.04854	10%-25% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	4	30.00	0.31	0.04823	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	12	30.00	0.07	0.04038	76%-100% Above	No	No
61442014301	LOVASTATIN 40 MG TABLET	1	90.00	0.02	0.04937	51%-75% Below	No	No
61442014310	LOVASTATIN 40 MG TABLET	12	90.00	0.44	0.04995	200% Above	No	No
61703035009	METHOTREXATE INJ 25MG/ML	1	4.00	2.44	.		No	No
61703035009	METHOTREXATE INJ 25MG/ML	3	4.00	2.44	.		No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	2	4.00	2.44	3.08414	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	3	4.00	2.44	3.09087	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	4	4.00	2.44	3.02088	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	12	4.00	2.49	3.09488	10%-25% Below	No	No
62011028501	ALL DAY ALLG SOL 5MG/5ML	1	300.00	0.04	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62037059790	CARTIA XT 120 MG CAPSULE	3	60.00	0.12	0.15214	10%-25% Below	No	No
62037059890	CARTIA XT 180 MG CAPSULE	4	30.00	0.30	0.18692	51%-75% Above	No	No
62037059905	CARTIA XT 240 MG CAPSULE	3	30.00	0.19	0.22221	10%-25% Below	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	1	30.00	5.45	0.60671	200% Above	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	1	30.00	5.55	0.60671	200% Above	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	2	30.00	0.50	0.64151	10%-25% Below	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	2	30.00	5.45	0.64151	200% Above	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	3	30.00	0.50	0.68560	26%-50% Below	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	4	30.00	0.50	0.71558	26%-50% Below	No	No
62037072501	METHYLPHENIDATE ER 18 MG TAB	12	30.00	5.55	0.61380	200% Above	No	No
62037072601	METHYLPHENIDATE ER 36 MG TAB	3	30.00	5.76	0.80847	200% Above	No	No
62037072701	METHYLPHENIDATE ER 54 MG TAB	2	30.00	6.27	0.81552	200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	3	30.00	5.59	0.70515	200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	3	60.00	5.59	0.70515	200% Above	No	No
62135005747	CETIRIZINE SOL 1MG/ML	1	120.00	0.04	.		No	No
62135021001	FOLIC ACID 1 MG TABLET	1	60.00	0.01	0.02086	26%-50% Below	No	No
62135021010	FOLIC ACID 1 MG TABLET	12	90.00	0.01	0.02077	26%-50% Below	No	No
62175026055	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.25	0.11652	101%-200% Above	No	No
62175026237	NIFEDIPINE ER 90 MG TABLET	1	90.00	0.26	0.20562	10%-25% Above	No	No
62175026237	NIFEDIPINE ER 90 MG TABLET	4	90.00	0.62	0.24463	101%-200% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	2	30.00	0.29	0.23146	26%-50% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	12	30.00	0.35	0.19796	51%-75% Above	No	No
62175047032	PAROXETINE ER 12.5 MG TABLET	2	90.00	1.83	0.46658	200% Above	Yes	No
62175048537	VERAPAMIL ER PM 100 MG CAPSULE	1	90.00	3.24	4.05258	10%-25% Below	No	No
62175048537	VERAPAMIL ER PM 100 MG CAPSULE	4	69.00	0.01	4.27810	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	0.03	0.03310	10%-25% Below	No	No
62175061743	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.07	0.04069	76%-100% Above	No	No
62175089143	ATORVASTATIN TAB 20MG	2	30.00	0.01	.		No	No
62175089143	ATORVASTATIN TAB 20MG	3	30.00	0.01	.		No	No
62175089143	ATORVASTATIN TAB 20MG	12	30.00	0.01	.		No	No
62332000131	FAMOTIDINE 20 MG TABLET	2	90.00	0.02	0.03188	26%-50% Below	Yes	No
62332000191	FAMOTIDINE 20 MG TABLET	1	60.00	0.02	0.02934	10%-25% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	1	60.00	0.05	0.02934	51%-75% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	1	90.00	0.04	0.02934	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	1	180.00	0.02	0.02934	26%-50% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	1	180.00	0.02	0.02934	10%-25% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	2	60.00	0.01	0.03188	51%-75% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03188	10%-25% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	2	60.00	0.05	0.03188	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	14.00	0.02	0.03313	26%-50% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	30.00	0.04	0.03313	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	30.00	0.05	0.03313	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	60.00	0.02	0.03313	26%-50% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	4	20.00	0.06	0.03173	51%-75% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	4	60.00	0.02	0.03173	26%-50% Below	No	No
62332000191	FAMOTIDINE 20 MG TABLET	12	60.00	0.08	0.02888	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	12	180.00	0.08	0.02888	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	1	30.00	0.13	0.05152	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332000231	FAMOTIDINE 40 MG TABLET	1	60.00	0.09	0.05152	76%-100% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	1	60.00	0.14	0.05152	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	1	90.00	0.08	0.05152	26%-50% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	1	180.00	0.14	0.05152	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	2	30.00	0.07	0.05417	26%-50% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	2	30.00	0.08	0.05417	26%-50% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	2	90.00	0.08	0.05417	26%-50% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	26%-50% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	3	30.00	0.13	0.05597	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	3	30.00	0.13	0.05597	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	3	90.00	0.07	0.05597	26%-50% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	4	30.00	0.23	0.05508	200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05508	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	4	90.00	0.13	0.05508	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	12	30.00	0.09	0.05230	51%-75% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	12	30.00	0.12	0.05230	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	12	90.00	0.09	0.05230	51%-75% Above	No	No
62332000271	FAMOTIDINE 40 MG TABLET	1	180.00	0.14	0.05152	101%-200% Above	No	No
62332000271	FAMOTIDINE 40 MG TABLET	2	90.00	0.07	0.05417	26%-50% Above	No	No
62332000271	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	26%-50% Above	No	No
62332000271	FAMOTIDINE 40 MG TABLET	4	180.00	0.14	0.05508	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	1	30.00	0.15	0.05152	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	1	90.00	0.14	0.05152	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	2	30.00	0.07	0.05417	26%-50% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	2	30.00	0.15	0.05417	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332000291	FAMOTIDINE 40 MG TABLET	2	60.00	0.14	0.05417	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	2	90.00	0.14	0.05417	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	26%-50% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	3	30.00	0.23	0.05597	200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	3	60.00	0.14	0.05597	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	4	60.00	0.14	0.05508	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	12	30.00	0.03	0.05230	26%-50% Below	No	No
62332000291	FAMOTIDINE 40 MG TABLET	12	60.00	0.14	0.05230	101%-200% Above	No	No
62332001771	METRONIDAZOLE 500 MG TABLET	1	30.00	0.39	0.09121	200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.08	0.05872	26%-50% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.13	0.05872	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.09	0.05872	51%-75% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.08	0.06602	10%-25% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.13	0.06602	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.08	0.06602	10%-25% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.13	0.06815	76%-100% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.18	0.06815	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.22	0.06815	200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.19	0.06758	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.13	0.05938	101%-200% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.01	0.02706	26%-50% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.07	0.02706	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	45.00	0.09	0.02706	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	60.00	0.08	0.02706	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.01	0.02706	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 853

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02706	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.07	0.02706	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.07	0.02706	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.08	0.02706	101%-200% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.08	0.02706	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.09	0.02706	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	15.00	0.09	0.02921	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	23.00	0.07	0.02921	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.01	0.02921	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.08	0.02921	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.09	0.02921	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	60.00	0.08	0.02921	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.06	0.02921	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	45.00	0.01	0.03000	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.03000	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.25	0.03000	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.25	0.03031	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	45.00	0.25	0.03031	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.03031	76%-100% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.25	0.03031	200% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.25	0.03031	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	45.00	0.01	0.02707	26%-50% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.08	0.02707	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.09	0.02707	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.03	0.03558	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.05	0.03558	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.06	0.03558	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.08	0.03558	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.10	0.03558	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	60.00	0.09	0.03558	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.03	0.03558	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.05	0.03558	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.05	0.03558	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03558	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03558	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	180.00	0.05	0.03558	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	16.00	0.05	0.03818	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.03	0.03818	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	10%-25% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.10	0.03818	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	60.00	0.05	0.03818	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	60.00	0.09	0.03818	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	10%-25% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03818	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03818	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03818	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	135.00	0.05	0.03818	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	135.00	0.07	0.03818	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	180.00	0.05	0.03818	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.05	0.03867	10%-25% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.08	0.03867	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.10	0.03867	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03867	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.05	0.03867	10%-25% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.09	0.03867	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.05	0.03867	10%-25% Above	No	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.05	0.03867	10%-25% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03867	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03867	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03867	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03867	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.20	0.03867	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.23	0.03867	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	180.00	0.23	0.03867	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.03	0.03803	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.23	0.03803	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.08	0.03803	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.08	0.03803	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.23	0.03803	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.06	0.03610	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.11	0.03610	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.03	0.03610	10%-25% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.05	0.03610	26%-50% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.07	0.03610	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.08	0.03610	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.09	0.03610	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.20	0.03610	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.03	0.04729	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.08	0.04729	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.09	0.04729	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.12	0.04729	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.14	0.04729	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.15	0.04729	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.08	0.05123	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.03	0.05123	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.07	0.05123	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.08	0.05123	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.08	0.05123	51%-75% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.12	0.05123	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.14	0.05123	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.15	0.05123	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.03	0.05310	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.07	0.05310	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.03	0.05310	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.07	0.05310	26%-50% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.05310	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.05310	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.14	0.05310	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.15	0.05310	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.26	0.05310	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.03	0.05322	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.11	0.05322	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.12	0.05322	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.26	0.05322	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.09	0.04831	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.12	0.04831	101%-200% Above	Yes	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	1	30.00	0.04	0.04026	10%-25% Below	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	1	90.00	0.02	0.04026	51%-75% Below	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	2	30.00	0.04	0.04522	10%-25% Below	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	3	90.00	0.02	0.04815	51%-75% Below	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	12	30.00	0.02	0.04082	51%-75% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	1	90.00	0.03	0.04017	10%-25% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	3	30.00	0.01	0.04751	76%-100% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	12	90.00	0.02	0.03962	51%-75% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	1	60.00	0.02	0.04708	51%-75% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	1	90.00	0.03	0.04708	26%-50% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	2	60.00	0.02	0.05250	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332003231	ROPINIROLE HCL 1 MG TABLET	2	90.00	0.03	0.05250	26%-50% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	2	180.00	0.02	0.05250	51%-75% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	3	60.00	0.02	0.05435	51%-75% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	12	60.00	0.03	0.04694	26%-50% Below	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	1	90.00	0.03	0.05707	26%-50% Below	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	3	90.00	0.02	0.06680	76%-100% Below	Yes	No
62332003431	ROPINIROLE HCL 3 MG TABLET	1	90.00	0.02	0.06482	51%-75% Below	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	4	180.00	0.19	0.07987	101%-200% Above	No	No
62332003531	ROPINIROLE HCL 4 MG TABLET	1	90.00	0.03	0.07301	51%-75% Below	No	No
62332003531	ROPINIROLE HCL 4 MG TABLET	2	90.00	0.05	0.07591	26%-50% Below	No	No
62332003531	ROPINIROLE HCL 4 MG TABLET	3	90.00	0.06	0.07842	10%-25% Below	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	1	23.00	0.07	0.02750	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	1	60.00	0.07	0.02750	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	2	30.00	0.07	0.02955	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	2	60.00	0.07	0.02955	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	2	90.00	0.06	0.02955	76%-100% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	3	60.00	0.08	0.03163	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	12	30.00	0.05	0.02741	76%-100% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	12	60.00	0.08	0.02741	101%-200% Above	No	No
62332003960	LAMOTRIGINE 150 MG TABLET	1	60.00	0.00	0.05997	76%-100% Below	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	2	180.00	0.05	0.07799	26%-50% Below	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.02	0.02583	26%-50% Below	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	3	180.00	0.01	0.02583	51%-75% Below	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	12	180.00	0.01	0.02290	26%-50% Below	No	No
62332005531	CLONIDINE HCL 0.2 MG TABLET	3	15.00	0.02	0.03442	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332005591	CLONIDINE HCL 0.2 MG TABLET	1	60.00	0.03	0.03180	10%-25% Below	No	No
62332005591	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.02	0.03382	26%-50% Below	No	No
62332005591	CLONIDINE HCL 0.2 MG TABLET	2	60.00	0.03	0.03382	26%-50% Below	No	No
62332005591	CLONIDINE HCL 0.2 MG TABLET	3	60.00	0.03	0.03442	26%-50% Below	No	No
62332005591	CLONIDINE HCL 0.2 MG TABLET	12	60.00	0.03	0.03191	10%-25% Below	No	No
62332005631	CLONIDINE HCL 0.3 MG TABLET	1	270.00	0.02	0.03643	51%-75% Below	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	3	90.00	0.51	0.13530	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	12	30.00	0.33	0.11105	101%-200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	12	30.00	0.65	0.11105	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	12	90.00	0.65	0.11105	200% Above	No	No
62332008631	FENOFIBRATE 200 MG CAPSULE	4	90.00	0.50	0.16124	200% Above	No	No
62332008930	TELMISARTAN 80 MG TABLET	4	30.00	0.33	0.16487	76%-100% Above	No	No
62332009730	ARIPIRAZOLE 2 MG TABLET	4	30.00	0.95	0.12633	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	1	30.00	0.17	0.10072	51%-75% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	1	30.00	3.33	0.10072	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	1	30.00	3.92	0.10072	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	1	90.00	3.92	0.10072	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	2	30.00	3.03	0.10802	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	2	30.00	3.33	0.10802	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	2	90.00	3.33	0.10802	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	3	30.00	3.03	0.10953	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	12	30.00	0.16	0.10120	51%-75% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	12	30.00	0.33	0.10120	200% Above	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	2	30.00	3.33	0.10802	200% Above	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	4	30.00	1.14	0.10710	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 860

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332009930	ARIPIRAZOLE 10 MG TABLET	1	30.00	0.33	0.12268	101%-200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	1	30.00	0.50	0.12268	200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	2	30.00	0.33	0.13829	101%-200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	2	30.00	0.50	0.13829	200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	2	90.00	0.33	0.13829	101%-200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.33	0.14685	101%-200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.50	0.14685	200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	4	30.00	0.33	0.14373	101%-200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	4	30.00	0.50	0.14373	200% Above	No	No
62332009931	ARIPIRAZOLE 10 MG TABLET	1	90.00	3.17	0.12268	200% Above	No	No
62332010131	ARIPIRAZOLE 20 MG TABLET	12	30.00	5.25	0.17766	200% Above	No	No
62332011231	METOPROLOL TARTRATE 25 MG TAB	2	15.00	0.03	0.01677	76%-100% Above	No	No
62332011231	METOPROLOL TARTRATE 25 MG TAB	3	15.00	0.10	0.01791	200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.03	0.01563	51%-75% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.04	0.01563	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.03	0.01563	76%-100% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	51%-75% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.03	0.01677	76%-100% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.03	0.01791	51%-75% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.03	0.01555	51%-75% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.02	0.01555	26%-50% Above	Yes	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.02	0.01919	10%-25% Below	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	1	90.00	0.03	0.01919	51%-75% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.02	0.02142	10%-25% Below	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	3	60.00	0.02	0.02243	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332011331	METOPROLOL TARTRATE 50 MG TAB	4	60.00	0.02	0.02221	26%-50% Below	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	4	90.00	0.09	0.02221	200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	1	30.00	0.03	0.01919	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	1	30.00	0.03	0.01919	51%-75% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.03	0.01919	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.03	0.01919	26%-50% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.03	0.01919	51%-75% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	2	3.00	0.03	0.02142	10%-25% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	2	4.00	0.03	0.02142	10%-25% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.03	0.02142	10%-25% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	3.00	0.09	0.02243	200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	3.00	0.25	0.02243	200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	90.00	0.01	0.02243	51%-75% Below	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	270.00	0.09	0.02243	200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	4	30.00	0.09	0.02221	200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	12	60.00	0.03	0.01920	51%-75% Above	No	No
62332011431	METOPROLOL TARTRATE 100 MG TAB	1	60.00	0.04	0.02548	51%-75% Above	No	No
62332011431	METOPROLOL TARTRATE 100 MG TAB	3	180.00	0.01	0.02885	51%-75% Below	No	No
62332011431	METOPROLOL TARTRATE 100 MG TAB	12	180.00	0.01	0.02531	51%-75% Below	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	1	60.00	0.03	0.02548	26%-50% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.03	0.02548	26%-50% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	2	60.00	0.03	0.02759	10%-25% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	3	60.00	0.03	0.02885	10%-25% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	3	270.00	0.01	0.02885	51%-75% Below	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	4	180.00	0.13	0.02786	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332011491	METOPROLOL TARTRATE 100 MG TAB	12	60.00	0.04	0.02531	26%-50% Above	No	No
62332011491	METOPROLOL TARTRATE 100 MG TAB	12	270.00	0.07	0.02531	101%-200% Above	No	No
62332012090	PREGABALIN 50 MG CAPSULE	1	90.00	0.03	0.04929	26%-50% Below	No	No
62332013230	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.22	0.08469	101%-200% Above	No	No
62332013230	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.72	0.08393	200% Above	No	No
62332013330	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	1.11	0.12398	200% Above	No	No
62332013390	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	1.19	0.12121	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	1	22.00	0.29	0.06795	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	1	30.00	0.50	0.06795	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	1	60.00	0.25	0.06795	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	1	60.00	0.25	0.06795	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	1	60.00	0.29	0.06795	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	1	180.00	0.29	0.06795	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	1	180.00	0.29	0.06795	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	2	30.00	0.25	0.07439	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	2	30.00	0.50	0.07439	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	2	60.00	0.23	0.07439	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	2	180.00	0.17	0.07439	101%-200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	3	30.00	0.23	0.07869	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	3	30.00	0.23	0.07869	101%-200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	3	30.00	0.50	0.07869	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	3	60.00	0.23	0.07869	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	30.00	0.34	0.07527	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	60.00	0.17	0.07527	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	60.00	0.33	0.07527	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014131	CELECOXIB 100 MG CAPSULE	4	60.00	0.34	0.07527	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	60.00	0.34	0.07527	200% Above	Yes	No
62332014171	CELECOXIB 100 MG CAPSULE	1	30.00	0.29	0.06795	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	2	30.00	0.25	0.07439	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	2	60.00	0.25	0.07439	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	4	30.00	0.34	0.07527	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	4	60.00	0.34	0.07527	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	6.00	0.43	0.09097	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.37	0.09097	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.37	0.09097	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.09097	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.09097	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	60.00	0.25	0.09097	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	1	60.00	0.37	0.09097	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	60.00	0.37	0.09097	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	10.00	0.37	0.09685	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.09685	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.09685	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.09685	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.37	0.09685	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.50	0.09685	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.50	0.09685	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.08	0.09685	10%-25% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.17	0.09685	51%-75% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.25	0.09685	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 864

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.33	0.09685	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.33	0.09685	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.37	0.09685	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.37	0.09685	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	90.00	0.33	0.09685	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	180.00	0.37	0.09685	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	6.00	0.33	0.10020	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	6.00	0.46	0.10020	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	10.00	0.33	0.10020	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.33	0.10020	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.46	0.10020	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.50	0.10020	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.50	0.10020	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.08	0.10020	10%-25% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.17	0.10020	51%-75% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.25	0.10020	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.25	0.10020	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.33	0.10020	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.33	0.10020	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.33	0.10020	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.46	0.10020	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	90.00	0.33	0.10020	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	90.00	0.50	0.10020	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	180.00	0.17	0.10020	51%-75% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	180.00	0.46	0.10020	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014231	CELECOXIB 200 MG CAPSULE	4	10.00	0.46	0.09319	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	30.00	0.46	0.09319	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	4	30.00	0.50	0.09319	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	4	60.00	0.08	0.09319	10%-25% Below	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	60.00	0.25	0.09319	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	60.00	0.46	0.09319	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	90.00	0.33	0.09319	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	30.00	0.43	0.08533	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	60.00	0.43	0.08533	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	90.00	0.50	0.08533	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	90.00	0.50	0.08533	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	1	30.00	0.37	0.09097	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	1	30.00	0.43	0.09097	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	1	60.00	0.25	0.09097	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	2	30.00	0.37	0.09685	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	2	60.00	0.25	0.09685	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	3	30.00	0.33	0.10020	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	4	30.00	0.46	0.09319	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	4	60.00	0.46	0.09319	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	12	30.00	0.43	0.08533	200% Above	No	No
62332014360	CELECOXIB 400 MG CAPSULE	2	90.00	1.80	0.29711	200% Above	Yes	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.94	0.16567	200% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.73	0.18939	200% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.75	0.19053	200% Above	No	No
62332014990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.85	0.16567	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	30.00	1.01	0.23163	200% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	0.17	0.24647	26%-50% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	1.01	0.24647	200% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	0.17	0.24884	26%-50% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	0.96	0.24884	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	30.00	1.11	0.23163	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	1.01	0.24647	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	0.96	0.24884	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	12	30.00	1.31	0.21560	200% Above	No	No
62332015130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	30.00	0.01	0.22214	76%-100% Below	No	No
62332015130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	30.00	0.01	0.23038	76%-100% Below	No	No
62332015130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	30.00	0.93	0.23038	200% Above	No	No
62332015130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	30.00	1.01	0.23038	200% Above	No	No
62332017160	LACOSAMIDE 50 MG TABLET	1	60.00	1.09	0.13599	200% Above	No	No
62332017160	LACOSAMIDE 50 MG TABLET	2	60.00	1.00	0.14870	200% Above	No	No
62332017160	LACOSAMIDE 50 MG TABLET	12	60.00	0.25	0.13599	76%-100% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	1	30.00	3.13	0.32666	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	2	30.00	2.85	0.33114	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	3	30.00	2.85	0.37533	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	3	90.00	2.85	0.37533	200% Above	Yes	No
62332019030	FEBUXOSTAT 40 MG TABLET	12	30.00	3.68	0.33182	200% Above	No	No
62332019130	FEBUXOSTAT 80 MG TABLET	1	90.00	3.13	0.47417	200% Above	Yes	No
62332019130	FEBUXOSTAT 80 MG TABLET	2	90.00	3.13	0.46091	200% Above	No	No
62332020530	AMLODIPINE-VALSARTAN 5-160 MG	2	90.00	0.30	0.45322	26%-50% Below	No	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	1	90.00	0.33	0.42938	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332020630	AMLODIPINE-VALSARTAN 10-160 MG	1	30.00	0.38	0.48075	10%-25% Below	No	No
62332020690	AMLODIPINE-VALSARTAN 10-160 MG	2	90.00	0.32	0.51847	26%-50% Below	No	No
62332020790	AMLODIPINE-VALSARTAN 5-320 MG	3	30.00	0.33	0.58855	26%-50% Below	No	No
62332020830	AMLODIPINE-VALSARTAN 10-320 MG	1	90.00	0.39	0.59569	26%-50% Below	No	No
62332020830	AMLODIPINE-VALSARTAN 10-320 MG	4	90.00	0.51	0.65224	10%-25% Below	No	No
62332020890	AMLODIPINE-VALSARTAN 10-320 MG	4	30.00	0.30	0.65224	51%-75% Below	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	1	30.00	0.00	0.29154	76%-100% Below	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	2	30.00	0.00	0.32280	76%-100% Below	No	No
62332021430	AMLODIPINE-OLMESARTAN 10-20 MG	2	90.00	0.80	0.32666	101%-200% Above	No	No
62332021530	AMLODIPINE-OLMESARTAN 10-40 MG	1	90.00	1.01	0.30318	200% Above	No	No
62332021530	AMLODIPINE-OLMESARTAN 10-40 MG	12	90.00	1.19	0.32532	200% Above	No	No
62332022330	DARIFENACIN ER 7.5 MG TABLET	2	30.00	0.33	0.59983	26%-50% Below	No	No
62332023330	VILAZODONE HCL 20 MG TABLET	2	30.00	0.50	0.90957	26%-50% Below	No	No
62332023330	VILAZODONE HCL 20 MG TABLET	3	30.00	0.51	0.92785	26%-50% Below	No	No
62332023330	VILAZODONE HCL 20 MG TABLET	4	90.00	4.37	0.93698	200% Above	No	No
62332023330	VILAZODONE HCL 20 MG TABLET	12	30.00	0.58	0.84739	26%-50% Below	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	12	30.00	0.48	0.98622	51%-75% Below	No	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	2	90.00	0.50	0.11845	200% Above	Yes	No
62332024590	FENOFIBRIC ACID DR 135 MG CAP	1	90.00	0.96	0.32056	101%-200% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	1	6.00	0.51	0.32126	51%-75% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	1	6.00	0.59	0.32126	76%-100% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	3	6.00	1.38	0.37667	200% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	12	6.00	0.48	0.32433	26%-50% Above	Yes	No
62332025118	AZITHROMYCIN 250 MG TABLET	12	6.00	0.57	0.32433	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332025130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.32126	26%-50% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.57	0.32126	76%-100% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.36217	10%-25% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.36217	26%-50% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	3	6.00	0.58	0.37667	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	4	6.00	0.57	0.36926	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	4	6.00	1.38	0.36926	200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.00	0.50	0.32433	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.00	0.53	0.32433	51%-75% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	12	6.00	0.57	0.32433	51%-75% Above	No	No
62332025209	AZITHROMYCIN 500 MG TABLET	1	3.00	0.45	0.58741	10%-25% Below	Yes	No
62332025209	AZITHROMYCIN 500 MG TABLET	12	3.00	0.89	0.58065	51%-75% Above	Yes	No
62332025230	AZITHROMYCIN 500 MG TABLET	1	3.00	0.89	0.58741	51%-75% Above	Yes	No
62332025230	AZITHROMYCIN 500 MG TABLET	2	2.00	1.08	0.61913	51%-75% Above	Yes	No
62332025230	AZITHROMYCIN 500 MG TABLET	2	5.00	0.41	0.61913	26%-50% Below	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	3	6.00	0.91	0.67281	26%-50% Above	No	No
62332034230	CANDESARTAN CILEXETIL 8 MG TAB	3	30.00	0.32	0.72821	51%-75% Below	No	No
62332034390	CANDESARTAN CILEXETIL 16 MG TB	4	90.00	0.44	0.62620	26%-50% Below	No	No
62332038031	TEMAZEPAM 15 MG CAPSULE	1	30.00	0.04	0.06287	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332038031	TEMAZEPAM 15 MG CAPSULE	2	30.00	0.04	0.06986	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.04	0.07862	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.05	0.08360	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.04	0.08886	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.08	0.08886	10%-25% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.37	0.08886	200% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	3	90.00	0.08	0.08886	10%-25% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.37	0.09115	200% Above	Yes	No
62332038690	MODAFINIL 200 MG TABLET	4	30.00	0.62	0.37871	51%-75% Above	No	No
62332039131	NITROFURANTOIN MCR 100 MG CAP	1	45.00	0.79	0.28203	101%-200% Above	No	No
62332039131	NITROFURANTOIN MCR 100 MG CAP	4	10.00	0.88	0.26358	200% Above	No	No
62332039131	NITROFURANTOIN MCR 100 MG CAP	12	14.00	0.71	0.30016	101%-200% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	3.00	1.38	0.99337	26%-50% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.50	0.99337	26%-50% Below	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.28	0.99337	26%-50% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.49	0.99337	26%-50% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.50	0.99337	51%-75% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.59	0.99337	51%-75% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.71	0.99337	51%-75% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.65	0.99337	200% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.85	1.15416	26%-50% Below	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	3	4.00	1.35	1.20618	10%-25% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.00	1.20618	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.94	1.20618	51%-75% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.22	0.91545	26%-50% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.49	0.91545	51%-75% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.50	0.91545	51%-75% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.71	0.91545	76%-100% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.94	0.91545	101%-200% Above	No	No
62332042671	BENZONATATE 100 MG CAPSULE	2	42.00	0.20	0.06951	101%-200% Above	No	No
62332047831	ENTACAPONE 200 MG TABLET	1	90.00	0.22	0.30897	26%-50% Below	No	No
62332048650	CLOBETASOL 0.05% SOLUTION	2	50.00	0.40	0.17286	101%-200% Above	No	No
62332048650	CLOBETASOL 0.05% SOLUTION	3	50.00	0.30	0.17677	51%-75% Above	No	No
62332049141	TIZANIDINE HCL 2 MG CAPSULE	2	15.00	0.99	0.08299	200% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	3	30.00	0.50	0.12461	200% Above	Yes	No
62332049530	LURASIDONE HCL 40 MG TABLET	1	90.00	0.17	0.25743	26%-50% Below	No	No
62332049630	LURASIDONE HCL 60 MG TABLET	1	30.00	5.95	0.37243	200% Above	No	No
62332049630	LURASIDONE HCL 60 MG TABLET	2	30.00	0.50	0.39856	10%-25% Above	No	No
62332049630	LURASIDONE HCL 60 MG TABLET	2	30.00	5.42	0.39856	200% Above	No	No
62332049630	LURASIDONE HCL 60 MG TABLET	3	30.00	5.42	0.41469	200% Above	No	No
62332049630	LURASIDONE HCL 60 MG TABLET	12	30.00	7.01	0.37199	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	5.00	1.97038	101%-200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	6.52	1.97038	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	5.00	2.11777	101%-200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	6.52	2.11777	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	1.67	2.27649	26%-50% Below	No	No
62332050606	AZELASTINE HCL 0.05% DROPS	2	6.00	0.85	0.96306	10%-25% Below	Yes	No
62332050606	AZELASTINE HCL 0.05% DROPS	3	18.00	1.11	1.00593	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332050725	BIMATOPROST 0.03% EYE DROPS	12	5.00	18.30	10.55153	51%-75% Above	No	No
62332051910	DORZOLAMIDE HCL 2% EYE DROPS	3	10.00	1.07	1.31505	10%-25% Below	No	No
62332054804	CLOBETASOL 0.05% SHAMPOO	3	118.00	1.00	0.25169	200% Above	Yes	No
62332054945	ADAPALENE 0.3% GEL	2	45.00	0.33	0.55994	26%-50% Below	No	No
62332054945	ADAPALENE 0.3% GEL	12	45.00	0.35	0.53054	26%-50% Below	No	No
62332058231	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	1	30.00	0.14	0.26494	26%-50% Below	Yes	No
62332058231	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	1	30.00	0.17	0.26494	26%-50% Below	No	No
62332058231	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	0.17	0.28125	26%-50% Below	Yes	No
62332058231	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	4	30.00	0.16	0.28630	26%-50% Below	Yes	No
62332058303	BROMFENAC SODIUM 0.07% EYE DRP	4	3.00	20.80	17.13376	10%-25% Above	Yes	No
62332058530	NYSTATIN-TRIAMCINOLONE OINTMENT	1	30.00	1.09	0.26675	200% Above	No	No
62332060330	BISOPROLOL FUMARATE 5 MG TAB	2	90.00	0.29	0.17058	51%-75% Above	No	No
62332060431	BISOPROLOL FUMARATE 10 MG TAB	4	30.00	0.40	0.22597	76%-100% Above	No	No
62332060630	NYSTATIN-TRIAMCINOLONE CREAM	3	30.00	0.17	0.33122	26%-50% Below	No	No
62332062360	CLINDAMYCIN PH 1% GEL	4	60.00	0.25	0.14237	51%-75% Above	No	No
62332063831	DOXEPIN 25 MG CAPSULE	2	30.00	0.05	0.12468	51%-75% Below	No	No
62332066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	1	45.00	0.34	0.65769	26%-50% Below	No	No
62332066245	ADAPALENE-BNZYL PEROX 0.3-2.5%	1	45.00	0.46	0.65769	26%-50% Below	No	No
62332073031	METHOTREXATE 2.5 MG TABLET	1	24.00	0.62	0.15507	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	1	24.00	0.62	0.15507	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	1	96.00	0.62	0.15507	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	1	96.00	0.67	0.15507	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	2	24.00	0.62	0.15552	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	2	24.00	0.62	0.15552	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	2	39.00	0.57	0.15552	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332073031	METHOTREXATE 2.5 MG TABLET	2	96.00	0.57	0.15552	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	3	24.00	0.57	0.16106	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	3	32.00	0.18	0.16106	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	4	24.00	0.41	0.16170	101%-200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	12	24.00	0.73	0.15834	200% Above	Yes	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	4	30.00	0.35	0.17465	101%-200% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	1	90.00	0.31	0.18254	51%-75% Above	No	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	3	30.00	0.38	0.20445	76%-100% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	12	30.00	0.50	0.17898	101%-200% Above	No	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	3	30.00	0.25	0.18823	26%-50% Above	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	4	30.00	0.31	0.18291	51%-75% Above	Yes	No
62332080720	TRETINOIN 0.1% CREAM	4	20.00	0.78	1.59276	51%-75% Below	No	No
62379000506	ALCOHOL PREP PAD 70%	4	100.00	0.41	.		No	No
62379000506	ALCOHOL PREP PAD 70%	7	100.00	0.41	.		No	No
62541020130	QSYMIA CAP 3.75-23	4	14.00	7.12	.		No	No
62541020130	QSYMIA CAP 3.75-23	12	30.00	6.41	.		No	No
62541020430	QSYMIA CAP 15-92MG	2	30.00	7.05	.		No	No
62541020430	QSYMIA CAP 15-92MG	4	30.00	7.05	.		No	No
62559014901	METHYLTES/EE TAB 2.5-1.25	1	30.00	0.89	.		No	No
62559014901	METHYLTES/EE TAB 2.5-1.25	2	30.00	0.89	.		No	No
62559014901	METHYLTES/EE TAB 2.5-1.25	3	30.00	0.89	.		No	No
62559014901	METHYLTES/EE TAB 2.5-1.25	4	30.00	0.80	.		No	No
62559015001	METHYLTES/EE TAB 1.25.625	1	30.00	3.85	.		Yes	No
62559015001	METHYLTES/EE TAB 1.25.625	2	30.00	3.85	.		Yes	No
62559015001	METHYLTES/EE TAB 1.25.625	2	90.00	3.36	.		Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559015001	METHYLTES/EE TAB 1.25.625	3	30.00	3.85	.		Yes	No
62559015001	METHYLTES/EE TAB 1.25.625	12	30.00	3.85	.		Yes	No
62559016001	FLUVOXAMINE MALEATE 100 MG TAB	1	90.00	0.29	0.22178	26%-50% Above	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	1	30.00	0.30	0.56676	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	1	30.00	0.47	0.56676	10%-25% Below	Yes	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	1	90.00	0.29	0.56676	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	2	30.00	0.29	0.59735	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	3	30.00	0.29	0.62013	51%-75% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	3	30.00	0.47	0.62013	10%-25% Below	Yes	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	4	30.00	0.47	0.62398	10%-25% Below	Yes	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	12	30.00	0.47	0.58054	10%-25% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	2	90.00	1.72	1.15002	26%-50% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	3	30.00	1.57	1.16600	26%-50% Above	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	12	30.00	2.03	1.08892	76%-100% Above	Yes	No
62559026616	VALPROIC ACID 250 MG/5 ML SOLN	2	1440.00	0.01	0.03479	51%-75% Below	No	No
62559026616	VALPROIC ACID 250 MG/5 ML SOLN	12	720.00	0.02	0.03508	51%-75% Below	No	No
62559027690	NEBIVOLOL 5 MG TABLET	3	90.00	0.57	0.11800	200% Above	No	No
62559038001	FLECAINIDE ACETATE 50 MG TAB	3	180.00	0.14	0.11352	10%-25% Above	No	No
62559038001	FLECAINIDE ACETATE 50 MG TAB	12	180.00	0.18	0.10054	76%-100% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	1	60.00	0.29	0.16442	51%-75% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	2	60.00	0.26	0.17967	26%-50% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	2	180.00	0.29	0.17967	51%-75% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	3	60.00	0.48	0.18730	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	12	60.00	0.34	0.16230	101%-200% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	1	60.00	0.49	0.26446	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559038201	FLECAINIDE ACETATE 150 MG TAB	2	60.00	0.41	0.30187	26%-50% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	3	60.00	0.38	0.30888	10%-25% Above	No	No
62559038201	FLECAINIDE ACETATE 150 MG TAB	4	60.00	0.59	0.30279	76%-100% Above	No	No
62559039050	VANCOMYCIN HCL 125 MG CAPSULE	4	40.00	4.59	1.35002	200% Above	Yes	No
62559039512	COLESTIPOL HCL 1 GM TABLET	2	120.00	0.32	0.68394	51%-75% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.72	0.23080	200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.66	0.25350	101%-200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.67	0.26257	101%-200% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	0.85	0.22205	200% Above	No	No
62559042101	HYOSCYAMINE SULF 0.125 MG TAB	2	25.00	0.48	0.18015	101%-200% Above	Yes	No
62559042101	HYOSCYAMINE SULF 0.125 MG TAB	3	20.00	0.25	0.20002	10%-25% Above	Yes	No
62559042201	HYOSCYAMINE 0.125 MG ODT	1	60.00	0.25	0.18208	26%-50% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	1	30.00	0.48	0.17943	101%-200% Above	No	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	2	30.00	0.16	0.20567	10%-25% Below	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	4	30.00	0.16	0.22428	26%-50% Below	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	12	10.00	0.72	0.17465	200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	12	30.00	0.50	0.17465	101%-200% Above	Yes	No
62559043001	HYDROCORTISONE 1% CREAM	2	28.40	0.38	0.63188	26%-50% Below	Yes	No
62559043001	HYDROCORTISONE 1% CREAM	3	28.40	0.38	0.68381	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	1	30.00	0.13	0.23153	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	2	30.00	0.13	0.25472	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	2	30.00	0.13	0.25472	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	2	30.00	0.22	0.25472	10%-25% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	3	30.00	0.12	0.26695	51%-75% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	3	30.00	0.13	0.26695	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559043130	HYDROCORTISONE 2.5% CREAM	3	30.00	0.22	0.26695	10%-25% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	3	30.00	0.69	0.26695	101%-200% Above	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	12	30.00	0.15	0.23118	26%-50% Below	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	12	90.00	0.18	0.09516	76%-100% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	2	90.00	0.17	0.10736	51%-75% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	4	30.00	0.31	0.11571	101%-200% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	4	90.00	0.31	0.11571	101%-200% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	12	30.00	0.20	0.10336	76%-100% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	12	90.00	0.20	0.10336	76%-100% Above	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.03	0.03440	10%-25% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	26%-50% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.03	0.03440	10%-25% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	26%-50% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	26%-50% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	140.00	0.04	0.03440	10%-25% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	180.00	0.03	0.03440	10%-25% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.03	0.03440	10%-25% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.04	0.03440	10%-25% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	240.00	0.03	0.03440	10%-25% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	75.00	0.03	0.03869	26%-50% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	105.00	0.05	0.03869	10%-25% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.02	0.03869	26%-50% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.03	0.03869	26%-50% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.05	0.03869	10%-25% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.02	0.03869	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.03	0.03869	26%-50% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.04	0.03869	10%-25% Above	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.05	0.03869	10%-25% Above	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.05	0.03869	10%-25% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	180.00	0.03	0.03869	26%-50% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	200.00	0.04	0.03869	10%-25% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	0.02	0.04345	26%-50% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	118.00	0.05	0.04345	10%-25% Above	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.02	0.04345	26%-50% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.02	0.04345	26%-50% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.04	0.04345	10%-25% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	200.00	0.05	0.04702	10%-25% Above	Yes	No
62559099130	FLUCONAZOLE 100 MG TABLET	2	4.00	0.14	0.27134	26%-50% Below	No	No
62559099130	FLUCONAZOLE 100 MG TABLET	2	7.00	0.15	0.27134	26%-50% Below	No	No
62559099130	FLUCONAZOLE 100 MG TABLET	12	14.00	0.19	0.22998	10%-25% Below	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	1	2.00	0.76	0.52425	26%-50% Above	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	2	7.00	0.69	0.53979	26%-50% Above	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	12	1.00	1.39	0.51642	101%-200% Above	No	No
62756013702	GABAPENTIN 100 MG CAPSULE	1	30.00	0.01	0.02079	51%-75% Below	No	No
62756013805	GABAPENTIN 300 MG CAPSULE	1	30.00	0.02	0.03533	26%-50% Below	No	No
62756018513	OXCARBAZEPINE 600 MG TABLET	2	60.00	0.16	0.34707	51%-75% Below	No	No
62756020401	GABAPENTIN 800 MG TABLET	1	120.00	0.04	0.09225	51%-75% Below	No	No
62756020401	GABAPENTIN 800 MG TABLET	2	120.00	0.04	0.10043	51%-75% Below	No	No
62756020401	GABAPENTIN 800 MG TABLET	3	120.00	0.04	0.10493	51%-75% Below	No	No
62756020401	GABAPENTIN 800 MG TABLET	12	120.00	0.04	0.09351	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62756023290	LOTEPREDNOL ETABONATE 0.5% DRP	1	5.00	8.00	12.11220	26%-50% Below	No	No
62756023290	LOTEPREDNOL ETABONATE 0.5% DRP	3	5.00	10.00	18.52039	26%-50% Below	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.17951	51%-75% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	7.02	12.89053	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	7.02	14.39834	51%-75% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	2.00	14.36773	76%-100% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	6.31	12.77122	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	12	15.00	8.22	12.77122	26%-50% Below	No	No
62756045788	CARBIDOPA-LEVO ER 50-200 TAB	1	30.00	0.43	0.18120	101%-200% Above	No	No
62756045788	CARBIDOPA-LEVO ER 50-200 TAB	2	30.00	0.27	0.19282	26%-50% Above	No	No
62756052388	DES Loratadin TAB 5MG	1	30.00	0.23	.		No	No
62756052388	DES Loratadin TAB 5MG	2	30.00	0.23	.		No	No
62756052388	DES Loratadin TAB 5MG	3	30.00	0.23	.		No	No
62756052388	DES Loratadin TAB 5MG	12	30.00	0.23	.		No	No
62756079713	DIVALPROEX SOD DR 250 MG TAB	2	90.00	0.05	0.09624	26%-50% Below	No	No
62756079813	DIVALPROEX SOD DR 500 MG TAB	2	180.00	0.09	0.17292	26%-50% Below	No	No
63304017513	MESALAMINE DR 1.2 GM TABLET	1	90.00	4.35	1.16750	200% Above	No	No
63304017513	MESALAMINE DR 1.2 GM TABLET	3	120.00	0.67	1.29791	26%-50% Below	No	No
63304017513	MESALAMINE DR 1.2 GM TABLET	4	270.00	0.71	1.22327	26%-50% Below	No	No
63304045101	MORPHINE SULF ER 30 MG TABLET	1	60.00	0.20	0.38047	26%-50% Below	No	No
63304045101	MORPHINE SULF ER 30 MG TABLET	4	60.00	0.25	0.38899	26%-50% Below	Yes	No
63304045930	ONDANSETRON TAB 8MG	3	18.00	0.02	.		No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	1	28.00	0.05	0.08290	26%-50% Below	No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	3	28.00	0.10	0.08819	10%-25% Above	No	No
63304069201	CLINDAMYCIN HCL 150 MG CAPSULE	12	63.00	0.32	0.08440	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
63304069205	CLINDAMYCIN HCL 150 MG CAPSULE	3	28.00	0.05	0.08819	26%-50% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	1	30.00	0.32	0.17920	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	1	30.00	0.35	0.17920	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	1	40.00	0.25	0.17920	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	1	40.00	0.25	0.17920	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	1	42.00	0.25	0.17920	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	14.00	0.28	0.18817	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	15.00	0.13	0.18817	26%-50% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	20.00	0.33	0.18817	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.15	0.18817	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.27	0.18817	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.31	0.18817	51%-75% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.15	0.18817	10%-25% Below	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	4	14.00	0.35	0.19162	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	4	20.00	0.26	0.19162	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	4	20.00	0.35	0.19162	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	4	21.00	0.35	0.19162	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	4	22.00	0.32	0.19162	51%-75% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	4	40.00	0.35	0.19162	76%-100% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	12	14.00	0.35	0.18042	76%-100% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	12	28.00	0.67	0.18042	200% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	12	42.00	0.24	0.18042	26%-50% Above	No	No
63304077201	LORAZEPAM 0.5 MG TABLET	3	1.00	0.02	0.04287	51%-75% Below	No	No
63304077301	LORAZEPAM 1 MG TABLET	2	10.00	0.02	0.04658	51%-75% Below	No	No
63304077301	LORAZEPAM 1 MG TABLET	2	30.00	0.02	0.04658	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
63304077301	LORAZEPAM 1 MG TABLET	4	10.00	0.06	0.04960	10%-25% Above	No	No
63304082790	ATORVASTATIN 10 MG TABLET	2	90.00	0.07	0.02726	101%-200% Above	No	No
63304082805	ATORVASTATIN 20 MG TABLET	1	30.00	0.02	0.04449	51%-75% Below	No	No
63304082890	ATORVASTATIN 20 MG TABLET	1	90.00	0.10	0.03178	200% Above	No	No
63304082890	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
63304082890	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
63304082890	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
63304082905	ATORVASTATIN 40 MG TABLET	1	90.00	0.01	0.04591	51%-75% Below	No	No
63304082905	ATORVASTATIN 40 MG TABLET	3	90.00	0.01	0.04768	76%-100% Below	No	No
63304083090	ATORVASTATIN 80 MG TABLET	12	90.00	0.11	0.07506	51%-75% Above	No	No
63304090530	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.50	0.44748	10%-25% Above	No	No
63304090530	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.71	0.44069	51%-75% Above	No	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.11	0.14775	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.09	0.13778	26%-50% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	2	180.00	0.09	0.13778	26%-50% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.09	0.13671	26%-50% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.22	0.13671	51%-75% Above	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	3	120.00	0.09	0.13671	26%-50% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.18	0.13532	26%-50% Above	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	4	120.00	0.22	0.13532	51%-75% Above	Yes	No
63323012310	METHOTREXATE 250 MG/10 ML VIAL	3	10.00	1.70	3.09087	26%-50% Below	Yes	No
63323069210	ACETYLCYSTEINE 20% VIAL (NOT FOR INJECTION)	1	20.00	0.57	1.31743	51%-75% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	26%-50% Below	No	No
63646001004	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.06	0.09667	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64125090505	LORAZEPAM TAB 1MG	3	30.00	0.01	.		No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.09	0.16356	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.11	0.16356	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.01	0.17136	76%-100% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.01	0.17811	76%-100% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.13	0.17811	10%-25% Below	No	No
64380015701	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	21.00	0.09	0.12950	26%-50% Below	No	No
64380015701	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	21.00	0.09	0.14389	26%-50% Below	No	No
64380015701	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	15.00	0.11	0.13180	10%-25% Below	No	No
64380015701	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	27.00	0.00	0.13180	76%-100% Below	No	No
64380018001	DOXYCYCLINE MONO 100 MG CAP	3	20.00	0.18	0.24704	26%-50% Below	No	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	3	90.00	5.93	9.87040	26%-50% Below	Yes	No
64380020301	DOXEPIN HCL 3 MG TABLET	1	30.00	4.93	2.62660	76%-100% Above	No	No
64380020301	DOXEPIN HCL 3 MG TABLET	12	30.00	5.80	2.72401	101%-200% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	1	30.00	0.15	0.06948	101%-200% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	3	30.00	0.12	0.07469	51%-75% Above	No	No
64380021301	METHIMAZOLE 10 MG TABLET	3	30.00	0.07	0.13707	26%-50% Below	No	No
64380021301	METHIMAZOLE 10 MG TABLET	3	90.00	0.20	0.13707	26%-50% Above	No	No
64380021301	METHIMAZOLE 10 MG TABLET	3	120.00	0.07	0.13707	26%-50% Below	No	No
64380021301	METHIMAZOLE 10 MG TABLET	4	120.00	0.07	0.13003	26%-50% Below	No	No
64380025901	OXYCODONE HCL (IR) 5 MG TABLET	3	16.00	0.06	0.09237	26%-50% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	6.00	0.16	0.23697	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	10.00	0.09	0.23697	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.09	0.23697	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.12	0.23697	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.14	0.23697	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	16.00	0.11	0.23697	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	30.00	0.13	0.23697	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.09	0.25045	51%-75% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.09	0.25045	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.14	0.25045	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	15.00	0.09	0.25045	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	20.00	0.04	0.25045	76%-100% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	30.00	0.10	0.25045	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	30.00	0.14	0.25045	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	5.00	0.17	0.26399	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	9.00	0.13	0.26399	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	10.00	0.09	0.26399	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	10.00	0.14	0.26399	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	12.00	0.14	0.26399	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	15.00	0.04	0.26399	76%-100% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	16.00	0.09	0.26399	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	20.00	0.14	0.26399	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	30.00	0.11	0.26399	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	30.00	0.14	0.26399	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	48.00	0.09	0.26399	51%-75% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	4	6.00	0.23	0.26016	10%-25% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.13	0.26016	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	12	12.00	0.14	0.23491	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	12	16.00	0.11	0.23491	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380044701	ACETAMINOPHEN-COD #4 TABLET	12	26.00	0.25	0.40305	26%-50% Below	Yes	No
64380071206	BENZONATATE 100 MG CAPSULE	2	30.00	0.11	0.06951	51%-75% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	1	9.00	0.15	0.06210	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	15.00	0.19	0.06210	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	21.00	0.13	0.06210	101%-200% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	1	21.00	0.19	0.06210	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	21.00	0.21	0.06210	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	21.00	0.22	0.06210	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.13	0.06210	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.15	0.06210	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.17	0.06210	101%-200% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.17	0.06210	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.18	0.06210	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.20	0.06210	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.21	0.06210	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	42.00	0.13	0.06210	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	60.00	0.19	0.06210	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	15.00	0.13	0.06951	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	20.00	0.11	0.06951	51%-75% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	20.00	0.13	0.06951	76%-100% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	2	20.00	0.23	0.06951	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	28.00	0.13	0.06951	76%-100% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.11	0.06951	51%-75% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.13	0.06951	76%-100% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.13	0.06951	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.16	0.06951	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.18	0.06951	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.22	0.06951	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	60.00	0.11	0.06951	51%-75% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	20.00	0.31	0.07447	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	21.00	0.20	0.07447	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	21.00	0.31	0.07447	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	30.00	0.11	0.07447	51%-75% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	30.00	0.16	0.07447	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	30.00	0.17	0.07447	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	30.00	0.22	0.07447	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	20.00	0.31	0.07446	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	21.00	0.19	0.07446	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	30.00	0.17	0.07446	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	30.00	0.21	0.07446	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	20.00	0.18	0.06223	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	20.00	0.20	0.06223	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	21.00	0.22	0.06223	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	0.15	0.06223	101%-200% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	0.15	0.06223	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	0.17	0.06223	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	0.20	0.06223	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	40.00	0.15	0.06223	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	45.00	0.15	0.06223	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	12	15.00	0.06	0.09845	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380071307	BENZONATATE 200 MG CAPSULE	1	15.00	0.28	0.09755	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	15.00	0.31	0.09755	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	15.00	0.32	0.09755	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	15.00	0.35	0.09755	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	15.00	0.39	0.09755	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	20.00	0.05	0.09755	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	20.00	0.06	0.09755	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	20.00	0.32	0.09755	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	21.00	0.05	0.09755	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	21.00	0.23	0.09755	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	21.00	0.27	0.09755	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	21.00	0.32	0.09755	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.05	0.09755	26%-50% Below	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.05	0.09755	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.06	0.09755	26%-50% Below	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.06	0.09755	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.16	0.09755	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.28	0.09755	101%-200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.28	0.09755	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.29	0.09755	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.31	0.09755	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.32	0.09755	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.33	0.09755	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.36	0.09755	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.36	0.09755	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380071307	BENZONATATE 200 MG CAPSULE	1	42.00	0.29	0.09755	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	45.00	0.29	0.09755	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	15.00	0.05	0.10616	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	15.00	0.37	0.10616	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	2	20.00	0.05	0.10616	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	21.00	0.05	0.10616	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	21.00	0.27	0.10616	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	21.00	0.32	0.10616	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.05	0.10616	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.16	0.10616	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.27	0.10616	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.28	0.10616	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.33	0.10616	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.34	0.10616	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.36	0.10616	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	90.00	0.09	0.10616	10%-25% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	20.00	0.05	0.11069	51%-75% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	20.00	0.34	0.11069	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	21.00	0.34	0.11069	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.05	0.11069	51%-75% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.28	0.11069	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.29	0.11069	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.34	0.11069	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.36	0.11069	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.37	0.11069	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380071307	BENZONATATE 200 MG CAPSULE	3	45.00	0.27	0.11069	101%-200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	3	45.00	0.29	0.11069	101%-200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	4	15.00	0.34	0.10996	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	4	30.00	0.33	0.10996	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	4	30.00	0.34	0.10996	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	12	15.00	0.06	0.09845	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	20.00	0.28	0.09845	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	21.00	0.06	0.09845	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	21.00	0.28	0.09845	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	21.00	0.32	0.09845	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	21.00	0.35	0.09845	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.06	0.09845	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.28	0.09845	101%-200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.28	0.09845	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.29	0.09845	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.31	0.09845	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.34	0.09845	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.36	0.09845	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.46	0.09845	200% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	12	40.00	0.12	0.09845	10%-25% Above	Yes	No
64380072306	CALCITRIOL 0.25 MCG CAPSULE	2	30.00	0.36	0.15381	101%-200% Above	No	No
64380072406	CALCITRIOL 0.5 MCG CAPSULE	3	90.00	0.50	0.23872	101%-200% Above	No	No
64380072506	MYCOPHENOLATE 500 MG TABLET	1	180.00	0.16	0.25080	26%-50% Below	No	No
64380072506	MYCOPHENOLATE 500 MG TABLET	2	120.00	0.13	0.27006	51%-75% Below	No	No
64380072606	MYCOPHENOLATE 250 MG CAPSULE	4	540.00	0.10	0.16587	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380072606	MYCOPHENOLATE 250 MG CAPSULE	12	180.00	0.08	0.15019	26%-50% Below	No	No
64380072606	MYCOPHENOLATE 250 MG CAPSULE	12	540.00	0.10	0.15019	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	3.00	0.04	0.10587	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.15	0.10587	26%-50% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	5.00	0.15	0.10587	26%-50% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.12	0.10587	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	3.00	0.04	0.11721	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	5.00	0.15	0.11721	26%-50% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.03	0.11721	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.03	0.12229	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.06	0.12229	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.15	0.12229	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	5.00	0.15	0.12229	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.06	0.12229	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.06	0.12229	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	2.00	0.62	0.12215	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.15	0.12215	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.62	0.12215	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.09	0.12215	10%-25% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	5.00	0.35	0.10563	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.07	0.10563	26%-50% Below	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.05	0.01949	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	2	30.00	0.06	0.02195	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02195	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02365	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380074108	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.05	0.01976	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.06	0.01976	200% Above	No	No
64380074207	BUSPIRONE HCL 10 MG TABLET	2	360.00	0.06	0.03079	76%-100% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.06	0.02845	101%-200% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	2	270.00	0.06	0.03079	101%-200% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.06	0.03236	76%-100% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.06	0.02862	101%-200% Above	No	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	3	180.00	0.09	0.05789	51%-75% Above	Yes	No
64380074805	PRAMIPEXOLE 0.5 MG TABLET	12	180.00	0.09	0.04760	76%-100% Above	Yes	No
64380075005	PRAMIPEXOLE 1 MG TABLET	3	21.00	0.11	0.06810	51%-75% Above	No	No
64380076006	ACARBOSE 100 MG TABLET	1	270.00	0.06	0.21193	51%-75% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	1	4000.00	0.00	0.00649	26%-50% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	3	4000.00	0.00	0.00660	51%-75% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	3	4000.00	0.00	0.00660	26%-50% Below	Yes	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	4	4000.00	0.00	0.00613	26%-50% Below	Yes	No
64380078206	PREDNISONE 1 MG TABLET	1	270.00	0.04	0.04144	10%-25% Below	Yes	No
64380078206	PREDNISONE 1 MG TABLET	3	90.00	0.02	0.04221	26%-50% Below	Yes	No
64380078206	PREDNISONE 1 MG TABLET	4	270.00	0.10	0.04086	101%-200% Above	Yes	No
64380078306	PREDNISONE 5 MG TABLET	1	10.00	0.10	0.04429	101%-200% Above	No	No
64380078306	PREDNISONE 5 MG TABLET	11	5.00	0.15	0.03916	200% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	1	4.00	0.09	0.04429	76%-100% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	1	5.00	0.09	0.04773	76%-100% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	1	10.00	0.12	0.04773	101%-200% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	3	60.00	0.13	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	5.00	0.09	0.04773	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380078408	PREDNISONE 10 MG TABLET	1	5.00	0.23	0.04773	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	6.00	0.17	0.04773	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	7.00	0.11	0.04773	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.11	0.04773	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.12	0.04773	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.15	0.04773	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	12.00	0.09	0.04773	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	18.00	0.09	0.04773	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	18.00	0.11	0.04773	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	18.00	0.12	0.04773	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	19.00	0.09	0.04773	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	21.00	0.09	0.04773	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	30.00	0.11	0.04773	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	10.00	0.09	0.05399	51%-75% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	10.00	0.14	0.05399	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	18.00	0.09	0.05399	51%-75% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	21.00	0.09	0.05399	51%-75% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	30.00	0.09	0.05399	51%-75% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	5.00	0.09	0.05827	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	5.00	0.25	0.05827	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	6.00	0.09	0.05827	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	8.00	0.12	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.09	0.05827	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.11	0.05891	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.13	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.14	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.15	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	21.00	0.11	0.05827	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	25.00	0.11	0.05827	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	5.00	0.12	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	10.00	0.12	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	28.00	0.12	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	4	30.00	0.12	0.05827	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	5.00	0.11	0.04665	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	5.00	0.18	0.04665	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	7.00	0.14	0.04665	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	10.00	0.14	0.04665	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	14.00	0.11	0.04665	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	30.00	0.11	0.04665	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	32.00	0.10	0.04665	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	5.00	0.10	0.07317	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	5.00	0.12	0.07317	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	5.00	0.25	0.07317	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	6.00	0.10	0.07317	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	7.00	0.12	0.07317	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	8.00	0.10	0.07317	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07317	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.17	0.07317	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.18	0.07317	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.22	0.07317	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	13.00	0.10	0.07317	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	30.00	0.12	0.07317	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	3.00	0.10	0.07911	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	5.00	0.29	0.07911	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	7.00	0.09	0.07911	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	9.00	0.19	0.07911	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	10.00	0.09	0.07911	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	10.00	0.10	0.07911	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07911	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	10.00	0.18	0.07911	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	10.00	0.22	0.07911	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	12.00	0.10	0.07911	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	12.00	0.19	0.07911	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	14.00	0.10	0.07911	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	21.00	0.09	0.07911	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	30.00	0.09	0.07911	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	69.00	0.13	0.07911	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	4.00	0.09	0.08187	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	5.00	0.09	0.08187	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	7.00	0.19	0.08187	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	10.00	0.14	0.08187	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	10.00	0.22	0.08187	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380078507	PREDNISONE 20 MG TABLET	3	15.00	0.09	0.08187	10%-25% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	90.00	0.16	0.08187	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	4	5.00	0.14	0.08127	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	4	10.00	0.14	0.08127	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	4	30.00	0.14	0.08127	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	5.00	0.01	0.07170	76%-100% Below	No	No
64380078507	PREDNISONE 20 MG TABLET	12	7.00	0.18	0.07170	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	10.00	0.16	0.07170	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	10.00	0.17	0.07170	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	10.00	0.17	0.07170	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	10.00	0.22	0.07170	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	30.00	0.15	0.07170	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07317	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	1	10.00	0.18	0.07317	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	1	15.00	0.10	0.07317	26%-50% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	1	20.00	0.18	0.07317	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	2	5.00	0.20	0.07911	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	2	5.00	0.21	0.07911	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	2	8.00	0.09	0.07911	10%-25% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07911	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	3	10.00	0.18	0.08187	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	4	14.00	0.12	0.08127	26%-50% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	12	3.00	0.28	0.07170	200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	12	5.00	0.23	0.07170	200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	12	7.00	0.18	0.07170	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380078508	PREDNISONE 20 MG TABLET	12	10.00	0.16	0.07170	101%-200% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.33	0.09292	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.46	0.09292	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	0.46	0.10388	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	90.00	0.13	0.10388	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	90.00	0.17	0.10388	51%-75% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	90.00	0.46	0.10388	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	180.00	0.46	0.10388	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	0.42	0.11667	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	90.00	0.13	0.11667	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	90.00	0.17	0.11667	26%-50% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	90.00	0.42	0.11667	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	180.00	0.42	0.11667	200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	0.54	0.10076	200% Above	Yes	No
64380079701	OSELTAMIVIR PHOS 30 MG CAPSULE	1	20.00	1.58	0.99362	51%-75% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	9.00	1.90	0.99337	76%-100% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.50	0.99337	26%-50% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.87	0.99337	10%-25% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.18	0.99337	10%-25% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.28	0.99337	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.47	0.99337	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.50	0.99337	51%-75% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.80	1.15416	26%-50% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.28	1.15416	10%-25% Above	No	No

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10:58 Tuesday, March 24, 2026 894

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.47	1.15416	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.49	1.15416	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.50	1.15416	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.50	1.17706	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.59	1.17706	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	3.20	1.17706	101%-200% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	0.25	0.91545	51%-75% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.28	0.91545	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.49	0.91545	51%-75% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.66	0.91545	76%-100% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.71	0.91545	76%-100% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.90	0.91545	101%-200% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.93	0.91545	101%-200% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	1	60.00	0.02	0.05620	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	1	90.00	0.02	0.05620	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	2	15.00	0.03	0.06029	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	2	30.00	0.05	0.06029	10%-25% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	2	60.00	0.03	0.06029	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	18.00	0.03	0.06324	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	20.00	0.05	0.06324	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380080707	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.06324	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	3	30.00	0.15	0.06324	101%-200% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.06324	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.06335	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.06335	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	90.00	0.15	0.06335	101%-200% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	12	12.00	0.08	0.05567	51%-75% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	12	21.00	0.07	0.05567	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	12	90.00	0.02	0.05567	51%-75% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	12	90.00	0.04	0.05567	26%-50% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	12	90.00	0.07	0.05567	26%-50% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	1	28.00	0.03	0.04794	26%-50% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	1	30.00	0.03	0.04794	26%-50% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	1	40.00	0.03	0.04794	26%-50% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	1	40.00	0.04	0.04794	10%-25% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	1	60.00	0.02	0.04794	51%-75% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	1	90.00	0.03	0.04794	26%-50% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	2	21.00	0.02	0.04873	51%-75% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	3	20.00	0.06	0.04951	10%-25% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	3	30.00	0.01	0.04951	51%-75% Below	No	No
64380080807	IBUPROFEN 600 MG TABLET	3	40.00	0.06	0.04951	10%-25% Above	No	No
64380087267	SEVELAMER CARBONATE 800 MG TAB	3	270.00	0.12	0.21858	26%-50% Below	No	No
64380087267	SEVELAMER CARBONATE 800 MG TAB	12	270.00	0.84	0.19912	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380094906	PREDNISON 50 MG TABLET	1	2.00	0.26	0.16886	51%-75% Above	Yes	No
64380094906	PREDNISON 50 MG TABLET	1	4.00	0.19	0.16886	10%-25% Above	Yes	No
64380094906	PREDNISON 50 MG TABLET	1	5.00	0.07	0.16886	51%-75% Below	Yes	No
64380094906	PREDNISON 50 MG TABLET	1	5.00	0.19	0.16886	10%-25% Above	Yes	No
64380094906	PREDNISON 50 MG TABLET	1	7.00	0.19	0.16886	10%-25% Above	Yes	No
64380094906	PREDNISON 50 MG TABLET	4	5.00	0.30	0.20326	26%-50% Above	No	No
64380094906	PREDNISON 50 MG TABLET	12	3.00	0.20	0.17685	10%-25% Above	Yes	No
64380094906	PREDNISON 50 MG TABLET	12	5.00	0.07	0.17685	51%-75% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	3	450.00	0.19	0.24243	10%-25% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.04	0.03440	10%-25% Above	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	180.00	0.03	0.03440	10%-25% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.05	0.03440	26%-50% Above	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	60.00	0.03	0.03869	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.03	0.03869	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	150.00	0.03	0.03869	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	180.00	0.03	0.03869	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.02	0.04345	26%-50% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	150.00	0.04	0.04345	10%-25% Below	No	No
64679060416	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.04	0.03452	10%-25% Above	No	No
64850044001	PHENDIMETRAZINE 35 MG TABLET	1	90.00	0.10	0.11640	10%-25% Below	No	No
64850044001	PHENDIMETRAZINE 35 MG TABLET	2	90.00	0.10	0.11937	10%-25% Below	No	No
64850044001	PHENDIMETRAZINE 35 MG TABLET	12	90.00	0.10	0.12147	10%-25% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	75.00	0.17	0.23891	26%-50% Below	Yes	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.21	0.26988	10%-25% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	60.00	0.22	0.26988	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	60.00	0.08	0.26782	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.21968	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.21968	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.28	0.21968	26%-50% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.28	0.21968	26%-50% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.17	0.24512	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.19	0.24512	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.19	0.24512	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.19	0.24512	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.28	0.24512	10%-25% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24512	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24512	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.20	0.24512	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.28	0.24512	10%-25% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	90.00	0.17	0.24512	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	90.00	0.19	0.24512	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.17	0.27075	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.18	0.27075	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.19	0.27075	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.17	0.27075	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.20	0.27075	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.22	0.27075	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.22	0.27075	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.11	0.27075	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	20.00	0.24	0.28393	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.18	0.28393	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.24	0.28393	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.24	0.28393	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	90.00	0.24	0.28393	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.19	0.22490	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.19	0.22490	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.28	0.22490	26%-50% Above	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.28	0.22490	26%-50% Above	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.18	0.24470	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.20	0.24470	10%-25% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.21	0.24470	10%-25% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.27	0.24470	10%-25% Above	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	30.00	0.17	0.27349	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.18	0.27349	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.18	0.27349	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	30.00	0.23	0.28574	10%-25% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	30.00	0.23	0.28574	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.17	0.28574	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.17	0.28574	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.18	0.28574	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.20	0.28574	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.23	0.28574	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	180.00	0.18	0.28574	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	30.00	0.19	0.27045	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.21	0.27045	10%-25% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.27	0.23161	10%-25% Above	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.23	0.33707	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.28	0.33707	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	45.00	0.28	0.33707	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.33707	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.33707	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.22	0.33707	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.28	0.33707	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.19	0.33707	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	180.00	0.28	0.33707	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.17	0.32905	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.18	0.32905	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.19	0.32905	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.28	0.32905	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	45.00	0.21	0.32905	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.32905	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.32905	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.19	0.32905	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.22	0.32905	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.28	0.32905	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.33907	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.18	0.33907	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.19	0.33907	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.22	0.33907	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.24	0.33907	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.28	0.33907	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	90.00	0.17	0.33907	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.24	0.33601	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.24	0.33601	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	30.00	0.28	0.33601	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.18	0.33601	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.24	0.33601	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.28	0.33601	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	90.00	0.22	0.33601	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	90.00	0.24	0.33601	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.28	0.34027	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.22	0.34027	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.22	0.34027	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.28	0.34027	10%-25% Below	Yes	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	28.00	0.18	0.28638	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.17	0.28638	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	28.00	0.18	0.29620	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.17	0.29620	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.17	0.29620	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	14.00	0.23	0.32049	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	28.00	0.18	0.32049	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.17	0.32049	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.17	0.32049	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 901

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	28.00	0.18	0.32610	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.18	0.32610	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	28.00	0.18	0.29474	26%-50% Below	No	No
64850051001	DEXTROAMP-AMPHET ER 5 MG CAP	3	30.00	0.34	0.55521	26%-50% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.95	0.63695	26%-50% Above	Yes	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	3.43	0.63695	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	1	90.00	0.17	0.63695	51%-75% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	0.50	0.59443	10%-25% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	0.95	0.59443	51%-75% Above	Yes	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	3.43	0.59443	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	2	90.00	0.30	0.59443	26%-50% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	3.43	0.66278	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	3.43	0.64928	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.00	0.33	0.70399	51%-75% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	11	30.00	0.50	0.70399	26%-50% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.33	0.60837	26%-50% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.95	0.60837	51%-75% Above	Yes	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.34	0.69411	26%-50% Below	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.98	0.69411	26%-50% Above	Yes	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	3.43	0.69411	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.33	0.68971	51%-75% Below	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.98	0.68971	26%-50% Above	Yes	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	3.50	0.68971	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.34	0.63922	26%-50% Below	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.98	0.63922	51%-75% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 902

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	3.43	0.63922	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	3.43	0.61772	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.50	0.65046	10%-25% Below	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.98	0.65046	51%-75% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.67969	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.92	0.67969	26%-50% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	1.76	0.67969	101%-200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.43	0.67969	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.10	0.71123	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.43	0.71123	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	2	90.00	0.92	0.71123	26%-50% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.33	0.69996	51%-75% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.69996	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.69996	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.92	0.69996	26%-50% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	3.43	0.69996	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.92	0.68677	26%-50% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	3.43	0.68677	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	1.76	0.61752	101%-200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.96	0.73253	26%-50% Above	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	3.43	0.73253	200% Above	Yes	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	0.66	0.75366	10%-25% Below	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	3	60.00	3.43	0.70525	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	3.50	0.69015	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.33	0.59466	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.50	0.59466	10%-25% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	3.43	0.59466	200% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	3.50	0.59466	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.50	0.58820	10%-25% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.67	0.58820	10%-25% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.74	0.58820	26%-50% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.97	0.58820	51%-75% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.43	0.58820	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.43	0.58820	200% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.50	0.58820	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	4.93	0.58820	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	60.00	0.97	0.58820	51%-75% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.43	0.63305	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.50	0.63305	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.50	0.58801	10%-25% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.74	0.58801	26%-50% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.43	0.58801	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.97	0.59149	51%-75% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	2.05	0.59149	200% Above	No	No
64850055201	LISDEXAMFETA CAP 30MG	3	30.00	2.27	.		No	No
64850055201	LISDEXAMFETA CAP 30MG	4	30.00	2.27	.		No	No
64850055301	LISDEXAMFETA CAP 40MG	3	30.00	2.06	.		No	No
64850055301	LISDEXAMFETA CAP 40MG	3	30.00	7.65	.		No	No
64850055301	LISDEXAMFETA CAP 40MG	3	30.00	7.78	.		No	No
64850055301	LISDEXAMFETA CAP 40MG	4	30.00	2.06	.		No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850055401	LISDEXAMFETA CAP 50MG	3	30.00	2.42	.		No	No
64850055401	LISDEXAMFETA CAP 50MG	3	30.00	7.65	.		No	No
64850055601	LISDEXAMFETA CAP 70MG	1	30.00	7.65	.		No	No
64850055601	LISDEXAMFETA CAP 70MG	3	30.00	7.65	.		No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	3	8.00	0.19	0.26399	26%-50% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	3	12.00	0.13	0.26399	51%-75% Below	No	No
64950026810	CLEMASTINE FUM 2.68 MG TABLET	4	10.00	2.48	0.50086	200% Above	Yes	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	1	60.00	0.12	0.28324	51%-75% Below	No	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	3	150.00	0.13	0.24047	26%-50% Below	No	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	3	140.00	0.06	0.09514	26%-50% Below	No	No
64950037316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	2	120.00	0.14	0.25219	26%-50% Below	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	2	30.00	0.43	0.09499	200% Above	No	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	3	30.00	0.39	0.10297	200% Above	No	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	4	30.00	0.49	0.10188	200% Above	Yes	No
64980020905	OXYBUTYNIN CL ER 5 MG TABLET	12	30.00	0.50	0.08524	200% Above	No	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	1	30.00	0.45	0.09362	200% Above	No	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	1	90.00	0.53	0.09362	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	2	30.00	0.50	0.10120	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	2	90.00	0.41	0.10120	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	2	90.00	0.45	0.10120	200% Above	No	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	2	90.00	0.45	0.10120	200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	4	90.00	0.54	0.11037	200% Above	Yes	No
64980021101	OXYBUTYNIN CL ER 15 MG TABLET	2	30.00	0.49	0.13451	200% Above	No	No
64980021101	OXYBUTYNIN CL ER 15 MG TABLET	2	90.00	0.45	0.13451	200% Above	No	No
64980021101	OXYBUTYNIN CL ER 15 MG TABLET	4	30.00	0.63	0.14680	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980022301	METHYLPHENIDATE 10 MG CHEW TAB	1	90.00	0.42	2.36152	76%-100% Below	No	No
64980022301	METHYLPHENIDATE 10 MG CHEW TAB	2	90.00	0.42	2.37568	76%-100% Below	No	No
64980022301	METHYLPHENIDATE 10 MG CHEW TAB	3	90.00	1.30	2.39549	26%-50% Below	No	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	4	30.00	0.18	0.11456	51%-75% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	3	180.00	0.12	0.08591	26%-50% Above	Yes	No
64980028005	GLIPIZIDE ER 5 MG TABLET	1	30.00	0.04	0.08185	26%-50% Below	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	1	90.00	0.10	0.08185	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	1	90.00	0.12	0.08185	51%-75% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	1	180.00	0.11	0.08185	26%-50% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	2	30.00	0.04	0.08532	26%-50% Below	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	2	90.00	0.08	0.08532	10%-25% Below	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	2	90.00	0.13	0.08532	51%-75% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	3	30.00	0.05	0.08591	26%-50% Below	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	3	30.00	0.17	0.08591	76%-100% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	4	30.00	0.05	0.08386	26%-50% Below	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	4	30.00	0.19	0.08386	101%-200% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	4	90.00	0.12	0.08386	26%-50% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	1	90.00	0.19	0.15035	10%-25% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	1	180.00	0.20	0.15035	26%-50% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	2	30.00	0.19	0.15809	10%-25% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	2	90.00	0.21	0.15809	26%-50% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	2	90.00	0.24	0.15809	26%-50% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	2	180.00	0.21	0.15809	26%-50% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	3	90.00	0.23	0.15695	26%-50% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	3	90.00	0.25	0.15695	51%-75% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 906

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980028101	GLIPIZIDE ER 10 MG TABLET	3	180.00	0.14	0.15695	10%-25% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	12	180.00	0.21	0.14818	26%-50% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	12	180.00	0.22	0.14818	26%-50% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	1	60.00	0.19	0.15035	10%-25% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	1	90.00	0.19	0.15035	10%-25% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	2	180.00	0.11	0.15809	26%-50% Below	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	4	90.00	0.22	0.14820	26%-50% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	4	120.00	0.23	0.14820	51%-75% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	12	120.00	0.22	0.14818	26%-50% Above	No	No
64980032005	TRIAMCINOLONE 0.1% PASTE	3	5.00	1.51	3.30498	51%-75% Below	No	No
64980032430	PROCTOZONE-HC 2.5% CREAM	1	28.00	0.13	0.23153	26%-50% Below	No	No
64980032920	FLUOCINOLONE OIL 0.01% EAR DRP	1	20.00	1.00	0.90127	10%-25% Above	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	1	118.28	0.62	0.15856	200% Above	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	1	118.28	0.73	0.15856	200% Above	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	2	118.28	0.08	0.17712	51%-75% Below	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	2	118.28	0.13	0.17712	26%-50% Below	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	2	118.28	0.62	0.17712	200% Above	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	3	118.28	0.42	0.18997	101%-200% Above	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	12	118.28	0.13	0.16037	10%-25% Below	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	12	118.28	0.41	0.16037	101%-200% Above	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	1	118.28	0.13	0.16316	10%-25% Below	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	1	118.28	0.13	0.16316	10%-25% Below	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	3	118.28	0.09	0.19971	51%-75% Below	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.57	0.24394	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.67	0.24394	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 907

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980034214	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.48	0.24394	76%-100% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.79	0.24394	200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.44	0.25705	51%-75% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.55	0.25705	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.57	0.26024	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.61	0.26024	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.48	0.26024	76%-100% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.60	0.26024	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.61	0.26024	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	12	4.00	0.12	0.24598	51%-75% Below	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	12	4.00	0.79	0.24598	200% Above	No	No
64980037303	ATOMOXETINE HCL 10 MG CAPSULE	1	30.00	0.50	0.39059	26%-50% Above	No	No
64980037303	ATOMOXETINE HCL 10 MG CAPSULE	2	30.00	1.89	0.39974	200% Above	No	No
64980037303	ATOMOXETINE HCL 10 MG CAPSULE	3	30.00	1.73	0.40652	200% Above	No	No
64980037403	ATOMOXETINE HCL 18 MG CAPSULE	2	90.00	0.56	0.47520	10%-25% Above	No	No
64980037403	ATOMOXETINE HCL 18 MG CAPSULE	3	30.00	1.73	0.50666	200% Above	No	No
64980037403	ATOMOXETINE HCL 18 MG CAPSULE	4	30.00	3.47	0.50567	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	2.06	0.54802	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	2.42	0.54802	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	0.17	0.50230	51%-75% Below	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	2.06	0.50230	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	0.17	0.49724	51%-75% Below	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	1.87	0.49724	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	3.80	0.49332	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	12	30.00	2.42	0.56604	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 908

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980037703	ATOMOXETINE HCL 60 MG CAPSULE	3	30.00	1.87	0.52976	200% Above	No	No
64980041110	PREGABALIN 50 MG CAPSULE	2	90.00	0.02	0.05352	51%-75% Below	No	No
64980041110	PREGABALIN 50 MG CAPSULE	3	90.00	0.03	0.05408	26%-50% Below	No	No
64980041209	PREGABALIN 75 MG CAPSULE	1	30.00	0.04	0.05403	10%-25% Below	Yes	No
64980041209	PREGABALIN 75 MG CAPSULE	2	30.00	0.04	0.06045	26%-50% Below	Yes	No
64980041209	PREGABALIN 75 MG CAPSULE	2	60.00	0.03	0.06045	26%-50% Below	No	No
64980041209	PREGABALIN 75 MG CAPSULE	4	270.00	0.63	0.06435	200% Above	Yes	No
64980041210	PREGABALIN 75 MG CAPSULE	3	90.00	0.03	0.06446	26%-50% Below	No	No
64980041309	PREGABALIN 100 MG CAPSULE	1	60.00	0.03	0.05297	26%-50% Below	Yes	No
64980041309	PREGABALIN 100 MG CAPSULE	2	60.00	0.02	0.06095	51%-75% Below	Yes	No
64980041310	PREGABALIN 100 MG CAPSULE	1	180.00	0.04	0.05297	26%-50% Below	Yes	No
64980041310	PREGABALIN 100 MG CAPSULE	4	90.00	0.03	0.06914	51%-75% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	1	90.00	0.03	0.05830	51%-75% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	1	90.00	0.03	0.05830	26%-50% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	3	90.00	0.03	0.06767	51%-75% Below	No	No
64980041410	PREGABALIN 150 MG CAPSULE	4	60.00	0.66	0.06938	200% Above	No	No
64980041410	PREGABALIN 150 MG CAPSULE	4	90.00	0.66	0.06938	200% Above	No	No
64980043150	OXYBUTYNIN 5 MG TABLET	1	30.00	0.25	0.04734	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	1	90.00	0.07	0.02075	200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	2	30.00	0.05	0.02272	101%-200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	2	90.00	0.06	0.02272	101%-200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	3	90.00	0.07	0.02404	101%-200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	4	30.00	0.05	0.02416	101%-200% Above	No	No
64980043710	ATENOLOL 25 MG TABLET	12	90.00	0.09	0.02053	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	1	60.00	0.03	0.02277	10%-25% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 909

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980043810	ATENOLOL 50 MG TABLET	3	90.00	0.06	0.02553	101%-200% Above	Yes	No
64980043810	ATENOLOL 50 MG TABLET	12	60.00	0.09	0.02288	200% Above	No	No
64980044801	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	10.00	2.43	4.52660	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	1	150.00	0.02	0.03773	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	2	150.00	0.02	0.03859	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	3	100.00	0.02	0.04137	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	3	150.00	0.02	0.04137	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	3	300.00	0.02	0.04137	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	12	150.00	0.02	0.03808	26%-50% Below	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	1	630.00	0.09	0.08024	10%-25% Above	Yes	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	4	100.00	0.10	0.08906	10%-25% Above	Yes	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	1	200.00	0.14	0.16217	10%-25% Below	Yes	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	3	500.00	0.14	0.17938	10%-25% Below	Yes	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	4	200.00	0.14	0.17485	10%-25% Below	Yes	No
64980051305	TIMOLOL MALEATE 0.25% EYE DROP	2	10.00	0.29	0.63472	51%-75% Below	Yes	No
64980051401	TIMOLOL MALEATE 0.5% EYE DROPS	1	10.00	0.68	0.75766	10%-25% Below	Yes	No
64980051401	TIMOLOL MALEATE 0.5% EYE DROPS	12	10.00	0.68	0.77709	10%-25% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	1	5.00	0.63	1.02318	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	2	5.00	0.55	1.10155	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	2	10.00	0.97	1.10155	10%-25% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	3	5.00	0.55	1.12563	26%-50% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	3	10.00	0.97	1.12563	10%-25% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	4	15.00	0.84	1.11517	10%-25% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	12	5.00	0.63	1.00673	26%-50% Below	No	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	12	10.00	0.01	1.00673	76%-100% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 910

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980051415	TIMOLOL MALEATE 0.5% EYE DROPS	1	15.00	0.58	0.81675	26%-50% Below	Yes	No
64980051415	TIMOLOL MALEATE 0.5% EYE DROPS	3	15.00	0.68	0.86741	10%-25% Below	Yes	No
64980051505	OFLOXACIN 0.3% EYE DROPS	1	5.00	2.44	1.51745	51%-75% Above	No	No
64980056201	FUROSEMIDE 20 MG TABLET	2	5.00	0.02	0.02485	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	10.00	0.02	0.02252	10%-25% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	20.00	0.02	0.02252	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	20.00	0.02	0.02252	10%-25% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	24.00	0.03	0.02252	26%-50% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	30.00	0.02	0.02252	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	30.00	0.02	0.02252	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	90.00	0.02	0.02252	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	90.00	0.02	0.02252	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	90.00	0.03	0.02252	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	145.00	0.02	0.02252	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	20.00	0.02	0.02485	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.02	0.02485	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.02	0.02485	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02485	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02485	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02485	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02485	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02485	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02485	10%-25% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	10.00	0.01	0.02649	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.01	0.02649	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 911

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.01	0.02649	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02649	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02649	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.07	0.02649	101%-200% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	45.00	0.02	0.02649	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	90.00	0.01	0.02649	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	90.00	0.02	0.02649	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	90.00	0.02	0.02649	10%-25% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	90.00	0.02	0.02649	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	145.00	0.01	0.02649	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	4	30.00	0.01	0.02632	51%-75% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	4	90.00	0.03	0.02632	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	4	90.00	0.07	0.02632	101%-200% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	4	180.00	0.07	0.02632	101%-200% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	10.00	0.02	0.02280	10%-25% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	30.00	0.03	0.02280	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	12	30.00	0.03	0.02280	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	30.00	0.03	0.02280	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	90.00	0.02	0.02280	10%-25% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	90.00	0.02	0.02280	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	1	30.00	0.02	0.02862	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	1	30.00	0.04	0.02862	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	1	60.00	0.02	0.02862	10%-25% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	1	90.00	0.02	0.02862	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	1	90.00	0.02	0.02862	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 912

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980056310	FUROSEMIDE 40 MG TABLET	1	90.00	0.04	0.02862	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	30.00	0.02	0.03121	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	30.00	0.02	0.03121	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	30.00	0.02	0.03121	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	2	32.00	0.02	0.03121	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	2	60.00	0.02	0.03121	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	90.00	0.02	0.03121	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	180.00	0.03	0.03121	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	3	5.00	0.02	0.03299	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	10.00	0.07	0.03299	101%-200% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	14.00	0.08	0.03299	101%-200% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	30.00	0.02	0.03299	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	30.00	0.04	0.03299	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	30.00	0.08	0.03299	101%-200% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	60.00	0.02	0.03299	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	0.02	0.03299	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	0.02	0.03299	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	0.03	0.03299	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	4	60.00	0.02	0.03304	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	4	60.00	0.08	0.03304	101%-200% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	4	90.00	0.08	0.03304	101%-200% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	12	3.00	0.14	0.02872	200% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	12	30.00	0.02	0.02872	10%-25% Below	No	No
64980056603	DAPSONE 100 MG TABLET	1	45.00	0.41	0.88773	51%-75% Below	No	No
64980056603	DAPSONE 100 MG TABLET	2	45.00	0.46	0.95590	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 913

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980056603	DAPSONE 100 MG TABLET	3	45.00	0.42	1.07499	51%-75% Below	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	12	15.00	0.05	0.01184	200% Above	No	No
64980059295	LACTULOSE 10 GM/15 ML SOLUTION	1	150.00	0.01	0.01220	26%-50% Below	No	No
64980059324	NITROFURANTOIN 25 MG/5 ML SUSP	1	160.00	4.42	3.29255	26%-50% Above	Yes	No
64980059324	NITROFURANTOIN 25 MG/5 ML SUSP	2	150.00	4.42	2.94631	26%-50% Above	Yes	No
64980059324	NITROFURANTOIN 25 MG/5 ML SUSP	4	165.00	4.42	3.07385	26%-50% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	4	450.00	0.10	0.08232	10%-25% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	12	90.00	0.12	0.07118	51%-75% Above	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	1	60.00	0.21	0.10687	76%-100% Above	Yes	No
64980060650	LEVETIRACETAM 750 MG TABLET	1	60.00	0.19	0.10687	76%-100% Above	No	No
64980060650	LEVETIRACETAM 750 MG TABLET	2	60.00	0.19	0.11487	51%-75% Above	No	No
64980060650	LEVETIRACETAM 750 MG TABLET	3	60.00	0.19	0.12140	51%-75% Above	No	No
64980060650	LEVETIRACETAM 750 MG TABLET	4	60.00	0.19	0.12062	51%-75% Above	No	No
64980060706	LEVETIRACETAM 1,000 MG TABLET	2	180.00	0.12	0.16891	26%-50% Below	Yes	No
64980063550	BENZONATATE CAP 200MG	2	30.00	0.05	.		No	No
64980063550	BENZONATATE CAP 200MG	2	30.00	0.17	.		No	No
64980063550	BENZONATATE CAP 200MG	2	30.00	0.29	.		No	No
64980063550	BENZONATATE CAP 200MG	2	42.00	0.12	.		No	No
64980063550	BENZONATATE CAP 200MG	2	45.00	0.29	.		No	No
64980063550	BENZONATATE CAP 200MG	3	15.00	0.05	.		No	No
64980063550	BENZONATATE CAP 200MG	3	20.00	0.05	.		No	No
64980063550	BENZONATATE CAP 200MG	3	30.00	0.05	.		No	No
65038028699	AZSTARYS 26.1 MG-5.2 MG CAP	1	30.00	15.60	13.92065	10%-25% Above	No	No
65038028699	AZSTARYS 26.1 MG-5.2 MG CAP	2	30.00	15.60	13.92065	10%-25% Above	No	No
65038028699	AZSTARYS 26.1 MG-5.2 MG CAP	3	30.00	15.60	13.92065	10%-25% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 914

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65038028699	AZSTARYS 26.1 MG-5.2 MG CAP	4	30.00	15.60	13.92065	10%-25% Above	No	No
65038042999	AZSTARYS 39.2 MG-7.8 MG CAP	1	30.00	15.60	13.91961	10%-25% Above	No	No
65038042999	AZSTARYS 39.2 MG-7.8 MG CAP	2	30.00	15.60	13.91961	10%-25% Above	No	No
65038042999	AZSTARYS 39.2 MG-7.8 MG CAP	3	30.00	15.60	13.91961	10%-25% Above	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	8.00	4.50447	76%-100% Above	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	8.00	4.13384	76%-100% Above	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	2.66	4.84722	26%-50% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	2.66	4.68536	26%-50% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	2.66	4.59237	26%-50% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	2.40	4.38959	26%-50% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	2.56	4.76157	26%-50% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	8.00	5.18947	51%-75% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	8.00	4.91264	51%-75% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	8.00	4.81498	51%-75% Above	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	1	8.00	0.19	0.23697	10%-25% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	1	15.00	0.14	0.23697	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	10.00	0.09	0.25045	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.09	0.25045	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	30.00	0.09	0.25045	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	60.00	0.10	0.25045	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	12.00	0.09	0.26399	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	20.00	0.15	0.26399	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	60.00	0.10	0.26399	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	6.00	0.17	0.26016	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	15.00	0.23	0.26016	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 915

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	18.00	0.16	0.26016	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	20.00	0.16	0.26016	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	21.00	0.23	0.26016	10%-25% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	60.00	0.10	0.26016	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	60.00	0.23	0.26016	10%-25% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	12	30.00	0.14	0.23491	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	2	10.00	0.08	0.09095	10%-25% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	2	15.00	0.05	0.09095	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	2	20.00	0.05	0.09095	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	2	30.00	0.05	0.09095	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	3	10.00	0.05	0.09237	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	3	42.00	0.21	0.09237	101%-200% Above	No	No
65162010111	GABAPENTIN 100 MG CAPSULE	12	28.00	0.02	0.02070	10%-25% Above	Yes	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	30.00	0.03	0.02079	26%-50% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	90.00	0.01	0.02079	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	90.00	0.02	0.02079	10%-25% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	120.00	0.01	0.02079	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	126.00	0.01	0.02079	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	180.00	0.01	0.02079	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	360.00	0.01	0.02079	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	60.00	0.01	0.02246	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02246	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	180.00	0.01	0.02246	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	60.00	0.11	0.02330	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02330	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 916

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162010150	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02330	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	90.00	0.02	0.02330	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	120.00	0.01	0.02330	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	60.00	0.11	0.02304	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	180.00	0.11	0.02304	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	90.00	0.01	0.02070	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	90.00	0.01	0.02070	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	150.00	0.01	0.02070	26%-50% Below	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	1	42.00	0.02	0.03533	26%-50% Below	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	1	90.00	0.02	0.03533	26%-50% Below	Yes	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	14.00	0.05	0.03533	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	30.00	0.01	0.03533	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	60.00	0.01	0.03533	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	60.00	0.03	0.03533	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	84.00	0.02	0.03533	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03533	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	90.00	0.02	0.03533	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03533	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	120.00	0.01	0.03533	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	120.00	0.03	0.03533	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	30.00	0.01	0.03674	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	60.00	0.03	0.03674	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 917

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162010250	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03674	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	180.00	0.01	0.03674	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	14.00	0.05	0.03671	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	30.00	0.01	0.03671	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	30.00	0.01	0.03671	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	60.00	0.01	0.03671	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	60.00	0.03	0.03671	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	0.02	0.03671	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03671	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	120.00	0.01	0.03671	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	150.00	0.03	0.03671	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	180.00	0.02	0.03671	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	180.00	0.03	0.03671	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	270.00	0.01	0.03671	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	30.00	0.13	0.03509	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	60.00	0.03	0.03509	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	60.00	0.13	0.03509	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	90.00	0.13	0.03509	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	240.00	0.13	0.03509	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	30.00	0.02	0.03474	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	60.00	0.02	0.03474	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	60.00	0.02	0.03474	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 918

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162010250	GABAPENTIN 300 MG CAPSULE	12	60.00	0.03	0.03474	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	90.00	0.02	0.03474	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	90.00	0.02	0.03474	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	350.00	0.03	0.03474	10%-25% Below	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	2	180.00	0.02	0.04707	26%-50% Below	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	3	120.00	0.02	0.04947	51%-75% Below	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	4	120.00	0.02	0.04691	26%-50% Below	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	12	180.00	0.02	0.04450	26%-50% Below	No	No
65162011510	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	12.00	0.13	0.14998	10%-25% Below	Yes	No
65162014908	LYLLANA 0.05 MG PATCH	2	24.00	1.25	6.49680	76%-100% Below	No	No
65162016906	MEMANTINE HCL 10 MG TABLET	1	30.00	0.16	0.06059	101%-200% Above	Yes	No
65162016906	MEMANTINE HCL 10 MG TABLET	2	180.00	0.77	0.06475	200% Above	Yes	No
65162018910	NAPROXEN 375 MG TABLET	2	60.00	0.01	0.05924	76%-100% Below	Yes	No
65162018950	NAPROXEN 375 MG TABLET	3	20.00	0.01	0.06213	76%-100% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	1	30.00	0.02	0.05472	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	1	42.00	0.02	0.05472	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	1	60.00	0.02	0.05472	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	1	60.00	0.03	0.05472	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	1	180.00	0.02	0.05472	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	2	20.00	0.02	0.05828	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	2	60.00	0.03	0.05828	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	14.00	0.02	0.06272	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	20.00	0.05	0.06272	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	20.00	0.05	0.06272	10%-25% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	28.00	0.02	0.06272	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 919

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162019011	NAPROXEN 500 MG TABLET	3	60.00	0.02	0.06272	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	60.00	0.03	0.06272	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	4	10.00	0.10	0.06459	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	4	60.00	0.17	0.06459	101%-200% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	1	20.00	0.02	0.05472	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	30.00	0.02	0.05472	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	30.00	0.03	0.05472	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	30.00	0.04	0.05472	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	60.00	0.03	0.05472	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	60.00	0.03	0.05472	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	60.00	0.04	0.05472	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	180.00	0.03	0.05472	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	14.00	0.04	0.05828	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	20.00	0.02	0.05828	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	30.00	0.03	0.05828	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	60.00	0.02	0.05828	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	60.00	0.03	0.05828	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	60.00	0.03	0.05828	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	60.00	0.03	0.05828	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	10.00	0.02	0.06272	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	14.00	0.02	0.06272	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	15.00	0.04	0.06272	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	20.00	0.02	0.06272	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	20.00	0.04	0.06272	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	20.00	0.05	0.06272	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	28.00	0.03	0.06272	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 920

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162019050	NAPROXEN 500 MG TABLET	3	30.00	0.03	0.06272	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	30.00	0.03	0.06272	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	0.02	0.06272	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	0.03	0.06272	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	0.03	0.06272	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	0.17	0.06272	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	30.00	0.03	0.06459	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	60.00	0.03	0.06459	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	60.00	0.17	0.06459	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	180.00	0.17	0.06459	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	30.00	0.04	0.05534	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	30.00	0.04	0.05534	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	30.00	0.05	0.05534	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	40.00	0.02	0.05534	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	40.00	0.04	0.05534	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	60.00	0.03	0.05534	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	12.00	0.08	0.20534	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.10	0.20534	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	30.00	0.08	0.20534	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	120.00	0.07	0.20534	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	30.00	0.09	0.22062	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.07	0.22062	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	18.00	0.09	0.22992	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	0.08	0.22992	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	0.07	0.22992	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	0.27	0.22892	10%-25% Above	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	12.00	0.13	0.20157	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.00	0.12	0.20157	26%-50% Below	Yes	No
65162024709	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.35	0.07447	200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.22	0.07447	101%-200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.32	0.07732	200% Above	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	4	30.00	0.34	0.08618	200% Above	No	No
65162025009	CHLORTHALIDONE 50 MG TABLET	3	90.00	0.28	0.12555	101%-200% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.07	0.05697	10%-25% Above	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.01	0.05697	51%-75% Below	No	No
65162027210	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.00	0.07	0.05210	26%-50% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	1	16.00	0.06	0.05277	10%-25% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.05	0.05277	10%-25% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	1	28.00	0.03	0.05277	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.03	0.05697	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	8.00	0.08	0.05697	26%-50% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.07	0.05697	10%-25% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.03	0.05697	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	16.00	0.06	0.05697	10%-25% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.03	0.05697	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.03	0.05697	26%-50% Below	Yes	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	28.00	0.03	0.05697	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	2	28.00	0.04	0.05697	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	10.00	0.03	0.05983	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.03	0.05983	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.05	0.05983	10%-25% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	16.00	0.03	0.05983	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.01	0.05983	76%-100% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.03	0.05983	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	28.00	0.03	0.05983	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	3	30.00	0.03	0.05983	51%-75% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.03	0.05785	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	12.00	0.20	0.05785	200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.05	0.05785	10%-25% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.20	0.05785	200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.20	0.05785	200% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.03	0.05210	26%-50% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.05	0.05210	10%-25% Below	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	12	28.00	0.03	0.05210	51%-75% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	1	3.00	14.82	26.52333	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	1	9.00	0.01	26.52333	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2	3.00	0.01	28.44132	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2	3.00	14.82	28.44132	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2	12.00	0.01	28.44132	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	3	3.00	14.63	28.66828	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	4	3.00	0.01	28.63006	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	12	3.00	5.47	26.59892	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	12	3.00	17.46	26.59892	26%-50% Below	No	No
65162044210	MECLIZINE 25 MG TABLET	2	30.00	0.07	0.08105	10%-25% Below	No	No
65162044210	MECLIZINE 25 MG TABLET	3	30.00	0.07	0.08658	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162046510	IBUPROFEN 600 MG TABLET	4	20.00	0.04	0.05019	10%-25% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	1	90.00	0.02	0.04794	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	2	30.00	0.03	0.04873	26%-50% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	2	30.00	0.04	0.04873	10%-25% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	2	90.00	0.02	0.04873	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	3	30.00	0.03	0.04951	26%-50% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	12	12.00	0.02	0.04830	51%-75% Below	No	No
65162046550	IBUPROFEN 600 MG TABLET	12	20.00	0.04	0.04830	10%-25% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	1	40.00	0.03	0.05620	26%-50% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	1	60.00	0.02	0.05620	51%-75% Below	No	No
65162046610	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.06029	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	15.00	0.03	0.05620	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	20.00	0.02	0.05620	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	30.00	0.02	0.05620	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05620	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05620	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	40.00	0.04	0.05620	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	45.00	0.03	0.05620	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	90.00	0.04	0.05620	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	21.00	0.05	0.06029	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.06029	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	30.00	0.05	0.06029	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162046650	IBUPROFEN 800 MG TABLET	2	40.00	0.03	0.06029	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	90.00	0.01	0.06029	76%-100% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	90.00	0.04	0.06029	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	28.00	0.03	0.06324	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	30.00	0.05	0.06324	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	30.00	0.15	0.06324	101%-200% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	45.00	0.03	0.06324	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	50.00	0.03	0.06324	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.06335	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.06335	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	60.00	0.15	0.06335	101%-200% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	90.00	0.04	0.06335	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	20.00	0.06	0.05567	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	30.00	0.02	0.05567	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	30.00	0.04	0.05567	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	60.00	0.04	0.05567	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05567	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	90.00	0.04	0.05567	26%-50% Below	No	No
65162046819	CLINDAMYCIN (PEDI) 75 MG/5 ML	3	300.00	0.12	0.17938	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	1	3.00	57.41	48.83910	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162046935	ELURYNG VAGINAL RING	2	3.00	0.01	52.48018	76%-100% Below	No	No
65162046935	ELURYNG VAGINAL RING	3	1.00	0.01	54.25349	76%-100% Below	No	No
65162046935	ELURYNG VAGINAL RING	3	3.00	45.71	54.25349	10%-25% Below	No	No
65162046935	ELURYNG VAGINAL RING	4	1.00	45.71	53.59942	10%-25% Below	No	No
65162046935	ELURYNG VAGINAL RING	12	3.00	57.41	49.58895	10%-25% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.20	0.28445	200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.51	0.30818	51%-75% Above	Yes	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.32	0.30818	200% Above	Yes	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.73	0.32693	101%-200% Above	No	No
65162047810	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	1.20	0.28685	200% Above	No	No
65162052111	PROMETHAZINE 25 MG TABLET	3	2.00	0.03	0.05071	26%-50% Below	No	No
65162055310	METAXALONE 800 MG TABLET	2	42.00	0.38	0.51631	26%-50% Below	Yes	No
65162062711	TRAMADOL HCL 50 MG TABLET	1	10.00	0.07	0.02332	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	1	12.00	0.02	0.02332	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	1	12.00	0.05	0.02332	101%-200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	1	28.00	0.02	0.02332	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	1	30.00	0.02	0.02332	26%-50% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	1	30.00	0.04	0.02332	51%-75% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	1	60.00	0.01	0.02332	51%-75% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	1	60.00	0.02	0.02332	10%-25% Below	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	2	15.00	0.05	0.02473	76%-100% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	3	6.00	0.09	0.02594	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	12	8.00	0.09	0.02546	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	12	8.00	0.11	0.02546	200% Above	No	No
65162062711	TRAMADOL HCL 50 MG TABLET	12	60.00	0.09	0.02546	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162062711	TRAMADOL HCL 50 MG TABLET	12	180.00	0.02	0.02546	26%-50% Below	No	No
65162062750	TRAMADOL HCL 50 MG TABLET	12	60.00	0.02	0.02546	26%-50% Below	No	No
65162063003	ITRACONAZOLE 100 MG CAPSULE	2	14.00	0.43	0.85346	26%-50% Below	Yes	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	3	90.00	0.08	0.04727	51%-75% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	12	30.00	0.10	0.04188	101%-200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.37	0.26318	26%-50% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.43	0.26318	51%-75% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.97	0.26318	200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.37	0.28432	26%-50% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.34	0.29366	10%-25% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	4	60.00	0.67	0.29366	101%-200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.43	0.25753	51%-75% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	45.00	0.03	0.03440	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	51%-75% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.03	0.03440	10%-25% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	26%-50% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.06	0.03440	51%-75% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.03	0.03440	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.04	0.03440	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	240.00	0.03	0.03440	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	240.00	0.04	0.03440	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	100.00	0.03	0.03869	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.02	0.03869	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.03	0.03869	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 927

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.04	0.03869	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.05	0.03869	26%-50% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.03	0.03869	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.04	0.03869	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.05	0.03869	26%-50% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	200.00	0.03	0.03869	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	200.00	0.04	0.03869	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	60.00	0.05	0.04345	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	0.02	0.04345	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	118.00	0.02	0.04345	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	140.00	0.02	0.04345	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	175.00	0.02	0.04345	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	100.00	0.05	0.04702	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	118.00	0.05	0.04702	10%-25% Above	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	118.00	0.05	0.04702	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	180.00	0.04	0.04702	10%-25% Below	Yes	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	240.00	0.05	0.04702	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.05	0.03452	51%-75% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.04	0.03452	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.04	0.03452	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.04	0.03452	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.00	0.04	0.03452	10%-25% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	1	6.00	1.99	0.13587	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	1	6.00	2.21	0.13587	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	1	12.00	1.66	0.13587	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 928

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162068110	PHENAZOPYRIDINE 100 MG TAB	1	12.00	1.67	0.13587	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	2	6.00	1.51	0.15497	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	2	12.00	1.51	0.15497	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	2	15.00	1.23	0.15497	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	2	30.00	2.18	0.15497	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	6.00	1.51	0.17712	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	6.00	1.51	0.17712	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	9.00	1.54	0.17712	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	9.00	1.67	0.17712	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	9.00	2.21	0.17712	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	12.00	1.51	0.17712	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	6.00	2.04	0.16486	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	10.00	2.24	0.16486	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	1.65	0.18322	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	2.04	0.18322	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	2.24	0.18322	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	2.24	0.18322	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	9.00	1.67	0.18322	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	10.00	2.24	0.18322	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	12.00	2.24	0.18322	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	15.00	2.28	0.18322	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	90.00	1.72	0.18322	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	6.00	0.83	0.19679	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	6.00	2.28	0.19679	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	6.00	3.08	0.19679	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 929

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	6.00	3.32	0.19679	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	9.00	1.67	0.19679	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	9.00	2.24	0.19679	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	9.00	2.24	0.19679	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	90.00	2.24	0.19679	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	6.00	3.00	0.20234	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	30.00	2.24	0.20234	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	6.00	2.28	0.16924	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	6.00	3.32	0.16924	200% Above	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	1	30.00	0.15	0.31494	51%-75% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	1	50.00	0.14	0.31494	51%-75% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	1	150.00	0.10	0.31494	51%-75% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	2	50.00	0.10	0.31040	51%-75% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	2	50.00	0.11	0.31040	51%-75% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	2	150.00	0.10	0.31040	51%-75% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	4	5.00	0.22	0.29539	10%-25% Below	No	No
65162069179	ONDANSETRON 4 MG/5 ML SOLUTION	12	70.00	0.14	0.31197	51%-75% Below	No	No
65162075510	DIVALPROEX SOD ER 250 MG TAB	1	30.00	0.57	0.13805	200% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	1	4.00	0.15	0.09022	51%-75% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	2	4.00	0.14	0.09157	26%-50% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	3	4.00	0.14	0.08951	26%-50% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	12	4.00	0.18	0.08932	76%-100% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	1	30.00	0.19	0.09383	101%-200% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	2	32.00	0.21	0.09694	101%-200% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	3	38.00	0.21	0.09585	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 930

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162076610	WARFARIN SODIUM 5 MG TABLET	4	30.00	0.19	0.09600	101%-200% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	1	30.00	0.13	0.10383	26%-50% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	2	30.00	0.13	0.10175	26%-50% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	4	30.00	0.13	0.10618	10%-25% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	2	30.00	0.27	0.11389	101%-200% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	3	30.00	0.27	0.11585	101%-200% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	12	30.00	0.27	0.11359	101%-200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	1	90.00	0.59	0.21680	101%-200% Above	Yes	No
65162080710	PROGESTERONE 100 MG CAPSULE	3	90.00	0.42	0.25973	51%-75% Above	Yes	No
65162080710	PROGESTERONE 100 MG CAPSULE	4	90.00	0.44	0.25476	51%-75% Above	Yes	No
65162080810	PROGESTERONE 200 MG CAPSULE	2	30.00	0.50	0.40063	10%-25% Above	Yes	No
65162080810	PROGESTERONE 200 MG CAPSULE	4	30.00	1.00	0.43330	101%-200% Above	Yes	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	1	30.50	2.91	0.90702	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	1	91.50	2.91	0.90702	200% Above	Yes	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	2	30.50	2.91	0.92117	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	4	30.50	0.49	0.95766	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	12	30.50	0.49	0.92628	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	12	30.50	3.42	0.92628	200% Above	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	12	30.50	3.42	0.92628	200% Above	Yes	No
65162089129	MOMETASONE FUROATE 50 MCG SPRY	3	17.00	4.54	1.71509	101%-200% Above	No	No
65162089603	ARIPIRAZOLE 2 MG TABLET	2	30.00	0.50	0.11996	200% Above	No	No
65162089803	ARIPIRAZOLE 10 MG TABLET	3	30.00	2.89	0.14685	200% Above	No	No
65162098908	DOTTI 0.025 MG PATCH	3	8.00	4.02	6.43803	26%-50% Below	No	No
65162098908	DOTTI 0.025 MG PATCH	3	8.00	4.20	6.43803	26%-50% Below	No	No
65162099208	DOTTI 0.0375 MG PATCH	1	8.00	4.20	6.32083	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 931

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162099208	DOTTI 0.0375 MG PATCH	1	8.00	4.95	6.32083	10%-25% Below	No	No
65162099208	DOTTI 0.0375 MG PATCH	3	8.00	3.83	6.78053	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	1	8.00	4.40	5.92804	10%-25% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	2	8.00	4.40	6.49680	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	12	8.00	5.18	5.98844	10%-25% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	2	8.00	2.50	6.67273	51%-75% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	3	8.00	2.50	6.66731	51%-75% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	4	8.00	2.50	6.65267	51%-75% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	12	8.00	2.50	6.33428	51%-75% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	1	8.00	3.10	6.19621	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	1	24.00	5.36	6.19621	10%-25% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	2	8.00	4.97	6.86916	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	3	8.00	3.24	7.12425	51%-75% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	3	8.00	4.53	7.12425	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	4	8.00	1.25	7.28171	76%-100% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	4	8.00	4.58	7.28171	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	12	24.00	1.67	6.07565	51%-75% Below	No	No
65702028810	ACCU-CHEK LNC FASTCLIX	1	102.00	0.12	.		Yes	No
65702028810	ACCU-CHEK LNC FASTCLIX	1	102.00	0.13	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	2	102.00	0.13	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	3	102.00	0.12	.		Yes	No
65702028810	ACCU-CHEK LNC FASTCLIX	4	204.00	0.11	.		No	No
65702040810	ACCU-CHEK TES AVIVA PL	3	100.00	1.41	.		No	No
65702040810	ACCU-CHEK TES AVIVA PL	4	100.00	1.48	.		No	No
65702048110	ACCU-CHEK DEV FASTCLIX	4	1.00	7.19	.		No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 932

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65702071110	ACCU-CHEK TES GUIDE	1	50.00	0.38	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	1	100.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	1	650.00	0.38	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	2	100.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	2	100.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	3	50.00	0.38	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	3	50.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	3	50.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	4	100.00	0.33	.		No	No
65702071110	ACCU-CHEK TES GUIDE	4	350.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	7	100.00	0.33	.		No	No
65702071110	ACCU-CHEK TES GUIDE	12	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	2	200.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	2	300.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.38	.		Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 933

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	3	200.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	4	100.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	4	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	4	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	4	200.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	12	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	12	200.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	12	400.00	0.38	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	1	1.00	22.60	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	1	1.00	22.60	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	2	1.00	22.60	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	2	1.00	22.99	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	3	1.00	22.72	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	3	1.00	23.41	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	4	1.00	21.56	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	4	1.00	21.84	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	4	1.00	22.99	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	4	1.00	23.51	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	1	1.00	9.48	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	2	1.00	9.47	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	3	1.00	9.43	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	3	1.00	10.04	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	4	1.00	9.48	.		No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 934

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862000501	CITALOPRAM HBR 10 MG TABLET	2	90.00	0.07	0.02365	101%-200% Above	Yes	No
65862000601	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.03	0.03013	10%-25% Below	Yes	No
65862000605	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.04	0.03173	26%-50% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.05	0.03957	10%-25% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.05	0.03957	10%-25% Above	Yes	No
65862000701	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.05	0.04272	10%-25% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.23	0.04433	200% Above	Yes	No
65862000701	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.23	0.04425	200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	1	30.00	0.04	0.01323	101%-200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	10%-25% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	1	60.00	0.02	0.01323	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01323	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01323	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01323	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	270.00	0.02	0.01323	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	14.00	0.01	0.01368	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01368	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01368	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01368	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01368	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01368	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01368	26%-50% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	2	90.00	0.01	0.01368	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	90.00	0.01	0.01368	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.02	0.01368	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	270.00	0.01	0.01368	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	270.00	0.02	0.01368	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	30.00	0.04	0.01391	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01391	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01391	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01391	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01391	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01391	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01391	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	90.00	0.01	0.01391	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	3	90.00	0.01	0.01391	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	90.00	0.01	0.01391	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	3	90.00	0.01	0.01391	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	120.00	0.01	0.01391	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	3	120.00	0.02	0.01391	10%-25% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	180.00	0.02	0.01391	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	360.00	0.01	0.01391	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	30.00	0.03	0.01388	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862000899	METFORMIN HCL 500 MG TABLET	4	60.00	0.02	0.01388	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	60.00	0.02	0.01388	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	60.00	0.02	0.01388	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	60.00	0.12	0.01388	200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	4	90.00	0.01	0.01388	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	90.00	0.12	0.01388	200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	4	90.00	0.12	0.01388	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	120.00	0.01	0.01388	26%-50% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	4	120.00	0.02	0.01388	10%-25% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	4	180.00	0.01	0.01388	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	180.00	0.01	0.01388	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	180.00	0.12	0.01388	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	12	60.00	0.01	0.01304	10%-25% Below	No	No
65862000899	METFORMIN HCL 500 MG TABLET	12	60.00	0.02	0.01304	51%-75% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	12	180.00	0.01	0.01304	10%-25% Above	Yes	No
65862001005	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.01	0.02319	51%-75% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	Yes	No
65862001005	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.04	0.02408	26%-50% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02408	26%-50% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02408	10%-25% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.03	0.02401	26%-50% Above	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.11	0.02401	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001005	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.00	0.02204	76%-100% Below	No	No
65862001005	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02204	10%-25% Below	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02215	51%-75% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.04	0.02215	76%-100% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	90.00	0.03	0.02215	51%-75% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02215	26%-50% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02215	26%-50% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.03	0.02319	26%-50% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.03	0.02319	26%-50% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.03	0.02408	26%-50% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	90.00	0.02	0.02408	26%-50% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02408	26%-50% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02408	10%-25% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.03	0.02401	10%-25% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	4	90.00	0.11	0.02401	200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.11	0.02401	200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02204	10%-25% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.03	0.02204	26%-50% Above	Yes	No
65862001105	SERTRALINE HCL 25 MG TABLET	1	14.00	0.08	0.03055	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	1	30.00	0.05	0.03055	51%-75% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	1	45.00	0.00	0.03055	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001105	SERTRALINE HCL 25 MG TABLET	1	45.00	0.06	0.03055	76%-100% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	2	30.00	0.06	0.03240	76%-100% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	2	90.00	0.01	0.03240	51%-75% Below	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	2	90.00	0.05	0.03240	26%-50% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	2	90.00	0.05	0.03240	51%-75% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	3	30.00	0.05	0.03260	26%-50% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	3	90.00	0.05	0.03260	26%-50% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	3	90.00	0.23	0.03260	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	4	30.00	0.23	0.03229	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	4	90.00	0.23	0.03229	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	12	30.00	0.09	0.03225	101%-200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	12	90.00	0.05	0.03225	51%-75% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	1	30.00	0.03	0.03355	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	1	30.00	0.05	0.03355	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	1	90.00	0.03	0.03355	10%-25% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	2	30.00	0.02	0.03621	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	2	30.00	0.03	0.03621	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	2	90.00	0.02	0.03621	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	2	90.00	0.04	0.03621	10%-25% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	3	6.00	0.03	0.03731	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	3	90.00	0.02	0.03731	26%-50% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	3	90.00	0.05	0.03731	26%-50% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	30.00	0.07	0.03666	76%-100% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	30.00	0.20	0.03666	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001205	SERTRALINE HCL 50 MG TABLET	12	30.00	0.01	0.03381	51%-75% Below	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	12	30.00	0.01	0.03381	51%-75% Below	No	No
65862001301	SERTRALINE HCL 100 MG TABLET	2	180.00	0.07	0.05114	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	30.00	0.05	0.04773	10%-25% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.04773	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	30.00	0.09	0.04773	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	30.00	0.09	0.04773	76%-100% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	90.00	0.02	0.04773	51%-75% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	90.00	0.07	0.04773	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	90.00	0.08	0.04773	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	135.00	0.02	0.04773	51%-75% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	135.00	0.07	0.04773	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	135.00	0.08	0.04773	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.02	0.05114	51%-75% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.04	0.05114	10%-25% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.05	0.05114	10%-25% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.08	0.05114	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.09	0.05114	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.11	0.05114	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	90.00	0.09	0.05114	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	135.00	0.04	0.05114	10%-25% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	135.00	0.09	0.05114	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	180.00	0.08	0.05114	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	30.00	0.04	0.05282	10%-25% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	30.00	0.08	0.05282	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001305	SERTRALINE HCL 100 MG TABLET	3	45.00	0.04	0.05282	10%-25% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	60.00	0.02	0.05282	51%-75% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	60.00	0.07	0.05282	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	90.00	0.06	0.05282	10%-25% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	90.00	0.07	0.05282	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	90.00	0.08	0.05282	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	30.00	0.03	0.05223	26%-50% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	30.00	0.08	0.05223	26%-50% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	30.00	0.24	0.05223	200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	90.00	0.08	0.05223	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	180.00	0.03	0.05223	26%-50% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	30.00	0.05	0.04769	10%-25% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	60.00	0.74	0.04769	200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	90.00	0.05	0.04769	10%-25% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	90.00	0.08	0.04769	51%-75% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	90.00	0.74	0.04769	200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	14.00	0.14	0.11713	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	14.00	0.21	0.11713	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	15.00	0.27	0.11713	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	15.00	0.27	0.11713	101%-200% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	1	20.00	0.14	0.11713	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	20.00	0.17	0.11713	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	21.00	0.14	0.11713	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	21.00	0.17	0.11713	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001401	AMOXICILLIN 500 MG TABLET	1	21.00	0.22	0.11713	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	21.00	0.25	0.11713	101%-200% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	1	28.00	0.22	0.11713	76%-100% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	2	21.00	0.22	0.13074	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	21.00	0.23	0.13074	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	21.00	0.24	0.13074	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	21.00	0.26	0.13074	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	25.00	0.20	0.13074	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	28.00	0.18	0.13074	26%-50% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	2	28.00	0.18	0.13074	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	21.00	0.24	0.13110	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	24.00	0.01	0.13110	76%-100% Below	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	30.00	0.17	0.13110	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	30.00	0.22	0.13110	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	10.00	0.24	0.13921	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.20	0.13921	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.20	0.13921	26%-50% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.22	0.13921	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.23	0.13921	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.24	0.13921	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.27	0.13921	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	28.00	0.27	0.13921	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	30.00	0.17	0.13921	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	30.00	0.24	0.13921	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	20.00	0.22	0.11807	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001401	AMOXICILLIN 500 MG TABLET	12	21.00	0.20	0.11807	51%-75% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	10.00	0.09	0.15313	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	10.00	0.10	0.15313	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	10.00	0.17	0.15313	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	12.00	0.09	0.15313	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.09	0.15313	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.10	0.15313	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.13	0.15313	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.19	0.15313	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.21	0.15313	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.09	0.15313	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.09	0.15313	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.09	0.15313	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.10	0.15313	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.10	0.15313	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.13	0.15313	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.14	0.15313	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.17	0.15313	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.18	0.15313	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	10.00	0.09	0.16502	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	10.00	0.09	0.16502	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	14.00	0.09	0.16502	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	14.00	0.09	0.16502	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	16.00	0.09	0.16502	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.09	0.16502	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.09	0.16502	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.09	0.16502	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.09	0.16502	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.14	0.16502	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	10.00	0.40	0.16872	101%-200% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	14.00	0.09	0.16872	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	14.00	0.14	0.16872	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	14.00	0.14	0.16872	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	15.00	0.15	0.16872	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.09	0.16872	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.09	0.16872	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.14	0.16872	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.14	0.16872	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.14	0.16872	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.40	0.16872	101%-200% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	0.40	0.16916	101%-200% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.13	0.16916	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.13	0.16916	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.15	0.16916	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.40	0.16916	101%-200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.40	0.16916	101%-200% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.06	0.15465	51%-75% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.08	0.15465	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.10	0.15465	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.10	0.15465	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.14	0.15465	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.19	0.15465	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.20	0.15465	26%-50% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.10	0.15465	26%-50% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.10	0.15465	26%-50% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.13	0.15465	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.13	0.15465	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.14	0.15465	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.18	0.15465	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.19	0.15465	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	4.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	10.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	16.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.07	0.08158	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.04	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08158	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08158	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08158	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	22.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	24.00	0.06	0.08158	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	26.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	28.00	0.04	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	28.00	0.05	0.08158	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001705	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.04	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.06	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.04	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.05	0.08158	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.06	0.08158	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	4.00	0.05	0.08742	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	15.00	0.04	0.08742	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.07	0.08742	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.08	0.08742	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.04	0.08742	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08742	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.06	0.08742	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	4.00	0.05	0.09188	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	14.00	0.08	0.09188	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	14.00	0.11	0.09188	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	15.00	0.04	0.09188	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	15.00	0.08	0.09188	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	16.00	0.05	0.09188	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.05	0.09188	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.08	0.09188	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.04	0.09188	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.04	0.09188	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.09188	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.09188	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001705	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.18	0.09188	76%-100% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	24.00	0.08	0.09188	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	30.00	0.04	0.09188	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	30.00	0.07	0.09188	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	30.00	0.08	0.09188	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	30.00	0.18	0.09188	76%-100% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	40.00	0.04	0.09188	51%-75% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	14.00	0.11	0.09093	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.07	0.09093	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.09093	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.18	0.09093	76%-100% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	40.00	0.18	0.09093	76%-100% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	14.00	0.05	0.08279	26%-50% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	16.00	0.13	0.08279	51%-75% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.01	0.08279	76%-100% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.05	0.08279	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.07	0.08279	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.07	0.08279	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.09	0.08279	10%-25% Above	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	30.00	0.05	0.08279	26%-50% Below	No	No
65862001901	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.06	0.10819	26%-50% Below	No	No
65862001901	CEPHALEXIN 500 MG CAPSULE	2	15.00	0.05	0.12140	51%-75% Below	No	No
65862001901	CEPHALEXIN 500 MG CAPSULE	9	15.00	0.06	0.13137	51%-75% Below	No	No
65862001901	CEPHALEXIN 500 MG CAPSULE	12	40.00	0.06	0.10778	26%-50% Below	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.06	0.12140	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001905	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.06	0.12860	51%-75% Below	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	4	3.00	0.34	0.12868	101%-200% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.08	0.12868	26%-50% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	1	30.00	0.06	0.03492	76%-100% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	2	30.00	0.05	0.04037	26%-50% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	3	30.00	0.05	0.04102	10%-25% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	3	90.00	0.04	0.04102	10%-25% Below	No	No
65862005090	SIMVASTATIN 5 MG TABLET	4	30.00	0.24	0.03989	200% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	12	90.00	0.04	0.03346	10%-25% Above	No	No
65862005190	SIMVASTATIN 10 MG TABLET	4	90.00	0.26	0.02943	200% Above	Yes	No
65862005199	SIMVASTATIN 10 MG TABLET	3	30.00	0.05	0.02970	51%-75% Above	No	No
65862005199	SIMVASTATIN 10 MG TABLET	3	90.00	0.05	0.02970	51%-75% Above	No	No
65862005290	SIMVASTATIN 20 MG TABLET	1	90.00	0.01	0.02882	51%-75% Below	Yes	No
65862005290	SIMVASTATIN 20 MG TABLET	4	90.00	0.45	0.03072	200% Above	Yes	No
65862005299	SIMVASTATIN 20 MG TABLET	1	90.00	0.02	0.02882	26%-50% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	1	90.00	0.02	0.02882	10%-25% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	2	30.00	0.01	0.02993	51%-75% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	2	90.00	0.01	0.02993	51%-75% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	2	90.00	0.01	0.02993	51%-75% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	3	90.00	0.01	0.03074	51%-75% Below	No	No
65862005299	SIMVASTATIN 20 MG TABLET	4	90.00	0.27	0.03072	200% Above	No	No
65862005299	SIMVASTATIN 20 MG TABLET	12	30.00	0.02	0.02917	26%-50% Below	No	No
65862005390	SIMVASTATIN 40 MG TABLET	3	90.00	0.02	0.05713	51%-75% Below	Yes	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	51%-75% Above	No	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.01	0.01791	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862006201	METOPROLOL TARTRATE 25 MG TAB	3	90.00	0.01	0.01791	26%-50% Below	No	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.03	0.01791	26%-50% Above	No	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.03	0.01791	51%-75% Above	Yes	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	4	45.00	0.10	0.01776	200% Above	Yes	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	12	90.00	0.01	0.01555	26%-50% Below	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	1	30.00	0.04	0.01563	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.01	0.01563	26%-50% Below	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.03	0.01563	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.02	0.01563	10%-25% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.03	0.01563	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.04	0.01563	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	30.00	0.04	0.01677	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.01	0.01677	26%-50% Below	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.02	0.01677	10%-25% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.03	0.01677	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.03	0.01677	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	120.00	0.03	0.01677	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.03	0.01677	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.03	0.01791	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.04	0.01791	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.03	0.01791	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.10	0.01791	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862006299	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.03	0.01791	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	4	30.00	0.10	0.01776	200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.01	0.01776	26%-50% Below	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.10	0.01776	200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.10	0.01776	200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	30.00	0.01	0.01555	26%-50% Below	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	30.00	0.01	0.01555	26%-50% Below	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.04	0.01555	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	270.00	0.01	0.01555	26%-50% Below	No	No
65862006399	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.03	0.01919	26%-50% Above	No	No
65862006399	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.02	0.01919	10%-25% Below	Yes	No
65862006401	METOPROLOL TARTRATE 100 MG TAB	2	180.00	0.04	0.02759	26%-50% Above	No	No
65862007001	AMOXICILLIN 200 MG/5 ML SUSP	2	100.00	0.03	0.03506	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.05	0.03180	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.08	0.03180	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.05	0.03366	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.05	0.03366	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.05	0.03366	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.05	0.03366	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.08	0.03366	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.05	0.03373	26%-50% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.05	0.03373	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.08	0.03373	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.05	0.03373	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.08	0.03373	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.08	0.03373	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.05	0.03375	51%-75% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.06	0.03139	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.08	0.03139	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.06	0.03139	76%-100% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.07	0.03139	101%-200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	300.00	0.05	0.03139	51%-75% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.05	0.04529	10%-25% Above	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.05	0.04612	10%-25% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.05	0.03735	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.07	0.03735	76%-100% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	1	225.00	0.05	0.03735	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2	75.00	0.08	0.03875	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.05	0.03875	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.05	0.03866	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	3	225.00	0.08	0.03866	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.05	0.03863	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.06	0.03779	26%-50% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.07	0.03779	76%-100% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.08	0.03779	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.08	0.03779	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.08	0.03779	101%-200% Above	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	225.00	0.06	0.03779	26%-50% Above	No	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	2	6.00	0.21	0.08955	101%-200% Above	No	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	3	6.00	0.21	0.09289	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007601	CIPROFLOXACIN HCL 250 MG TAB	12	14.00	0.10	0.08881	10%-25% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	2	14.00	0.12	0.13765	10%-25% Below	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.34	0.12497	101%-200% Above	No	No
65862007850	CIPROFLOXACIN HCL 750 MG TAB	2	14.00	0.17	0.27334	26%-50% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	3	45.00	0.36	0.15050	101%-200% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	3	84.00	0.07	0.15050	26%-50% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	12	90.00	0.10	0.13157	26%-50% Below	No	No
65862008501	CEFADROXIL 500 MG CAPSULE	1	10.00	0.12	0.25681	51%-75% Below	No	No
65862009520	CEFPODOXIME 100 MG TABLET	2	10.00	1.92	1.38578	26%-50% Above	Yes	No
65862009620	CEFPODOXIME 200 MG TABLET	4	28.00	0.81	1.76756	51%-75% Below	No	No
65862011601	BENAZEPRIL HCL 10 MG TABLET	1	90.00	0.06	0.05267	10%-25% Above	No	No
65862011601	BENAZEPRIL HCL 10 MG TABLET	3	90.00	0.06	0.06412	10%-25% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	1	90.00	0.06	0.06243	10%-25% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	2	56.00	0.08	0.06815	10%-25% Above	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	4	90.00	0.06	0.07053	10%-25% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	12	56.00	0.10	0.06214	51%-75% Above	No	No
65862011801	BENAZEPRIL HCL 40 MG TABLET	12	90.00	0.10	0.07184	26%-50% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	1	180.00	0.10	0.06414	51%-75% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	3	180.00	0.21	0.07349	101%-200% Above	No	No
65862012801	TORSEMIDE 100 MG TABLET	2	90.00	0.18	0.20949	10%-25% Below	No	No
65862014505	CARVEDILOL 25 MG TABLET	1	270.00	0.04	0.02776	26%-50% Above	Yes	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	1	5.00	0.97	0.33379	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	1	8.00	0.67	0.33379	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.66	0.33379	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.77	0.33379	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	1	12.00	0.70	0.33379	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	8.00	0.67	0.36066	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.71	0.36066	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.82	0.36066	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	18.00	0.31	0.36066	10%-25% Below	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	36.00	0.29	0.36066	10%-25% Below	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.29	0.37464	10%-25% Below	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.66	0.37464	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.71	0.37464	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	4	8.00	0.67	0.36345	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	0.90	0.36345	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.84	0.33399	101%-200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	6.00	0.37	0.40836	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.37	0.40836	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.67	0.40836	51%-75% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.80	0.40836	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.33	0.43698	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.37	0.43698	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.80	0.43698	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	2	10.00	0.37	0.43698	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	2	18.00	0.33	0.43698	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.33	0.46031	26%-50% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.80	0.46031	51%-75% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.88	0.46031	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	12.00	0.74	0.46031	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.54	0.41351	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	2.70	0.41351	200% Above	No	No
65862014905	FINASTERIDE 5 MG TABLET	1	90.00	0.13	0.06521	76%-100% Above	No	No
65862014905	FINASTERIDE 5 MG TABLET	1	90.00	0.15	0.06521	101%-200% Above	No	No
65862014905	FINASTERIDE 5 MG TABLET	2	15.00	0.06	0.06956	10%-25% Below	No	No
65862014905	FINASTERIDE 5 MG TABLET	3	15.00	0.05	0.07167	10%-25% Below	No	No
65862014990	FINASTERIDE 5 MG TABLET	1	23.00	0.13	0.06521	76%-100% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	1	90.00	0.11	0.06521	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	1	90.00	0.11	0.06521	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	2	90.00	0.11	0.06956	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	3	90.00	0.05	0.07167	10%-25% Below	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	3	90.00	0.11	0.07167	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	3	90.00	0.14	0.07167	76%-100% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	4	90.00	0.11	0.06956	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	12	90.00	0.14	0.06402	101%-200% Above	Yes	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	1	20.00	0.04	0.02987	26%-50% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.02	0.02987	10%-25% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	20.00	0.02	0.03336	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.02	0.03336	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.02	0.03336	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	3	20.00	0.04	0.03520	10%-25% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.02	0.03520	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.07	0.03520	76%-100% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	4	10.00	0.07	0.03463	76%-100% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.26	0.03463	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03221	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.03	0.03221	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.07	0.03622	76%-100% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.07	0.03890	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.02	0.03890	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.03	0.03890	26%-50% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.07	0.03866	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.49	0.03866	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	4	90.00	0.49	0.03866	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	15.00	0.08	0.03146	101%-200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.00	0.02	0.03146	26%-50% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	1	21.00	0.02	0.03221	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03221	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.03	0.03221	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03221	10%-25% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03622	26%-50% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03890	26%-50% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.03	0.03890	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.03	0.03890	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.03	0.03866	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.03	0.03866	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.49	0.03866	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.04	0.03146	10%-25% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	1	30.00	0.03	0.02075	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	1	30.00	0.03	0.02075	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	1	60.00	0.03	0.02075	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	2	30.00	0.03	0.02272	10%-25% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	2	60.00	0.03	0.02272	10%-25% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	2	90.00	0.03	0.02272	10%-25% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	4	60.00	0.24	0.02416	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	12	60.00	0.01	0.02053	26%-50% Below	No	No
65862016899	ATENOLOL 25 MG TABLET	12	90.00	0.03	0.02053	26%-50% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	12	90.00	0.06	0.02053	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	1	30.00	0.03	0.02277	10%-25% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	1	90.00	0.01	0.02277	51%-75% Below	No	No
65862016901	ATENOLOL 50 MG TABLET	4	30.00	0.01	0.02620	51%-75% Below	No	No
65862016901	ATENOLOL 50 MG TABLET	12	30.00	0.03	0.02288	26%-50% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	1	90.00	0.08	0.02277	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	4	90.00	0.06	0.02620	101%-200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	4	90.00	0.08	0.02620	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	12	90.00	0.03	0.02288	26%-50% Above	No	No
65862017099	ATENOLOL 100 MG TABLET	1	90.00	0.04	0.03689	10%-25% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	1	30.00	0.02	0.02517	10%-25% Below	No	No
65862017160	TOPIRAMATE 25 MG TABLET	1	30.00	0.03	0.02517	26%-50% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	2	30.00	0.04	0.02672	51%-75% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	3	30.00	0.04	0.02806	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862017160	TOPIRAMATE 25 MG TABLET	12	30.00	0.15	0.02572	200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	1	30.00	0.08	0.03608	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	1	90.00	0.05	0.03608	26%-50% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	2	60.00	0.07	0.03883	51%-75% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	3	30.00	0.08	0.04015	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	3	90.00	0.05	0.04015	10%-25% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	4	90.00	0.07	0.03987	51%-75% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	12	30.00	0.15	0.03634	200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	12	60.00	0.15	0.03634	200% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	1	30.00	0.06	0.05608	10%-25% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	1	60.00	0.07	0.05608	26%-50% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	2	60.00	0.07	0.06171	10%-25% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	3	180.00	0.01	0.06422	76%-100% Below	No	No
65862017460	TOPIRAMATE 200 MG TABLET	3	30.00	0.09	0.10313	10%-25% Below	No	No
65862017601	PENICILLIN VK 500 MG TABLET	1	20.00	0.08	0.08704	10%-25% Below	No	No
65862017601	PENICILLIN VK 500 MG TABLET	3	28.00	0.07	0.10947	26%-50% Below	No	No
65862017601	PENICILLIN VK 500 MG TABLET	3	30.00	0.07	0.10947	26%-50% Below	No	No
65862017601	PENICILLIN VK 500 MG TABLET	4	28.00	0.36	0.10725	200% Above	No	No
65862017605	PENICILLIN VK 500 MG TABLET	1	20.00	0.17	0.08704	76%-100% Above	No	No
65862017605	PENICILLIN VK 500 MG TABLET	2	30.00	0.08	0.09899	10%-25% Below	No	No
65862017605	PENICILLIN VK 500 MG TABLET	3	29.00	0.07	0.10947	26%-50% Below	No	No
65862017605	PENICILLIN VK 500 MG TABLET	12	30.00	0.16	0.08407	76%-100% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	10.00	0.30	0.41249	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	14.00	0.21	0.41249	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	14.00	0.35	0.41249	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862017760	CEFDINIR 300 MG CAPSULE	1	20.00	0.30	0.41249	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	20.00	0.35	0.41249	10%-25% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	20.00	0.75	0.41249	76%-100% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	2	10.00	0.96	0.45141	101%-200% Above	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	2	14.00	1.02	0.45141	101%-200% Above	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	2	20.00	0.27	0.45141	26%-50% Below	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	2	20.00	0.30	0.45141	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	3	14.00	0.71	0.47036	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	3	20.00	0.27	0.47036	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	4	14.00	0.88	0.46987	76%-100% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	4	20.00	0.93	0.46987	76%-100% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	12	20.00	0.35	0.41004	10%-25% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	12	20.00	0.75	0.41004	76%-100% Above	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	2	20.00	0.05	0.08622	26%-50% Below	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	2	20.00	0.13	0.08622	26%-50% Above	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	2	40.00	0.05	0.08622	26%-50% Below	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	3	63.00	0.05	0.08819	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	1	15.00	0.15	0.17920	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	1	20.00	0.27	0.17920	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	1	28.00	0.31	0.17920	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	1	30.00	0.30	0.17920	51%-75% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	1	30.00	0.33	0.17920	76%-100% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	2	2.00	0.45	0.18817	101%-200% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	2	14.00	0.36	0.18817	76%-100% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.15	0.18817	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.13	0.18817	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.15	0.18817	10%-25% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	3	28.00	0.13	0.19386	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	3	30.00	0.26	0.19386	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	4	56.00	0.35	0.19162	76%-100% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	12	28.00	0.31	0.18042	51%-75% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.03	0.06298	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.08	0.06298	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	12.00	0.03	0.06298	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	14.00	0.03	0.06298	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.03	0.06298	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.03	0.06298	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.03	0.06298	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.03	0.06298	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06298	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06298	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.07	0.06298	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	2.00	0.33	0.06660	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	5.00	0.03	0.06660	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	6.00	0.13	0.06660	76%-100% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	10.00	0.09	0.06660	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	15.00	0.03	0.06660	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.02	0.06660	76%-100% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.03	0.06660	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.03	0.06660	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.05	0.06660	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	5.00	0.10	0.06872	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	10.00	0.10	0.06872	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.02	0.06872	76%-100% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.08	0.06872	10%-25% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.02	0.06872	76%-100% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.03	0.06872	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.03	0.06872	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06872	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	30.00	0.03	0.06872	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.06	0.06893	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.03	0.06893	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.38	0.06893	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	12.00	0.03	0.06241	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	12.00	0.18	0.06241	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.03	0.06241	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.03	0.06241	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.05	0.06241	26%-50% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.05	0.06241	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	9.00	0.05	0.08108	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	10.00	0.03	0.08108	51%-75% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	10.00	0.10	0.08108	10%-25% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	15.00	0.07	0.08108	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.05	0.08108	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.06	0.08108	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862018830	ONDANSETRON HCL 8 MG TABLET	2	10.00	0.10	0.08941	10%-25% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	15.00	0.05	0.08941	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.02	0.08941	51%-75% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.03	0.08941	51%-75% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.05	0.08941	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.06	0.08941	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.06	0.08941	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	3.00	0.05	0.09296	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.05	0.09296	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.06	0.09296	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.07	0.09296	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.49	0.09296	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.06	0.09632	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.07	0.09632	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.07	0.09632	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	18.00	4.17	0.08240	200% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01757	26%-50% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03084	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03084	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.05	0.03084	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	26%-50% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.02	0.03391	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862019201	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.04	0.03403	10%-25% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	0.05	0.03081	51%-75% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.02	0.03081	10%-25% Below	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	26%-50% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.22	0.03403	200% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.02	0.02978	26%-50% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	1	60.00	0.01	0.02978	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	1	70.00	0.02	0.02978	26%-50% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	2	60.00	0.01	0.03107	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.02	0.03216	26%-50% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.03216	26%-50% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	4	60.00	0.15	0.03134	200% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.15	0.03134	200% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.01	0.02969	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.02978	26%-50% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.03107	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	Yes	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.03107	26%-50% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.03	0.03107	10%-25% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.03216	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862019399	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.03216	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.03	0.03216	10%-25% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.02	0.02969	26%-50% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.02	0.02969	10%-25% Below	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.17	0.05872	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.09	0.05872	26%-50% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.15	0.05872	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.17	0.06602	101%-200% Above	Yes	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.16	0.06758	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.22	0.06758	200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.09	0.05872	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.10	0.05872	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.17	0.05872	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	60.00	0.09	0.05872	51%-75% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.09	0.05872	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.11	0.05872	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.17	0.05872	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.19	0.05872	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.19	0.05872	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	180.00	0.08	0.05872	26%-50% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.06	0.06602	10%-25% Below	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.08	0.06602	10%-25% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	60.00	0.08	0.06602	10%-25% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.08	0.06602	10%-25% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.06602	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.15	0.06602	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.19	0.06602	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	180.00	0.16	0.06602	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	180.00	0.17	0.06602	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.06	0.06815	10%-25% Below	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.15	0.06815	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.17	0.06815	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.22	0.06815	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.19	0.06758	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.22	0.06758	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	4	180.00	0.06	0.06758	10%-25% Below	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.09	0.05938	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.11	0.05938	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.15	0.05938	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.15	0.05938	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.17	0.05938	101%-200% Above	Yes	No
65862019430	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.16	0.06602	101%-200% Above	No	No
65862019499	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.08	0.05872	26%-50% Above	No	No
65862019805	GABAPENTIN 100 MG CAPSULE	4	90.00	0.11	0.02304	200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	1	60.00	0.01	0.02706	51%-75% Below	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02706	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.01	0.02921	51%-75% Below	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.04	0.03000	26%-50% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	1	15.00	0.01	0.02706	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862020199	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.09	0.02706	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.07	0.02706	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.09	0.02706	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	15.00	0.01	0.02921	26%-50% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.08	0.02921	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	15.00	0.02	0.03031	10%-25% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.25	0.03031	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.07	0.03031	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.25	0.03031	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	12	15.00	0.01	0.02707	26%-50% Below	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.07	0.02707	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.09	0.02707	200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.06	0.03558	51%-75% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03558	101%-200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	26%-50% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.07	0.03818	76%-100% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.05	0.03867	10%-25% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.23	0.03803	200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.07	0.03610	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.02	0.03558	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.05	0.03558	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.05	0.03558	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.02	0.03818	26%-50% Below	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	10%-25% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	10%-25% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	26%-50% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03818	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.09	0.03818	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.02	0.03867	26%-50% Below	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.03	0.03867	10%-25% Below	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.05	0.03867	10%-25% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.10	0.03803	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.09	0.03803	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.02	0.03610	26%-50% Below	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.08	0.03610	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.09	0.03610	101%-200% Above	No	No
65862020330	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.09	0.04831	76%-100% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.09	0.04729	76%-100% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.02	0.05310	51%-75% Below	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.11	0.05322	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.02	0.04831	51%-75% Below	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.11	0.04831	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.08	0.04729	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.09	0.04729	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.12	0.04729	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.17	0.04729	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.03	0.04729	26%-50% Below	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.03	0.04729	26%-50% Below	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.08	0.04729	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.12	0.04729	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.14	0.04729	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.16	0.04729	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.07	0.05123	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.08	0.05123	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.05123	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.16	0.05123	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.16	0.05123	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.08	0.05123	51%-75% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.05123	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.14	0.05123	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.14	0.05123	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.07	0.05310	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.07	0.05310	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.05310	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	60.00	0.11	0.05310	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.07	0.05310	26%-50% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.05310	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.12	0.05310	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.26	0.05322	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.03	0.05322	26%-50% Below	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.26	0.05322	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.14	0.04831	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.17	0.04831	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.09	0.04831	76%-100% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.31	0.04831	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.33	0.04831	200% Above	No	No
65862020901	MINOCYCLINE 50 MG CAPSULE	4	90.00	0.21	0.17242	10%-25% Above	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	1	30.00	0.17	0.31422	26%-50% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	1	60.00	0.19	0.31422	26%-50% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	2	60.00	0.17	0.33396	26%-50% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	2	60.00	0.17	0.33396	26%-50% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	2	60.00	0.25	0.33396	10%-25% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	4	60.00	0.25	0.35401	26%-50% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	12	30.00	0.19	0.31563	26%-50% Below	No	No
65862021401	ZALEPLON 5 MG CAPSULE	3	30.00	0.22	0.15880	26%-50% Above	Yes	No
65862021401	ZALEPLON 5 MG CAPSULE	4	30.00	0.48	0.15324	200% Above	Yes	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	1	100.00	0.20	0.10745	76%-100% Above	Yes	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	12	100.00	0.33	0.10828	200% Above	Yes	No
65862021860	CEFDINIR 125 MG/5 ML SUSP	2	60.00	0.29	0.13211	101%-200% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.15	0.12629	10%-25% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.64	0.12629	200% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.64	0.12629	200% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.15	0.13443	10%-25% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.15	0.13443	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862021901	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.49	0.13443	200% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.54	0.13443	200% Above	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	12	100.00	0.15	0.12704	10%-25% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.25	0.12999	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.25	0.12999	76%-100% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.49	0.12999	200% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.57	0.12999	200% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.57	0.12999	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.67	0.12999	200% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.67	0.12999	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	2	60.00	0.57	0.13686	200% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	2	60.00	0.57	0.13686	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	2	120.00	0.08	0.13686	26%-50% Below	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	2	120.00	0.09	0.13686	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.25	0.13830	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.51	0.13830	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.52	0.13830	200% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.52	0.13830	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.25	0.13815	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.51	0.13815	200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.09	0.13268	26%-50% Below	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.17	0.13268	10%-25% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.17	0.13268	10%-25% Above	No	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.67	0.13268	200% Above	No	No
65862022560	CLARITHROMYCIN 250 MG TABLET	3	20.00	0.26	0.46959	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862022660	CLARITHROMYCIN 500 MG TABLET	1	20.00	0.49	0.38101	26%-50% Above	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	1	20.00	0.75	0.38101	76%-100% Above	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	2	20.00	0.25	0.42806	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	2	20.00	0.75	0.42806	51%-75% Above	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	3	20.00	1.41	0.46244	200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	1	60.00	0.05	0.02750	76%-100% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	1	180.00	0.06	0.02750	101%-200% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	2	30.00	0.04	0.02955	26%-50% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	2	60.00	0.04	0.02955	26%-50% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	3	60.00	0.04	0.03163	10%-25% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	3	60.00	0.06	0.03163	76%-100% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	3	60.00	0.07	0.03163	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	3	90.00	0.05	0.03163	51%-75% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	4	60.00	0.07	0.03120	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	4	60.00	0.16	0.03120	200% Above	No	No
65862022960	LAMOTRIGINE 150 MG TABLET	2	60.00	0.03	0.06338	51%-75% Below	No	No
65862022960	LAMOTRIGINE 150 MG TABLET	3	60.00	0.03	0.06399	51%-75% Below	No	No
65862023001	LAMOTRIGINE 200 MG TABLET	4	180.00	0.36	0.07913	200% Above	Yes	No
65862023703	IBANDRONATE SODIUM 150 MG TAB	3	3.00	17.27	3.68575	200% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	1	120.00	0.14	0.07155	76%-100% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	1	180.00	0.12	0.07155	51%-75% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	2	120.00	0.14	0.07844	76%-100% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	2	360.00	0.13	0.07844	51%-75% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	3	90.00	0.12	0.08216	26%-50% Above	Yes	No
65862024608	LEVETIRACETAM 500 MG TABLET	3	120.00	0.14	0.08216	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862024608	LEVETIRACETAM 500 MG TABLET	4	120.00	0.14	0.08232	51%-75% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	12	120.00	0.15	0.07118	101%-200% Above	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	1	120.00	0.20	0.10687	76%-100% Above	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	2	180.00	0.20	0.11487	51%-75% Above	Yes	No
65862024708	LEVETIRACETAM 750 MG TABLET	3	360.00	0.01	0.12140	76%-100% Below	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	4	120.00	0.18	0.12062	51%-75% Above	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	12	120.00	0.24	0.10762	101%-200% Above	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	12	360.00	0.18	0.10762	51%-75% Above	Yes	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	1	180.00	0.01	0.02770	51%-75% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	1	180.00	0.02	0.02770	26%-50% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	2	180.00	0.02	0.02966	26%-50% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	3	180.00	0.03	0.03118	10%-25% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	3	450.00	0.04	0.03118	26%-50% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	4	450.00	0.02	0.03077	26%-50% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.46	0.03661	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.72	0.03661	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.46	0.03905	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.01	0.04135	51%-75% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.02	0.04135	51%-75% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.04135	51%-75% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	1.33	0.04135	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.00	0.03621	76%-100% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.00	0.03621	76%-100% Below	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	1.46	0.03661	200% Above	Yes	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.33	0.03905	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.46	0.03875	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.01	0.04089	51%-75% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.46	0.04089	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	1.33	0.04246	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.00	0.03956	76%-100% Below	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.56	0.03956	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.72	0.03956	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.02	0.04089	26%-50% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.33	0.04089	200% Above	Yes	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.46	0.04246	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.46	0.04242	200% Above	Yes	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	1.45	0.05528	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.45	0.05857	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	1.32	0.05912	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.02	0.05897	51%-75% Below	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.45	0.05897	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	1.71	0.05663	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.22	0.05663	200% Above	Yes	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	1.32	0.09464	200% Above	No	No
65862029699	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	1.45	0.09464	200% Above	Yes	No
65862031560	LEVETIRACETAM 1,000 MG TABLET	1	60.00	0.23	0.15814	26%-50% Above	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.51	0.24394	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.67	0.24394	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.61	0.25705	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862032904	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.67	0.25705	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.23	0.26024	10%-25% Below	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.51	0.26024	76%-100% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.54	0.26024	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.61	0.26024	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	3	12.00	1.46	0.26024	200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	4	4.00	0.51	0.25954	76%-100% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.23	0.25954	10%-25% Below	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	12	4.00	0.51	0.24598	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	12	12.00	0.79	0.24598	200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	12	12.00	2.08	0.24598	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	30.00	0.02	0.05723	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	30.00	0.05	0.05723	10%-25% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	30.00	0.09	0.05723	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	90.00	0.05	0.05723	10%-25% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	90.00	0.10	0.05723	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	30.00	0.02	0.06027	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	30.00	0.02	0.06027	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	30.00	0.05	0.06027	10%-25% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	30.00	0.07	0.06027	10%-25% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	30.00	0.09	0.06027	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	90.00	0.05	0.06027	10%-25% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	90.00	0.09	0.06027	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	30.00	0.02	0.06179	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	30.00	0.02	0.06179	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862035705	CLOPIDOGREL 75 MG TABLET	3	30.00	0.05	0.06179	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	30.00	0.09	0.06179	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	90.00	0.05	0.06179	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	90.00	0.07	0.06179	10%-25% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	30.00	0.21	0.06092	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	90.00	0.09	0.06092	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	90.00	0.21	0.06092	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	30.00	0.08	0.05708	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	30.00	0.09	0.05708	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	30.00	0.11	0.05708	76%-100% Above	No	No
65862035790	CLOPIDOGREL 75 MG TABLET	1	90.00	0.05	0.05723	10%-25% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	1	90.00	0.07	0.05723	10%-25% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	1	90.00	0.10	0.05723	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	30.00	0.05	0.06027	10%-25% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	30.00	0.09	0.06027	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	30.00	0.09	0.06027	51%-75% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	90.00	0.05	0.06027	10%-25% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	90.00	0.07	0.06027	10%-25% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	2	90.00	0.09	0.06027	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	30.00	0.09	0.06179	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	90.00	0.05	0.06179	26%-50% Below	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	90.00	0.07	0.06179	10%-25% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	90.00	0.08	0.06179	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	90.00	0.09	0.06179	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	3	90.00	0.21	0.06179	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862035790	CLOPIDOGREL 75 MG TABLET	4	30.00	0.08	0.06092	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	4	30.00	0.09	0.06092	26%-50% Above	Yes	No
65862035790	CLOPIDOGREL 75 MG TABLET	4	90.00	0.21	0.06092	200% Above	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	4	90.00	0.24	0.04553	200% Above	Yes	No
65862037305	ESCITALOPRAM 5 MG TABLET	1	30.00	0.14	0.03764	200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	1	30.00	0.06	0.04058	51%-75% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	1	90.00	0.07	0.04058	76%-100% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	2	30.00	0.12	0.04434	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	4	30.00	0.12	0.04625	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	4	90.00	0.27	0.04625	200% Above	Yes	No
65862037401	ESCITALOPRAM 10 MG TABLET	12	30.00	0.03	0.04069	26%-50% Below	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	12	30.00	0.07	0.04069	76%-100% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	12	30.00	0.10	0.04069	101%-200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04058	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	1	90.00	0.07	0.04058	51%-75% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	2	30.00	0.04	0.04434	10%-25% Below	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	3	30.00	0.04	0.04749	10%-25% Below	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	4	90.00	0.27	0.04625	200% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	12	30.00	0.02	0.04069	26%-50% Below	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	2	90.00	0.13	0.07321	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039010	ONDANSETRON ODT 4 MG TABLET	1	2.00	0.25	0.15819	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	4.00	0.11	0.15819	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	9.00	0.07	0.15819	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	9.00	0.10	0.15819	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.07	0.15819	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.11	0.15819	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.07	0.15819	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.12	0.15819	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.07	0.15819	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15819	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.07	0.15819	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.13	0.15819	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.39	0.15819	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	30.00	0.07	0.15819	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	4.00	0.07	0.17264	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	5.00	0.07	0.17264	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.16	0.17264	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	9.00	0.09	0.17264	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.07	0.17264	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.09	0.17264	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.15	0.17264	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.07	0.17264	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039010	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.09	0.17264	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.15	0.17264	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.07	0.17264	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.07	0.17264	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.10	0.17264	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.15	0.17264	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.07	0.17264	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.07	0.17264	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.17264	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.17264	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.10	0.17264	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.15	0.17264	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.15	0.17264	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	60.00	0.15	0.17264	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	2.00	0.31	0.17951	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.09	0.17951	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.16	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.16	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	5.00	0.15	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	6.00	0.09	0.17951	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	6.00	0.15	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	7.00	0.15	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	8.00	0.09	0.17951	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.12	0.17951	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.15	0.17951	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039010	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.09	0.17951	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.09	0.17951	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.13	0.17951	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.15	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.09	0.17951	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.11	0.17951	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.13	0.17951	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.14	0.17951	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.15	0.17951	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.15	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	14.00	0.15	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.05	0.17951	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.09	0.17951	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.15	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.17951	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.17951	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.17951	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.15	0.17951	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	8.00	0.15	0.17506	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.15	0.17506	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.16	0.17506	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.54	0.17506	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.11	0.17506	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.15	0.17506	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.54	0.17506	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039010	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.15	0.17506	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	16.00	0.54	0.17506	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.10	0.17506	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.15	0.17506	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.54	0.17506	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	2.00	0.42	0.15648	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	4.00	0.19	0.15648	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.39	0.15648	101%-200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.10	0.15648	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.07	0.15648	51%-75% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.10	0.15648	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.39	0.15648	101%-200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.09	0.16848	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	15.00	0.09	0.16848	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	15.00	0.09	0.16848	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.09	0.16848	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.09	0.16848	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.11	0.16848	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.11	0.16848	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.12	0.16848	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.14	0.16848	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	6.00	0.09	0.17645	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	12.00	0.09	0.17645	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	15.00	0.09	0.17645	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	15.00	0.09	0.17645	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039110	ONDANSETRON ODT 8 MG TABLET	2	15.00	0.11	0.17645	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.04	0.17645	51%-75% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.09	0.17645	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.09	0.17645	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.11	0.17645	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.11	0.17645	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.12	0.17645	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.14	0.17645	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	1.00	0.09	0.18699	51%-75% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	6.00	0.56	0.18699	101%-200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	7.00	0.09	0.18699	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	12.00	0.09	0.18699	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	17.00	0.09	0.18699	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.08	0.18699	51%-75% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.09	0.18699	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.09	0.18699	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.10	0.18699	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.11	0.18699	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.12	0.18699	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.13	0.18699	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.14	0.18699	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.56	0.18699	101%-200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	8.00	0.16	0.18304	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	15.00	0.56	0.18304	200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	17.00	0.56	0.18304	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.11	0.18304	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.14	0.18304	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.56	0.18304	200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.56	0.18304	200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	6.00	0.11	0.17064	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.11	0.17064	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.11	0.17064	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.24	0.17064	26%-50% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	1	20.00	0.05	0.04064	26%-50% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	3	10.00	0.05	0.04291	10%-25% Above	Yes	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.02	0.05277	51%-75% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.08	0.05277	51%-75% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.03	0.05697	26%-50% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	28.00	0.04	0.05697	26%-50% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	3	30.00	0.20	0.05983	200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.20	0.05785	200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.04	0.05210	10%-25% Below	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	12	30.00	0.03	0.05210	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	6.00	0.03	0.05277	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	10.00	0.03	0.05277	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	10.00	0.06	0.05277	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.03	0.05277	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.03	0.05277	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.05	0.05277	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.06	0.05277	10%-25% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.08	0.05277	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.03	0.05277	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.03	0.05277	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.04	0.05277	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	28.00	0.04	0.05277	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	30.00	0.03	0.05277	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	4.00	0.11	0.05697	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.03	0.05697	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.08	0.05697	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.08	0.05697	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.03	0.05697	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.03	0.05697	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.07	0.05697	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.08	0.05697	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.03	0.05697	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.03	0.05697	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.05	0.05697	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.05	0.05697	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.06	0.05697	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.03	0.05697	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.03	0.05697	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.04	0.05697	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.05	0.05697	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.05	0.05697	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	28.00	0.03	0.05697	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	30.00	0.03	0.05697	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	6.00	0.10	0.05983	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	10.00	0.03	0.05983	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	10.00	0.07	0.05983	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	10.00	0.09	0.05983	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.03	0.05983	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.05	0.05983	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.05	0.05983	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.05	0.05983	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.07	0.05983	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.03	0.05983	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.03	0.05983	51%-75% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.04	0.05983	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.04	0.05983	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.05	0.05983	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.05	0.05983	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.11	0.05983	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	28.00	0.03	0.05983	51%-75% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	28.00	0.04	0.05983	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	28.00	0.05	0.05983	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	40.00	0.04	0.05983	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	6.00	0.08	0.05785	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	6.00	0.11	0.05785	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	6.00	0.20	0.05785	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.07	0.05785	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.12	0.05785	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.20	0.05785	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.05	0.05785	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.20	0.05785	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.20	0.05785	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	28.00	0.05	0.05785	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	30.00	0.05	0.05785	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	10.00	0.07	0.05210	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	10.00	0.15	0.05210	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.00	0.07	0.05210	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.03	0.05210	26%-50% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.05	0.05210	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.06	0.05210	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.06	0.05210	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.10	0.05210	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.15	0.05210	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	40.00	0.03	0.05210	26%-50% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	14.00	0.21	0.23463	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	14.00	0.52	0.23463	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.21	0.23463	10%-25% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.47	0.23463	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.50	0.23463	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.33	0.23463	26%-50% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.50	0.23463	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.52	0.23463	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862044830	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.50	0.24930	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.33	0.24930	26%-50% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	18.00	0.28	0.24832	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.16	0.24832	26%-50% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.50	0.24832	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.45	0.24832	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.56	0.24564	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.01	0.24564	76%-100% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	12	12.00	0.01	0.23739	76%-100% Below	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	12	14.00	0.52	0.23739	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.47	0.23739	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.50	0.23739	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.18	0.23463	10%-25% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.50	0.23463	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.50	0.24930	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.22	0.24930	10%-25% Below	Yes	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.42	0.24930	51%-75% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.16	0.24832	26%-50% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.50	0.24832	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	3	60.00	0.17	0.24832	26%-50% Below	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	10.00	0.56	0.24564	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.43	0.24564	51%-75% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.56	0.24564	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	12	6.00	0.76	0.23739	200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	12	8.00	0.76	0.23739	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862044890	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.76	0.23739	200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	12	90.00	0.21	0.23739	10%-25% Below	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	0.40	0.44748	10%-25% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	1	2.00	1.10	0.42457	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.18	0.42457	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	2	5.00	0.36	0.44748	10%-25% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	2	20.00	0.40	0.44748	10%-25% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.71	0.44069	51%-75% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	3	90.00	0.36	0.44069	10%-25% Below	Yes	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	1.18	0.43151	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	4	15.00	1.05	0.43151	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	4	20.00	1.05	0.43151	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.00	0.33	0.43060	10%-25% Below	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.00	1.33	0.43060	200% Above	No	No
65862045460	ALPRAZOLAM ER 0.5 MG TABLET	1	10.00	0.32	0.16766	76%-100% Above	No	No
65862045460	ALPRAZOLAM ER 0.5 MG TABLET	2	90.00	0.25	0.17297	26%-50% Above	No	No
65862045560	ALPRAZOLAM ER 1 MG TABLET	2	90.00	0.27	0.17571	51%-75% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	30.00	0.01	0.06913	76%-100% Below	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.31	0.06913	200% Above	Yes	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.46	0.06913	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	7.00	0.31	0.07531	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.01	0.07531	76%-100% Below	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.33	0.07531	200% Above	Yes	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.41	0.07531	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.28	0.07531	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.31	0.07531	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.33	0.07531	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.22	0.07816	101%-200% Above	Yes	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.27	0.07748	200% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.27	0.07748	200% Above	Yes	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.49	0.06902	200% Above	No	No
65862046899	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	30.00	0.41	0.06902	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.33	0.08669	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	60.00	0.00	0.09594	76%-100% Below	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.28	0.09772	101%-200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.39	0.09772	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.33	0.09510	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.39	0.09594	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.42	0.09594	200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.17	0.09772	51%-75% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.32	0.08792	200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.50	0.08665	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.39	0.08622	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.42	0.08622	200% Above	Yes	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.44	0.08622	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.07	0.08792	10%-25% Below	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.39	0.08792	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.39	0.08792	200% Above	Yes	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.32	0.08564	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.32	0.08564	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.63	0.08665	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.50	0.08665	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.42	0.08282	200% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.50	0.08282	200% Above	No	No
65862047705	RAMIPRIL 10 MG CAPSULE	1	90.00	0.05	0.06210	10%-25% Below	No	No
65862047705	RAMIPRIL 10 MG CAPSULE	1	180.00	0.05	0.06210	10%-25% Below	Yes	No
65862049001	QUETIAPINE FUMARATE 50 MG TAB	2	60.00	0.14	0.03721	200% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	1	90.00	0.02	0.05162	51%-75% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	1	120.00	0.03	0.05162	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	2	300.00	0.02	0.05664	51%-75% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	2	1200.00	0.02	0.05664	51%-75% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	3	80.00	0.03	0.06026	51%-75% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	3	140.00	0.04	0.06026	26%-50% Below	Yes	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	4	1200.00	0.14	0.05737	101%-200% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	12	80.00	0.04	0.05213	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.21	0.28982	26%-50% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.25	0.28982	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.45	0.28982	51%-75% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	30.00	0.47	0.28982	51%-75% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	10.00	0.21	0.31954	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.21	0.31954	26%-50% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.44	0.31954	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.45	0.31954	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.48	0.31954	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	30.00	0.24	0.31954	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050220	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.45	0.33062	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.49	0.33062	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	20.00	0.19	0.33062	26%-50% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	4	14.00	0.49	0.33090	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	4	30.00	0.49	0.33090	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	12	28.00	0.50	0.28168	76%-100% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.20	0.29656	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.23	0.29656	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.35	0.29656	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.29656	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.38	0.29656	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.41	0.29656	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.46	0.29656	51%-75% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.20	0.29656	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.23	0.29656	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.37	0.32240	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.38	0.32240	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.46	0.32240	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.18	0.32240	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.20	0.32240	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.40	0.32240	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.42	0.32240	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.18	0.34183	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.38	0.34183	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050301	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.25	0.34183	26%-50% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.44	0.34183	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.47	0.34183	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.41	0.32907	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.00	0.27322	76%-100% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.36	0.27322	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.37	0.27322	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	6.00	0.23	0.29656	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	8.00	0.41	0.29656	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.23	0.29656	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.38	0.29656	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.39	0.29656	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.40	0.29656	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.20	0.29656	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.20	0.29656	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.23	0.29656	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.23	0.29656	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.35	0.29656	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.35	0.29656	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.29656	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.38	0.29656	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.39	0.29656	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.41	0.29656	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.54	0.29656	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.20	0.29656	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.20	0.29656	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.23	0.29656	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.23	0.29656	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.25	0.29656	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.34	0.29656	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.34	0.29656	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.29656	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.36	0.29656	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.37	0.29656	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.38	0.29656	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.29656	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.29656	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.42	0.29656	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.43	0.29656	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.44	0.29656	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.47	0.29656	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.48	0.29656	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	42.00	0.36	0.29656	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.18	0.32240	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.20	0.32240	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.37	0.32240	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.39	0.32240	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.40	0.32240	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.47	0.32240	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.18	0.32240	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.18	0.32240	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.20	0.32240	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.20	0.32240	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.36	0.32240	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.36	0.32240	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.37	0.32240	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.38	0.32240	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.39	0.32240	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.41	0.32240	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.18	0.32240	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.18	0.32240	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.20	0.32240	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.20	0.32240	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.22	0.32240	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.25	0.32240	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.36	0.32240	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.38	0.32240	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.40	0.32240	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.40	0.32240	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.42	0.32240	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.43	0.32240	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.44	0.32240	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.44	0.32240	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.44	0.32240	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.46	0.32240	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.47	0.32240	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	28.00	0.20	0.32240	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.39	0.34183	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.40	0.34183	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.45	0.34183	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.18	0.34183	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.18	0.34183	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.38	0.34183	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.41	0.34183	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.43	0.34183	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.46	0.34183	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	16.00	0.41	0.34183	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.25	0.34183	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.40	0.34183	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.42	0.34183	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.43	0.34183	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.44	0.34183	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.48	0.34183	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.49	0.34183	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.49	0.34183	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.75	0.34183	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	10.00	0.49	0.32907	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.11	0.32907	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.22	0.32907	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.38	0.32907	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.39	0.32907	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.40	0.32907	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.41	0.32907	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.48	0.32907	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.49	0.32907	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.49	0.32907	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.25	0.32907	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.37	0.32907	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.40	0.32907	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.40	0.32907	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.44	0.32907	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.44	0.32907	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.49	0.32907	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.49	0.32907	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	42.00	0.49	0.32907	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	10.00	0.48	0.27322	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	10.00	0.48	0.27322	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.22	0.27322	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.23	0.27322	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.23	0.27322	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.35	0.27322	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.37	0.27322	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.38	0.27322	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.41	0.27322	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.48	0.27322	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.55	0.27322	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.23	0.27322	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.23	0.27322	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.25	0.27322	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.35	0.27322	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.35	0.27322	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.36	0.27322	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.37	0.27322	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.46	0.27322	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.55	0.27322	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	28.00	0.55	0.27322	76%-100% Above	No	No
65862051205	PIOGLITAZONE HCL 15 MG TABLET	2	90.00	0.11	0.07521	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.18	0.09641	76%-100% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.26	0.09641	101%-200% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	4	90.00	0.28	0.10333	101%-200% Above	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	12	25.00	0.13	0.09642	26%-50% Above	No	No
65862051601	NAPROXEN SODIUM 550 MG TAB	1	60.00	0.23	0.18435	10%-25% Above	Yes	No
65862051601	NAPROXEN SODIUM 550 MG TAB	3	15.00	1.33	0.18368	200% Above	Yes	No
65862052305	GABAPENTIN 600 MG TABLET	2	90.00	0.02	0.07091	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	2	405.00	0.02	0.07091	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	3	90.00	0.02	0.07464	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	4	90.00	0.12	0.07592	51%-75% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	12	90.00	0.02	0.07351	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052660	PIOGLITAZONE-METFORMIN 15-850	2	60.00	0.25	0.34667	26%-50% Below	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.09	0.08036	10%-25% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.12	0.08036	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	1	90.00	0.09	0.08036	10%-25% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.12	0.08574	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.08	0.08574	10%-25% Below	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	0.12	0.08891	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	4	30.00	0.27	0.09078	101%-200% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	12	90.00	0.04	0.08146	51%-75% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.09	0.08036	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.13	0.08036	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	90.00	0.09	0.08036	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.08	0.08574	10%-25% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.13	0.08574	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.08	0.08574	10%-25% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	180.00	0.07	0.08574	10%-25% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	0.07	0.08891	10%-25% Below	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	0.11	0.08891	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	0.13	0.08891	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	3	90.00	0.11	0.08891	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	4	14.00	0.27	0.09078	101%-200% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	4	90.00	0.27	0.09078	101%-200% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	12	90.00	0.04	0.08146	51%-75% Below	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	12	30.00	0.04	0.08146	51%-75% Below	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.07	0.09140	10%-25% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052830	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.22	0.09399	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.08	0.08482	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.15	0.08482	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.17	0.08482	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.18	0.08482	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.24	0.08482	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	60.00	0.08	0.08482	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.05	0.08482	26%-50% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.08	0.08482	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.12	0.08482	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	270.00	0.15	0.08482	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.08	0.09140	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.14	0.09140	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.16	0.09140	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.17	0.09140	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.17	0.09140	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.18	0.09140	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.07	0.09140	10%-25% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.07	0.09563	26%-50% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.16	0.09563	51%-75% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.17	0.09563	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.02	0.09563	76%-100% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.05	0.09563	26%-50% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.07	0.09563	26%-50% Below	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	4	14.00	0.22	0.09399	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052890	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.17	0.09399	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.17	0.09399	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.22	0.09399	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	12	30.00	0.15	0.08337	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	12	30.00	0.24	0.08337	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	12	30.00	0.50	0.08337	200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.03	0.08337	51%-75% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.04	0.08482	26%-50% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.08	0.08482	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.09	0.08482	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.14	0.08482	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	84.00	0.01	0.08482	76%-100% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.13	0.08482	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.08	0.09140	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.14	0.09140	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.01	0.09140	76%-100% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.07	0.09140	10%-25% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.07	0.09563	26%-50% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.16	0.09563	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.22	0.09563	101%-200% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	3	270.00	0.13	0.09563	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	4	84.00	0.01	0.09399	76%-100% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.00	0.08337	76%-100% Below	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.12	0.08337	26%-50% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.13	0.08337	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 998

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	1	100.00	0.05	0.05778	10%-25% Below	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	1	100.00	0.16	0.05778	101%-200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	2	200.00	0.10	0.06104	51%-75% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	2	200.00	0.16	0.06104	101%-200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	4	100.00	0.13	0.06193	101%-200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	12	200.00	0.07	0.05838	26%-50% Above	Yes	No
65862053450	AMOX-CLAV 400-57 MG/5 ML SUSP	4	150.00	0.13	0.08665	26%-50% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	1	75.00	0.16	0.06406	101%-200% Above	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	2	75.00	0.20	0.07018	101%-200% Above	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	200.00	0.04	0.06125	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06359	10%-25% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06359	26%-50% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.09	0.06359	26%-50% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.05	0.06953	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.08	0.06953	10%-25% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	0.04	0.07213	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.04	0.06265	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.08	0.06265	26%-50% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.08	0.06265	26%-50% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	75.00	0.05	0.07185	10%-25% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	300.00	0.05	0.07185	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	150.00	0.05	0.07345	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	75.00	0.10	0.07328	26%-50% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	150.00	0.09	0.07328	26%-50% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	150.00	0.09	0.07232	10%-25% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	75.00	0.09	0.07279	10%-25% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	150.00	0.01	0.07279	76%-100% Below	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	1	7.00	0.07	0.12997	26%-50% Below	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	12	7.00	0.07	0.12744	26%-50% Below	No	No
65862053820	LEVOFLOXACIN 750 MG TABLET	2	5.00	0.14	0.27587	26%-50% Below	No	No
65862053820	LEVOFLOXACIN 750 MG TABLET	3	10.00	0.14	0.29785	51%-75% Below	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.09	0.04207	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.11	0.04207	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.11	0.04207	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.22	0.04207	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.09	0.04529	76%-100% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.11	0.04529	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.11	0.04529	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.12	0.04529	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.12	0.04828	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.18	0.04529	200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	3	30.00	0.09	0.04727	76%-100% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	3	30.00	0.11	0.04727	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	3	60.00	0.17	0.04727	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	4	30.00	0.09	0.04740	76%-100% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	12	30.00	0.12	0.04188	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.06	0.03549	76%-100% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.07	0.03549	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.14	0.03549	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.07	0.03549	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.12	0.03549	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03674	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03674	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.06	0.03797	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.17	0.03797	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.23	0.03766	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.07	0.04069	76%-100% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.57	0.04069	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.07	0.04069	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	15.00	0.06	0.03549	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.02	0.03549	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.02	0.03549	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.06	0.03549	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.06	0.03549	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.07	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03549	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.13	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.07	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.02	0.03549	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.06	0.03549	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.07	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.12	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.02	0.03674	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.06	0.03674	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03674	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03674	200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03674	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03674	200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03674	200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.06	0.03674	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.06	0.03674	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.02	0.03674	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1002

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.06	0.03674	51%-75% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.06	0.03674	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03674	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.12	0.03674	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	180.00	0.06	0.03674	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	180.00	0.09	0.03674	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.02	0.03797	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.06	0.03797	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03797	101%-200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03797	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.12	0.03797	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.13	0.03797	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.14	0.03797	200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.23	0.03797	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.06	0.03797	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.02	0.03797	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.06	0.03797	26%-50% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.08	0.03797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03797	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.23	0.03797	200% Above	Yes	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.06	0.03766	26%-50% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03766	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03766	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.23	0.03766	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.06	0.03766	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03766	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03766	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.23	0.03766	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.02	0.04069	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.02	0.04069	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.07	0.04069	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.10	0.04069	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.04069	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.04069	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.13	0.04069	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	60.00	0.10	0.04069	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.02	0.04069	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.07	0.04069	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.11	0.04069	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.12	0.04069	101%-200% Above	No	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	3	90.00	0.07	0.07914	10%-25% Below	Yes	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	4	30.00	0.30	0.07749	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	0.14	0.06909	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	1	90.00	0.12	0.06909	51%-75% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.12	0.07440	51%-75% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.06	0.07698	10%-25% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1004

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	0.06	0.07524	10%-25% Below	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	4	30.00	0.31	0.07524	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.07	0.04855	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.20	0.04855	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.04	0.04855	10%-25% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.05	0.04855	10%-25% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.07	0.04855	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.07	0.04855	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.08	0.04855	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.11	0.04855	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.18	0.04855	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.18	0.04855	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.20	0.04855	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.23	0.04855	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.06	0.05223	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.07	0.05223	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.20	0.05223	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.04	0.05223	10%-25% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.06	0.05223	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.07	0.05223	26%-50% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.11	0.05223	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.18	0.05223	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.20	0.05223	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.22	0.05223	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.22	0.05223	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1005

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.23	0.05223	200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.06	0.05461	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.16	0.05461	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.20	0.05461	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.21	0.05461	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.04	0.05461	10%-25% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.06	0.05461	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.11	0.05461	101%-200% Above	No	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.11	0.05461	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.18	0.05461	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.20	0.05461	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.24	0.05461	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.20	0.05317	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.25	0.05317	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.04	0.05317	10%-25% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.20	0.05317	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.23	0.05317	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.24	0.05317	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	19.00	0.22	0.04984	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.08	0.04984	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.16	0.04984	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.20	0.04984	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.04	0.04984	10%-25% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.08	0.04984	51%-75% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.11	0.04984	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1006

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.11	0.04984	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.18	0.04984	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.18	0.04984	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.20	0.04984	200% Above	Yes	No
65862058301	AMLODIPINE-BENAZEPRIL 5-10 MG	1	90.00	0.05	0.08990	26%-50% Below	No	No
65862058301	AMLODIPINE-BENAZEPRIL 5-10 MG	3	90.00	0.03	0.10516	51%-75% Below	No	No
65862058301	AMLODIPINE-BENAZEPRIL 5-10 MG	12	90.00	0.04	0.08850	51%-75% Below	No	No
65862058601	AMLODIPINE-BENAZEPRIL 10-20 MG	2	90.00	0.27	0.12777	101%-200% Above	No	No
65862058601	AMLODIPINE-BENAZEPRIL 10-20 MG	3	90.00	0.25	0.13543	76%-100% Above	No	No
65862058701	AMLODIPINE-BENAZEPRIL 10-40 MG	3	90.00	0.28	0.13556	101%-200% Above	No	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	4	180.00	0.66	0.19333	200% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	12	180.00	0.41	0.17189	101%-200% Above	Yes	No
65862059602	CLINDAMYCIN (PEDI) 75 MG/5 ML	2	300.00	0.12	0.17763	26%-50% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.02	0.04698	26%-50% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.11	0.04698	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.11	0.04698	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.02	0.04928	51%-75% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.11	0.04928	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.10	0.05166	76%-100% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	0.17	0.05166	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.10	0.05166	76%-100% Above	Yes	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.16	0.04665	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.02	0.04665	51%-75% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	7.00	0.46	0.04698	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.11	0.04698	101%-200% Above	No	No

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10:58 Tuesday, March 24, 2026 1007

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.17	0.04698	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.34	0.04698	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.43	0.04698	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	60.00	0.12	0.04698	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.11	0.04698	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.12	0.04698	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.35	0.04698	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.11	0.04698	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	7.00	0.11	0.04928	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	10.00	0.11	0.04928	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	14.00	0.10	0.04928	76%-100% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.02	0.04928	51%-75% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.11	0.04928	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.33	0.04928	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.34	0.04928	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.36	0.04928	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.37	0.04928	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	0.11	0.04928	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.10	0.04928	76%-100% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.11	0.04928	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.11	0.04928	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.22	0.04928	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.33	0.04928	200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.38	0.04928	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.41	0.04928	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1008

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.02	0.05166	51%-75% Below	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.07	0.05166	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.10	0.05166	76%-100% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.17	0.05823	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.43	0.05166	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	0.10	0.05166	76%-100% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.10	0.05166	76%-100% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.35	0.05166	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	7.00	0.28	0.05255	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.07	0.05255	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.33	0.05255	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	60.00	0.28	0.05255	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.28	0.05255	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	5.00	0.12	0.04665	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.12	0.04665	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.33	0.04665	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.37	0.04665	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.43	0.04665	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	60.00	0.12	0.04665	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.12	0.04665	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	1	12.00	1.06	0.34665	200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	12	12.00	1.06	0.35528	101%-200% Above	No	No
65862060130	MODAFINIL 100 MG TABLET	1	30.00	1.28	0.24017	200% Above	Yes	No
65862060130	MODAFINIL 100 MG TABLET	2	90.00	1.16	0.27795	200% Above	Yes	No
65862060130	MODAFINIL 100 MG TABLET	4	30.00	0.51	0.30259	51%-75% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1009

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862060130	MODAFINIL 100 MG TABLET	4	60.00	0.51	0.30259	51%-75% Above	No	No
65862060230	MODAFINIL 200 MG TABLET	12	30.00	0.39	0.32569	10%-25% Above	Yes	No
65862060330	MOXIFLOXACIN HCL 400 MG TABLET	2	7.00	4.31	1.80855	101%-200% Above	No	No
65862060330	MOXIFLOXACIN HCL 400 MG TABLET	2	30.00	4.31	1.80855	101%-200% Above	No	No
65862062590	RIZATRIPTAN 5 MG ODT	12	9.00	1.67	0.49574	200% Above	No	No
65862062612	RIZATRIPTAN 10 MG ODT	12	16.00	3.57	0.48675	200% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	1	10.00	0.70	0.46416	26%-50% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	2	10.00	0.70	0.51205	26%-50% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	4	10.00	1.14	0.57373	76%-100% Above	No	No
65862062690	RIZATRIPTAN 10 MG ODT	12	9.00	0.89	0.48675	76%-100% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.43	0.32126	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.47	0.32126	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.32126	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.36217	10%-25% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	12	4.00	0.46	0.32433	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	12	6.00	0.98	0.32433	200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	12	12.00	0.98	0.32433	200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.42	0.32126	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.32126	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.48	0.32126	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.51	0.32126	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.55	0.32126	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.59	0.32126	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	12.00	0.18	0.32126	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.41	0.36217	10%-25% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.42	0.36217	10%-25% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.43	0.36217	10%-25% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.51	0.36217	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.59	0.36217	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	12.00	0.18	0.36217	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.16	0.37667	51%-75% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.55	0.37667	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	1.38	0.37667	200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	12.00	0.17	0.37667	51%-75% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	0.51	0.36926	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	0.57	0.36926	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	0.59	0.36926	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	1.38	0.36926	200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	12.00	1.38	0.36926	200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	11	6.00	0.43	0.25633	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	0.45	0.32433	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	0.49	0.32433	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	0.51	0.32433	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	0.57	0.32433	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	0.59	0.32433	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.22	0.32126	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.44	0.32126	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.32126	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.32126	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.47	0.32126	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.50	0.32126	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.53	0.32126	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.55	0.32126	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.57	0.32126	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.58	0.32126	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.58	0.32126	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.16	0.36217	51%-75% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.41	0.36217	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.43	0.36217	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.44	0.36217	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.36217	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.36217	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.36217	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.50	0.36217	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.51	0.36217	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.53	0.36217	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.55	0.36217	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.58	0.36217	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.61	0.36217	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.90	0.36217	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.43	0.37667	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.45	0.37667	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.47	0.37667	10%-25% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.49	0.37667	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.50	0.37667	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.53	0.37667	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.57	0.37667	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.58	0.37667	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.61	0.37667	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	1.38	0.37667	200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.47	0.36926	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.50	0.36926	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.53	0.36926	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	1.38	0.36926	200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.17	0.32433	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.55	0.32433	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.57	0.32433	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.84	0.32433	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.98	0.32433	200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	1	1.00	1.29	0.58741	101%-200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	1	3.00	0.93	0.58741	51%-75% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	1	3.00	0.99	0.58741	51%-75% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	1	5.00	0.45	0.58741	10%-25% Below	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	1	5.00	0.81	0.58741	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	1	5.00	1.65	0.58741	101%-200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	2	2.00	0.41	0.61913	26%-50% Below	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	2	5.00	0.45	0.61913	26%-50% Below	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	2	7.00	0.84	0.61913	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	3	4.00	0.28	0.67281	51%-75% Below	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	3	5.00	0.28	0.67281	51%-75% Below	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	3	5.00	0.90	0.67281	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	5.00	0.97	0.63839	51%-75% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	5.00	2.46	0.63839	200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	7.00	2.46	0.63839	200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	12	5.00	1.65	0.58065	101%-200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	12	5.00	1.67	0.58065	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862064264	AZITHROMYCIN 500 MG TABLET	3	3.00	0.89	0.67281	26%-50% Above	No	No
65862064290	AZITHROMYCIN 500 MG TABLET	2	5.00	0.45	0.61913	26%-50% Below	No	No
65862064290	AZITHROMYCIN 500 MG TABLET	3	5.00	0.41	0.67281	26%-50% Below	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	4	90.00	0.95	0.12633	200% Above	Yes	No
65862066230	ARIPIRAZOLE 5 MG TABLET	1	30.00	3.33	0.10072	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	1	30.00	3.92	0.10072	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	2	30.00	3.03	0.10802	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	2	30.00	3.33	0.10802	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	3	30.00	1.14	0.10953	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	3	30.00	3.03	0.10953	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	12	30.00	3.92	0.10120	200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	1	20.00	0.01	0.02002	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	1	20.00	0.01	0.02002	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	2	10.00	0.01	0.02206	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	2	20.00	0.01	0.02206	51%-75% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	2	20.00	0.01	0.02206	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	2	90.00	0.02	0.02206	10%-25% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.01	0.02389	51%-75% Below	Yes	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	3	90.00	0.02	0.02389	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	3	180.00	0.01	0.02389	51%-75% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	12	6.00	0.14	0.02002	200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	12	20.00	0.01	0.02002	26%-50% Below	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	12	180.00	0.01	0.02002	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.01	0.02002	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.01	0.02389	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067605	ALPRAZOLAM 0.25 MG TABLET	3	45.00	0.01	0.02389	76%-100% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.02	0.02389	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.02	0.02444	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.03	0.02002	26%-50% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	1	10.00	0.01	0.02002	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.01	0.02002	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.01	0.02002	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.01	0.02002	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	10.00	0.07	0.02206	200% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.01	0.02206	51%-75% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	45.00	0.01	0.02206	51%-75% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.01	0.02206	51%-75% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	10.00	0.01	0.02389	51%-75% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.01	0.02389	51%-75% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	45.00	0.01	0.02389	51%-75% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	45.00	0.09	0.02389	200% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.01	0.02389	51%-75% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.02	0.02389	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.09	0.02389	200% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.01	0.02002	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.06	0.02002	101%-200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.01	0.02017	51%-75% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	45.00	0.01	0.02017	26%-50% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	45.00	0.01	0.02017	26%-50% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	2	45.00	0.01	0.02157	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067701	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.02	0.02157	10%-25% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	2	75.00	0.01	0.02157	26%-50% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.02	0.02157	10%-25% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.16	0.02311	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.16	0.02311	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.16	0.02311	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	12	45.00	0.02	0.02038	10%-25% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.03	0.02017	26%-50% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.03	0.02017	51%-75% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02017	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02017	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	120.00	0.02	0.02017	10%-25% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.01	0.02157	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	2	120.00	0.02	0.02157	10%-25% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	3	4.00	0.01	0.02270	51%-75% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.01	0.02270	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.01	0.02270	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.16	0.02270	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	3	120.00	0.02	0.02270	10%-25% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	4	15.00	0.16	0.02311	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.16	0.02311	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	4	120.00	0.02	0.02311	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.01	0.02038	26%-50% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.03	0.02038	51%-75% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	10.00	0.04	0.02017	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.01	0.02017	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.01	0.02017	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.03	0.02017	26%-50% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	40.00	0.01	0.02017	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	45.00	0.01	0.02017	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.01	0.02017	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.01	0.02017	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.02	0.02017	10%-25% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.02	0.02017	10%-25% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02017	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02017	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	1.00	0.01	0.02157	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	10.00	0.07	0.02157	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	14.00	0.04	0.02157	76%-100% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	15.00	0.04	0.02157	76%-100% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	20.00	0.04	0.02157	76%-100% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.01	0.02157	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.02	0.02157	10%-25% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	40.00	0.01	0.02157	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	45.00	0.01	0.02157	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	45.00	0.01	0.02157	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	56.00	0.01	0.02157	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.01	0.02157	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.01	0.02157	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.01	0.02157	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067799	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.01	0.02270	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	3	40.00	0.01	0.02270	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	3	45.00	0.01	0.02270	51%-75% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.01	0.02270	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.01	0.02311	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.02	0.02311	10%-25% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.02	0.02311	10%-25% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.16	0.02311	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.16	0.02311	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	10.00	0.08	0.02038	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.01	0.02038	26%-50% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.06	0.02038	101%-200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.01	0.02038	26%-50% Below	Yes	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	15.00	0.01	0.02374	51%-75% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	15.00	0.01	0.02374	51%-75% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	30.00	0.01	0.02374	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	90.00	0.01	0.02374	51%-75% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	90.00	0.01	0.02374	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	15.00	0.01	0.02510	51%-75% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	30.00	0.01	0.02510	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	60.00	0.01	0.02510	76%-100% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	60.00	0.02	0.02510	10%-25% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	90.00	0.01	0.02510	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	90.00	0.01	0.02510	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	90.00	0.02	0.02510	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067801	ALPRAZOLAM 1 MG TABLET	3	30.00	0.01	0.02661	51%-75% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	60.00	0.01	0.02661	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	60.00	0.02	0.02661	10%-25% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	90.00	0.01	0.02661	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	90.00	0.02	0.02661	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	30.00	0.13	0.02625	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	45.00	0.13	0.02625	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	60.00	0.02	0.02625	10%-25% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	60.00	0.13	0.02625	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	90.00	0.01	0.02625	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	90.00	0.02	0.02625	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	11	90.00	0.02	0.02224	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	12	30.00	0.01	0.02389	51%-75% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	45.00	0.02	0.02374	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	60.00	0.01	0.02374	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	60.00	0.01	0.02374	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	90.00	0.02	0.02374	10%-25% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	120.00	0.02	0.02374	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	45.00	0.01	0.02510	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	60.00	0.01	0.02510	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	90.00	0.01	0.02510	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	120.00	0.02	0.02510	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	3	45.00	0.13	0.02661	200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	3	50.00	0.02	0.02661	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	3	60.00	0.01	0.02661	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067805	ALPRAZOLAM 1 MG TABLET	3	90.00	0.01	0.02661	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	3	120.00	0.02	0.02661	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	4	2.00	0.24	0.02625	200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	4	50.00	0.02	0.02625	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	4	90.00	0.01	0.02625	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	4	120.00	0.02	0.02625	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	12	45.00	0.01	0.02389	51%-75% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	12	60.00	0.01	0.02389	51%-75% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	12	120.00	0.02	0.02389	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	1	1.00	0.01	0.02374	51%-75% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	1	14.00	0.04	0.02374	76%-100% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	1	180.00	0.01	0.02374	26%-50% Below	Yes	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	30.00	0.02	0.02510	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	45.00	0.02	0.02510	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	60.00	0.01	0.02510	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	60.00	0.01	0.02510	26%-50% Below	Yes	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	60.00	0.02	0.02510	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	90.00	0.01	0.02510	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	90.00	0.02	0.02510	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	270.00	0.01	0.02510	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	3	30.00	0.02	0.02661	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	3	30.00	0.02	0.02661	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	3	60.00	0.01	0.02661	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	3	90.00	0.02	0.02661	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	4	90.00	0.02	0.02625	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067899	ALPRAZOLAM 1 MG TABLET	12	30.00	0.02	0.02389	10%-25% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	12	60.00	0.01	0.02389	51%-75% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	12	90.00	0.02	0.02389	10%-25% Below	No	No
65862067901	ALPRAZOLAM 2 MG TABLET	1	30.00	0.05	0.04196	10%-25% Above	No	No
65862067901	ALPRAZOLAM 2 MG TABLET	12	30.00	0.05	0.04204	10%-25% Above	No	No
65862069299	PHENYTOIN SOD EXT 100 MG CAP	1	450.00	0.17	0.19338	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.08	0.11690	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.23	0.11690	76%-100% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	1	60.00	0.07	0.11690	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.07	0.11690	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.16	0.11690	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.21	0.11690	76%-100% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.06	0.12532	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.07	0.12532	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	2	60.00	0.21	0.12532	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.22	0.12532	76%-100% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.01	0.13255	76%-100% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.06	0.13255	51%-75% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.06	0.13255	51%-75% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.06	0.13255	51%-75% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.22	0.13255	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.23	0.13255	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	60.00	0.21	0.13255	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.06	0.13255	51%-75% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	180.00	0.11	0.13255	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.07	0.13321	51%-75% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.23	0.13321	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.42	0.13321	200% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	60.00	0.21	0.13321	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.17	0.13321	26%-50% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.23	0.11715	76%-100% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	60.00	0.21	0.11715	76%-100% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.00	0.11715	76%-100% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.17	0.11715	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.18	0.11690	26%-50% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.42	0.13321	200% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.06	0.11690	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.07	0.11690	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.08	0.11690	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	60.00	0.08	0.11690	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.07	0.11690	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	180.00	0.03	0.11690	51%-75% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.20	0.12532	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	60.00	0.06	0.12532	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	60.00	0.21	0.12532	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.07	0.12532	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.17	0.12532	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	180.00	0.06	0.12532	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.06	0.13255	51%-75% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.20	0.13255	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862069790	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.06	0.13255	51%-75% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.21	0.13321	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.08	0.11715	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.55	0.11715	200% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.08	0.11715	26%-50% Below	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.18	0.11715	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.21	0.11715	76%-100% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.52	0.11715	200% Above	No	No
65862069960	CEFUROXIME AXETIL 250 MG TAB	1	10.00	0.94	0.24994	200% Above	No	No
65862069960	CEFUROXIME AXETIL 250 MG TAB	1	20.00	0.75	0.24994	200% Above	No	No
65862069960	CEFUROXIME AXETIL 250 MG TAB	2	20.00	0.75	0.27020	101%-200% Above	No	No
65862069960	CEFUROXIME AXETIL 250 MG TAB	12	10.00	0.89	0.25674	200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	1	5.00	1.10	0.40558	101%-200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	1	10.00	1.50	0.40558	200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	1	14.00	0.15	0.40558	51%-75% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	1	20.00	0.50	0.40558	10%-25% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	1	20.00	0.94	0.40558	101%-200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	2	14.00	0.94	0.44143	101%-200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	2	20.00	0.85	0.44143	76%-100% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	2	20.00	0.94	0.44143	101%-200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	3	10.00	1.50	0.46613	200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	4	20.00	0.52	0.44496	10%-25% Above	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	1	6.00	1.60	0.40558	200% Above	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	1	20.00	1.10	0.40558	101%-200% Above	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	2	14.00	0.85	0.44143	76%-100% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	3	200.00	0.01	0.02481	51%-75% Below	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	3	300.00	0.01	0.02481	51%-75% Below	No	No
65862070755	AMOXICILLIN 250 MG/5 ML SUSP	3	300.00	0.01	0.02521	26%-50% Below	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	2	90.00	0.29	0.23146	26%-50% Above	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	4	30.00	0.46	0.23411	76%-100% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	1	27.00	0.13	0.11145	10%-25% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	1	30.00	0.13	0.11145	10%-25% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	1	30.00	0.15	0.11145	26%-50% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	2	3.00	0.23	0.12032	76%-100% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	2	8.00	0.15	0.12032	10%-25% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	2	30.00	0.13	0.12032	10%-25% Above	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	2	60.00	0.13	0.12032	10%-25% Above	No	No
65862073260	AMIODARONE HCL 200 MG TABLET	1	90.00	0.06	0.11145	26%-50% Below	No	No
65862075150	CEFIXIME 100 MG/5 ML SUSP	1	100.00	1.30	2.07320	26%-50% Below	Yes	No
65862075890	PREGABALIN 25 MG CAPSULE	2	28.00	0.02	0.05170	51%-75% Below	No	No
65862075890	PREGABALIN 25 MG CAPSULE	4	90.00	0.63	0.05413	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	1	60.00	0.02	0.05403	51%-75% Below	No	No
65862076090	PREGABALIN 75 MG CAPSULE	12	60.00	0.02	0.05396	51%-75% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	1	90.00	0.03	0.05297	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	1	90.00	0.03	0.05830	26%-50% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	2	60.00	0.03	0.06407	51%-75% Below	No	No
65862076290	PREGABALIN 150 MG CAPSULE	3	60.00	0.03	0.06767	51%-75% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	1	60.00	0.03	0.06158	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	1	90.00	0.04	0.06158	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	1	270.00	0.03	0.06158	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862076390	PREGABALIN 200 MG CAPSULE	2	60.00	0.03	0.06613	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	2	60.00	0.04	0.06613	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	3	60.00	0.03	0.06898	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	3	90.00	0.04	0.06898	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	3	180.00	0.04	0.06898	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	12	60.00	0.04	0.06311	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	12	90.00	0.25	0.06311	200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	2	90.00	0.26	0.13525	76%-100% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	3	30.00	0.33	0.13841	101%-200% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	1	28.00	0.06	0.11180	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	1	28.00	0.18	0.11180	51%-75% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	2	28.00	0.06	0.12083	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	2	84.00	0.16	0.12083	26%-50% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	2	84.00	0.18	0.12083	26%-50% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	3	28.00	0.06	0.12836	51%-75% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	3	84.00	0.00	0.12836	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	12	28.00	0.21	0.11128	76%-100% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	12	84.00	0.06	0.11128	26%-50% Below	No	No
65862077785	TRI-MILI 28 TABLET	1	28.00	0.07	0.12209	26%-50% Below	No	No
65862077785	TRI-MILI 28 TABLET	2	28.00	0.07	0.12837	26%-50% Below	No	No
65862077785	TRI-MILI 28 TABLET	3	28.00	0.07	0.13969	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	1	28.00	0.00	0.09979	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	1	84.00	0.55	0.09979	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	2	28.00	0.00	0.10912	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	2	28.00	0.47	0.10912	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862077885	TRI-LO-MILI TABLET	2	84.00	0.00	0.10912	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	2	84.00	0.47	0.10912	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	3	28.00	0.07	0.11531	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	3	28.00	0.43	0.11531	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	3	84.00	0.43	0.11531	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	4	28.00	0.07	0.11495	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	4	28.00	0.39	0.11495	200% Above	No	No
65862077885	TRI-LO-MILI TABLET	12	84.00	0.55	0.10073	200% Above	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.08	0.16567	51%-75% Below	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.07	0.19053	51%-75% Below	No	No
65862077930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.64	0.17163	200% Above	No	No
65862077990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.75	0.19053	200% Above	Yes	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	0.67	0.24647	101%-200% Above	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	0.67	0.24884	101%-200% Above	No	No
65862078090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	30.00	1.31	0.21215	200% Above	No	No
65862078130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	30.00	0.67	0.20657	200% Above	No	No
65862078130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	30.00	1.31	0.20657	200% Above	No	No
65862078130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	30.00	0.67	0.22214	200% Above	No	No
65862078130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	30.00	1.11	0.22214	200% Above	No	No
65862078130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	30.00	0.67	0.23038	101%-200% Above	No	No
65862078130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	12	30.00	0.94	0.20920	200% Above	No	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	1	30.00	0.33	0.14790	101%-200% Above	No	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	2	30.00	1.22	0.16142	200% Above	No	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	3	30.00	1.11	0.16628	200% Above	No	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	0.28	0.16726	51%-75% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	12	30.00	1.43	0.15390	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.50	0.12959	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	1.11	0.14027	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	1.22	0.14027	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.50	0.14509	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	0.97	0.13123	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	1	30.00	2.41	0.61655	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	2	30.00	2.41	0.66105	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	3	30.00	2.19	0.68124	200% Above	No	No
65862080630	ARMODAFINIL 150 MG TABLET	12	30.00	2.83	0.57919	200% Above	No	No
65862082530	SAXAGLIPTIN HCL 2.5 MG TABLET	2	60.00	2.83	4.46363	26%-50% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	1	90.00	0.50	5.36912	76%-100% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	1	30.00	0.33	0.26224	10%-25% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	1	30.00	0.50	0.26224	76%-100% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	1	30.00	2.35	0.26224	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	2	30.00	0.33	0.28505	10%-25% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	2	30.00	0.50	0.28505	51%-75% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	2	30.00	2.00	0.28505	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	2	90.00	1.82	0.28505	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	3	30.00	0.33	0.29526	10%-25% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	3	30.00	0.50	0.29526	51%-75% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	3	30.00	1.82	0.29526	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	4	30.00	1.88	0.30813	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	12	60.00	2.35	0.26802	200% Above	No	No
65862085430	AMLODIPINE-OLMESARTAN 5-20 MG	3	30.00	0.07	0.32376	76%-100% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862085530	AMLODIPINE-OLMESARTAN 5-40 MG	2	90.00	0.42	0.36207	10%-25% Above	No	No
65862085901	FAMOTIDINE 20 MG TABLET	1	10.00	0.07	0.02934	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	30.00	0.02	0.02934	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	60.00	0.02	0.02934	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	60.00	0.02	0.02934	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	90.00	0.03	0.02934	10%-25% Above	No	No
65862085901	FAMOTIDINE 20 MG TABLET	1	90.00	0.04	0.02934	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	180.00	0.02	0.02934	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	30.00	0.02	0.03188	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	30.00	0.02	0.03188	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	30.00	0.04	0.03188	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	60.00	0.02	0.03188	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03188	10%-25% Above	No	No
65862085901	FAMOTIDINE 20 MG TABLET	2	90.00	0.02	0.03188	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	180.00	0.02	0.03188	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	14.00	0.05	0.03313	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	30.00	0.02	0.03313	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	60.00	0.02	0.03313	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	60.00	0.04	0.03313	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	90.00	0.02	0.03313	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	90.00	0.03	0.03313	10%-25% Below	No	No
65862085901	FAMOTIDINE 20 MG TABLET	3	180.00	0.02	0.03313	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	180.00	0.03	0.03313	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	180.00	0.04	0.03313	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	180.00	0.17	0.03313	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1029

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862085901	FAMOTIDINE 20 MG TABLET	4	14.00	0.17	0.03173	200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	28.00	0.04	0.03173	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	30.00	0.17	0.03173	200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	90.00	0.17	0.03173	200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	180.00	0.17	0.03173	200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	12	30.00	0.04	0.02888	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	12	60.00	0.03	0.02888	10%-25% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05152	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05152	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05152	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	30.00	0.13	0.05152	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	60.00	0.13	0.05152	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	90.00	0.08	0.05152	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	90.00	0.10	0.05152	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	90.00	0.13	0.05152	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	180.00	0.11	0.05152	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	10.00	0.15	0.05417	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05417	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05417	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05417	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	30.00	0.14	0.05417	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.07	0.05417	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.08	0.05417	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.10	0.05417	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05417	76%-100% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1030

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05417	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.12	0.05417	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05597	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05597	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05597	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	30.00	0.15	0.05597	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	60.00	0.13	0.05597	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	90.00	0.07	0.05597	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	90.00	0.10	0.05597	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05597	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05597	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	90.00	0.13	0.05597	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	180.00	0.07	0.05597	26%-50% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	180.00	0.12	0.05597	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	0.12	0.05508	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	0.12	0.05508	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	0.23	0.05508	200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	90.00	0.23	0.05508	200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	30.00	0.09	0.05230	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	60.00	0.13	0.05230	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	90.00	0.09	0.05230	51%-75% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	90.00	0.11	0.05230	101%-200% Above	Yes	No
65862086099	FAMOTIDINE 40 MG TABLET	1	30.00	0.08	0.05152	26%-50% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	1	90.00	0.08	0.05152	26%-50% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	2	30.00	0.07	0.05417	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862086099	FAMOTIDINE 40 MG TABLET	2	90.00	0.08	0.05417	26%-50% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	2	180.00	0.07	0.05417	26%-50% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	26%-50% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	3	60.00	0.07	0.05597	26%-50% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	12	60.00	0.09	0.05230	51%-75% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	1	91.00	0.00	0.21378	76%-100% Below	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	3	91.00	0.20	0.23162	10%-25% Below	Yes	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	3	91.00	0.28	0.23162	10%-25% Above	No	No
65862087830	SOLIFENACIN 5 MG TABLET	2	90.00	0.22	0.17676	10%-25% Above	Yes	No
65862087830	SOLIFENACIN 5 MG TABLET	2	90.00	1.72	0.17676	200% Above	Yes	No
65862089788	NYLIA 7-7-7-28 TABLET	1	28.00	0.00	0.20840	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	2	28.00	0.11	0.25175	51%-75% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	3	56.00	0.11	0.25069	51%-75% Below	No	No
65862089888	NYLIA 1-35 28 TABLET	2	84.00	0.21	0.23545	10%-25% Below	No	No
65862090801	CELECOXIB 100 MG CAPSULE	2	30.00	0.50	0.07439	200% Above	Yes	No
65862090901	CELECOXIB 200 MG CAPSULE	1	90.00	0.42	0.09097	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	1	90.00	0.43	0.09097	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	1	180.00	0.37	0.09097	200% Above	No	No
65862090901	CELECOXIB 200 MG CAPSULE	12	60.00	0.17	0.08533	76%-100% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	2	84.00	0.10	0.08614	10%-25% Above	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	3	28.00	0.06	0.09016	26%-50% Below	No	No
65862092585	INCASSIA 0.35 MG TABLET	3	84.00	0.06	0.09016	26%-50% Below	Yes	No
65862092585	INCASSIA 0.35 MG TABLET	4	28.00	0.13	0.09017	26%-50% Above	No	No
65862092585	INCASSIA 0.35 MG TABLET	12	84.00	0.22	0.07728	101%-200% Above	No	No
65862092730	FINASTERIDE 1 MG TABLET	1	90.00	0.39	0.03998	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862092730	FINASTERIDE 1 MG TABLET	4	90.00	0.39	0.04668	200% Above	Yes	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	2	6.00	1.28	0.30818	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.51	0.30818	51%-75% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	1	28.00	0.00	0.19057	76%-100% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	1	28.00	1.03	0.19057	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	1	28.00	1.21	0.19057	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	2	28.00	0.07	0.20260	51%-75% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	2	28.00	0.93	0.20260	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	3	28.00	0.11	0.21635	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	4	28.00	0.30	0.22182	26%-50% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	4	84.00	0.30	0.22182	26%-50% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	12	28.00	1.21	0.19337	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	12	84.00	1.21	0.19337	200% Above	No	No
65862093574	AUROVELA 21 1.5-30 TABLET	1	21.00	0.46	0.35739	26%-50% Above	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	1	84.00	0.42	0.35739	10%-25% Above	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	2	21.00	0.41	0.36197	10%-25% Above	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	3	21.00	0.41	0.36795	10%-25% Above	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	4	21.00	0.30	0.37080	10%-25% Below	No	No
65862093574	AUROVELA 21 1.5-30 TABLET	4	21.00	0.41	0.37080	10%-25% Above	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	12	21.00	0.41	0.36609	10%-25% Above	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	12	21.00	0.46	0.36609	10%-25% Above	Yes	No
65862093574	AUROVELA 21 1.5-30 TABLET	12	63.00	0.46	0.36609	10%-25% Above	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	1	84.00	0.14	0.16929	10%-25% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	3	84.00	0.14	0.16611	10%-25% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	4	21.00	0.13	0.17102	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862093988	AUROVELA 1 MG-20 MCG TABLET	12	21.00	0.21	0.18230	10%-25% Above	Yes	No
65862094088	AUROVELA FE 1-20 TABLET	2	28.00	0.06	0.12925	51%-75% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	3	28.00	0.06	0.14667	51%-75% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	12	28.00	0.06	0.12469	51%-75% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	2	84.00	0.07	0.14583	51%-75% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	3	84.00	0.07	0.14837	51%-75% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	12	84.00	0.09	0.13805	26%-50% Below	No	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	3	10.00	1.01	1.18201	10%-25% Below	Yes	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	3	30.00	0.97	1.18201	10%-25% Below	Yes	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	3	30.00	1.01	1.18201	10%-25% Below	Yes	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	3	30.00	1.34	1.18201	10%-25% Above	Yes	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	4	10.00	1.00	1.16981	10%-25% Below	Yes	No
65862094601	DORZOLAMIDE-TIMOLOL EYE DROPS	12	30.00	1.19	1.03405	10%-25% Above	Yes	No
65862094760	DORZOLAMIDE-TIMOLOL 2%-0.5%	2	60.00	0.64	1.23776	26%-50% Below	Yes	No
65862095330	LURASIDONE HCL 20 MG TABLET	4	30.00	0.50	0.20424	101%-200% Above	No	No
65862096701	ESZOPICLONE 1 MG TABLET	2	30.00	0.33	0.12412	101%-200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	1	30.00	0.33	0.08840	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	1	30.00	0.34	0.08840	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	1	90.00	0.44	0.08840	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	2	30.00	0.31	0.09574	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	2	90.00	0.31	0.09574	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	3	30.00	0.31	0.10495	101%-200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	3	30.00	0.33	0.10495	200% Above	Yes	No
65862096801	ESZOPICLONE 2 MG TABLET	12	30.00	0.61	0.09608	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	1	15.00	0.65	0.09029	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862096901	ESZOPICLONE 3 MG TABLET	1	30.00	0.50	0.09029	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	2	30.00	0.34	0.09492	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	2	30.00	0.50	0.09492	200% Above	Yes	No
65862096901	ESZOPICLONE 3 MG TABLET	12	90.00	0.22	0.09870	101%-200% Above	Yes	No
65862097603	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	1	90.00	1.67	0.36504	200% Above	Yes	No
65862097603	TELMISARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TB	4	90.00	1.27	0.49128	101%-200% Above	Yes	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	2	30.00	0.15	0.12817	10%-25% Above	No	No
65862098601	POTASSIUM CL ER 8 MEQ TABLET	12	90.00	0.18	0.11780	51%-75% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.05	0.09742	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.06	0.09742	26%-50% Below	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	2	14.00	0.09	0.09927	10%-25% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	2	60.00	0.08	0.09927	10%-25% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	0.06	0.09741	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.20	0.09622	101%-200% Above	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	12	20.00	0.09	0.10167	10%-25% Below	Yes	No
65862099830	ARMODAFINIL 200 MG TABLET	1	30.00	2.78	0.62079	200% Above	No	No
66019031110	FLUMIST NASA LIQ 2024-25	1	1.00	23.90	.		No	No
66658023001	SYNAGIS INJ 50/0.5ML	1	0.50	3436.68	.		Yes	No
66658023001	SYNAGIS INJ 50/0.5ML	2	0.50	3436.68	.		Yes	No
66658023101	SYNAGIS INJ 100MG/ML	1	1.00	3244.71	.		Yes	No
66658023101	SYNAGIS INJ 100MG/ML	2	1.00	3244.71	.		Yes	No
66993000210	ESTRADIOL 0.01% CREAM	1	42.50	0.35	0.42725	10%-25% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	1	42.50	0.51	0.42725	10%-25% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	1	42.50	2.31	0.42725	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	1	42.50	2.72	0.42725	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993000210	ESTRADIOL 0.01% CREAM	1	127.50	2.31	0.42725	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	0.51	0.46010	10%-25% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	2.10	0.46010	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	2.31	0.46010	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	2.31	0.46010	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	1.75	0.49081	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	2.10	0.49081	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	2.10	0.49081	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	1.75	0.48817	200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.50	0.51	0.42505	10%-25% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.50	2.64	0.42505	200% Above	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	1	18.00	0.96	1.75609	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	1	18.00	0.99	1.75609	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	2	18.00	0.96	1.80473	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	3	18.00	0.96	1.83126	26%-50% Below	Yes	No
66993006027	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	12	32.00	1.90	1.56337	10%-25% Above	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	1	10.60	2.83	11.19440	51%-75% Below	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	1	10.60	12.32	11.19440	10%-25% Above	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	1	31.80	15.40	11.19440	26%-50% Above	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	3	31.80	15.40	11.48474	26%-50% Above	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	4	10.60	12.54	11.39877	10%-25% Above	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	4	31.80	15.40	11.39877	26%-50% Above	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	12	10.60	3.56	11.16443	51%-75% Below	Yes	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	12	10.60	12.54	11.16443	10%-25% Above	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	12	31.80	15.40	11.16443	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993007996	FLUTICASONE PROPIONATE HFA 110 MCG INHALER	1	12.00	2.50	13.16521	76%-100% Below	No	No
66993007996	FLUTICASONE PROPIONATE HFA 110 MCG INHALER	2	12.00	6.58	13.30354	26%-50% Below	No	No
66993007996	FLUTICASONE PROPIONATE HFA 110 MCG INHALER	3	12.00	7.24	13.44166	26%-50% Below	No	No
66993007996	FLUTICASONE PROPIONATE HFA 110 MCG INHALER	12	12.00	2.80	13.15758	76%-100% Below	No	No
66993008269	SUMATRIPTAN 20 MG NASAL SPRAY	1	6.00	0.83	16.72757	76%-100% Below	No	No
66993008269	SUMATRIPTAN 20 MG NASAL SPRAY	2	6.00	8.56	18.91294	51%-75% Below	No	No
66993008269	SUMATRIPTAN 20 MG NASAL SPRAY	3	12.00	0.83	22.32471	76%-100% Below	No	No
66993008269	SUMATRIPTAN 20 MG NASAL SPRAY	4	12.00	0.83	22.12141	76%-100% Below	No	No
66993037025	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	7.32	25.75309	51%-75% Below	Yes	No
66993037025	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	10.26	25.75309	51%-75% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	0.00	20.50228	76%-100% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	7.36	20.50228	51%-75% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	10.26	20.50228	26%-50% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	0.07	21.87923	76%-100% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	0.07	23.14375	76%-100% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	7.34	23.14375	51%-75% Below	No	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	9.93	20.79526	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	0.00	34.08693	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	0.01	34.08693	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	22.17	34.08693	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	22.17	34.08693	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	20.20	36.83766	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	22.17	36.83766	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	22.17	36.83766	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	12.19	38.52283	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993037179	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	13.75	38.52283	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	20.20	38.52283	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	23.59	38.52283	26%-50% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	23.59	36.78357	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	0.02	34.27934	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	13.75	34.27934	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	26.11	34.27934	10%-25% Below	Yes	No
66993042930	TAFLUPROST 0.0015% EYE DROP	1	30.00	1.68	3.39240	26%-50% Below	No	No
66993042930	TAFLUPROST 0.0015% EYE DROP	2	30.00	1.68	3.50885	51%-75% Below	No	No
66993045730	DAPAGLIFLOZIN 10 MG TABLET	3	90.00	15.49	11.48665	26%-50% Above	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	1	1.00	54.04	48.83910	10%-25% Above	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	1	3.00	68.65	48.83910	26%-50% Above	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	2	1.00	24.79	52.48018	51%-75% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	2	3.00	24.79	52.48018	51%-75% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	4	1.00	68.65	53.59942	26%-50% Above	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	4	3.00	45.71	53.59942	10%-25% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	12	1.00	68.65	49.58895	26%-50% Above	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	12	3.00	18.62	49.58895	51%-75% Below	No	No
66993060630	MIRTAZAPINE 7.5 MG TABLET	3	30.00	0.76	0.41378	76%-100% Above	No	No
66993060630	MIRTAZAPINE 7.5 MG TABLET	4	30.00	0.67	0.40681	51%-75% Above	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	3	106.40	0.03	0.06026	26%-50% Below	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	3	220.00	0.03	0.06026	51%-75% Below	No	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	12	394.00	0.02	0.05213	51%-75% Below	No	No
66993073002	DEXAMETHASONE 4 MG TABLET	2	8.00	0.20	0.28058	26%-50% Below	No	No
66993082130	PIOGLITAZONE-GLIMEPIRIDE 30-2	2	30.00	3.33	8.69447	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993082130	PIOGLITAZONE-GLIMEPIRIDE 30-2	3	30.00	3.33	9.28499	51%-75% Below	No	No
67618011128	COLACE CLEAR 50 MG SOFTGEL	4	20.00	0.30	0.25349	10%-25% Above	No	No
67877012420	SILVER SULFADIAZINE 1% CREAM	12	20.00	0.07	0.25570	51%-75% Below	No	No
67877012425	SILVER SULFADIAZINE 1% CREAM	2	50.00	0.07	0.16275	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	1	30.00	0.04	0.06287	26%-50% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	1	45.00	0.04	0.06287	26%-50% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	2	45.00	0.04	0.06986	26%-50% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	3	30.00	0.04	0.07422	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	4	45.00	0.04	0.07455	51%-75% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	1	30.00	0.04	0.06287	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	2	30.00	0.04	0.06986	26%-50% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	3	30.00	0.04	0.07422	51%-75% Below	No	No
67877014605	TEMAZEPAM 15 MG CAPSULE	12	30.00	0.04	0.06369	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.04	0.07862	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.04	0.08360	51%-75% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.05	0.08360	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.04	0.08886	51%-75% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.04	0.08886	26%-50% Below	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.37	0.09115	200% Above	No	No
67877014701	TEMAZEPAM 30 MG CAPSULE	12	30.00	0.04	0.07933	51%-75% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.05	0.07862	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.02	0.08360	51%-75% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.05	0.08360	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.04	0.08886	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	4	90.00	0.37	0.09115	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877014705	TEMAZEPAM 30 MG CAPSULE	12	30.00	0.04	0.07933	26%-50% Below	No	No
67877014801	TEMAZEPAM 7.5 MG CAPSULE	4	90.00	0.55	1.06753	26%-50% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.02	0.02667	26%-50% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.04	0.02667	26%-50% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	1	270.00	0.01	0.02667	26%-50% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	2	120.00	0.02	0.02863	26%-50% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.02	0.02863	26%-50% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	3	120.00	0.02	0.02993	26%-50% Below	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.11	0.02980	200% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.02	0.02708	10%-25% Below	Yes	No
67877015905	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.03	0.02708	10%-25% Above	Yes	No
67877015905	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.04	0.02708	26%-50% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.04	0.01003	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.05	0.01003	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.04	0.01087	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.04	0.01087	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.04	0.01087	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	0.04	0.01110	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	12	16.00	0.04	0.00985	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.05	0.00985	200% Above	No	No
67877019790	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.04	0.01087	200% Above	No	No
67877019790	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	0.04	0.01110	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877019805	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.03	0.01037	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	10%-25% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	76%-100% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01111	10%-25% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.23	0.01111	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.23	0.01111	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01111	76%-100% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.23	0.01111	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	26%-50% Below	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01040	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Below	Yes	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	26%-50% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	28.00	0.01	0.01037	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01037	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.04	0.01037	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	10%-25% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	51%-75% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	10%-25% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.04	0.01082	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877019810	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	51%-75% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	28.00	0.01	0.01111	10%-25% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01111	10%-25% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.04	0.01111	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.07	0.01111	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	45.00	0.01	0.01111	26%-50% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	26%-50% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	51%-75% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	51%-75% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	76%-100% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	28.00	0.23	0.01111	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.01	0.01111	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.23	0.01111	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01111	76%-100% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01111	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.07	0.01111	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	28.00	0.01	0.01040	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	26%-50% Below	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01040	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1042

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.19	0.01040	200% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01568	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.04	0.01568	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	26%-50% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	10%-25% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01745	76%-100% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.03	0.01716	76%-100% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.01	0.01544	51%-75% Below	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.04	0.01544	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.03	0.01544	51%-75% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.01	0.01568	51%-75% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01568	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	26%-50% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.04	0.01694	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01694	51%-75% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01694	51%-75% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	28.00	0.01	0.01745	10%-25% Below	No	No

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10:58 Tuesday, March 24, 2026 1043

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	26%-50% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	10%-25% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01745	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01745	51%-75% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.07	0.01745	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.01	0.01716	26%-50% Below	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01716	101%-200% Above	Yes	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01716	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.22	0.01716	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01716	10%-25% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.22	0.01716	200% Above	Yes	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.02	0.01544	10%-25% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.04	0.01544	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.26	0.01544	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	60.00	0.03	0.01544	51%-75% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	26%-50% Above	No	No
67877019990	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	26%-50% Above	No	No
67877021520	CEFUROXIME AXETIL 250 MG TAB	1	20.00	1.06	0.24994	200% Above	No	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	1	20.00	0.71	0.24994	101%-200% Above	No	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	3	14.00	1.07	0.29664	200% Above	No	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	3	14.00	1.08	0.29664	200% Above	No	No
67877021560	CEFUROXIME AXETIL 250 MG TAB	3	60.00	0.55	0.29664	76%-100% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	1	14.00	1.06	0.40558	101%-200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	1	20.00	0.94	0.40558	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877021660	CEFUROXIME AXETIL 500 MG TAB	1	20.00	0.94	0.40558	101%-200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	2	18.00	0.94	0.44143	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	2	20.00	0.94	0.44143	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	2	28.00	0.93	0.44143	101%-200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	3	10.00	0.85	0.46613	76%-100% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	3	20.00	0.85	0.46613	76%-100% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	3	20.00	0.85	0.46613	76%-100% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	12	60.00	1.13	0.39693	101%-200% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	1	9.00	0.06	0.10819	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.06	0.12140	51%-75% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.08	0.12140	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.09	0.12860	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.06	0.12860	51%-75% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	3	40.00	0.06	0.12860	51%-75% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	4	20.00	0.08	0.12868	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.06	0.12868	51%-75% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	12	14.00	0.10	0.10778	10%-25% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.04	0.10778	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.06	0.10819	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.09	0.10819	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.06	0.10819	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.06	0.12140	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	15.00	0.05	0.12140	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.06	0.12140	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.09	0.12140	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877021905	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.06	0.12140	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.09	0.12140	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.06	0.12140	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	10.00	0.06	0.12860	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	10.00	0.34	0.12860	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.09	0.12860	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.10	0.12860	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.10	0.12860	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.09	0.12860	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.06	0.12860	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.09	0.12860	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.06	0.12860	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.08	0.12860	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	48.00	0.11	0.12860	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	15.00	0.34	0.12868	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	20.00	0.09	0.12868	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	21.00	0.34	0.12868	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.11	0.12868	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	30.00	0.34	0.12868	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	40.00	0.34	0.12868	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.06	0.10778	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	40.00	0.07	0.10778	26%-50% Below	No	No
67877022005	CEPHALEXIN 250 MG CAPSULE	1	90.00	0.06	0.08421	26%-50% Below	No	No
67877022005	CEPHALEXIN 250 MG CAPSULE	3	40.00	0.05	0.09951	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	1	90.00	0.01	0.02079	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877022201	GABAPENTIN 100 MG CAPSULE	1	270.00	0.01	0.02079	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02246	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	3	60.00	0.01	0.02330	51%-75% Below	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	4	270.00	0.11	0.02304	200% Above	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	12	60.00	0.01	0.02070	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	1	90.00	0.01	0.02079	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	1	120.00	0.01	0.02079	26%-50% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	2	180.00	0.01	0.02246	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	3	30.00	0.01	0.02330	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	3	30.00	0.11	0.02330	200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02330	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02330	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	3	120.00	0.01	0.02330	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	4	21.00	0.03	0.02304	10%-25% Above	No	No
67877022210	GABAPENTIN 100 MG CAPSULE	3	90.00	0.02	0.02330	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	3	360.00	0.01	0.03671	51%-75% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	12	60.00	0.02	0.03474	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	12	360.00	0.02	0.03474	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	30.00	0.01	0.03533	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	30.00	0.02	0.03533	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	60.00	0.01	0.03533	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	60.00	0.01	0.03533	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03533	10%-25% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	120.00	0.01	0.03533	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877022305	GABAPENTIN 300 MG CAPSULE	1	120.00	0.02	0.03533	26%-50% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	2	30.00	0.01	0.03674	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	2	120.00	0.01	0.03674	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	2	120.00	0.03	0.03674	10%-25% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	2	180.00	0.01	0.03674	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	3	60.00	0.01	0.03671	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	3	120.00	0.01	0.03671	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	3	120.00	0.03	0.03671	10%-25% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	3	180.00	0.01	0.03671	51%-75% Below	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	3	180.00	0.13	0.03671	200% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	4	90.00	0.13	0.03509	200% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	1	30.00	0.02	0.03533	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	1	90.00	0.02	0.03533	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03533	10%-25% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	2	30.00	0.01	0.03674	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03674	10%-25% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	3	30.00	0.01	0.03671	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	3	60.00	0.01	0.03671	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	3	90.00	0.01	0.03671	51%-75% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	3	90.00	0.13	0.03671	200% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	4	60.00	0.13	0.03509	200% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	12	60.00	0.02	0.03474	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877022405	GABAPENTIN 400 MG CAPSULE	1	60.00	0.03	0.04393	26%-50% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	2	60.00	0.03	0.04707	26%-50% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	3	60.00	0.03	0.04947	26%-50% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	4	180.00	0.02	0.04691	51%-75% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	12	180.00	0.02	0.04450	51%-75% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	12	270.00	0.02	0.04450	51%-75% Below	No	No
67877022501	MYCOPHENOLATE 500 MG TABLET	1	120.00	0.18	0.25080	26%-50% Below	Yes	No
67877022501	MYCOPHENOLATE 500 MG TABLET	2	360.00	0.18	0.27006	26%-50% Below	Yes	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.07	0.02834	101%-200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	1	90.00	0.08	0.02834	101%-200% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.05	0.03058	51%-75% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.06	0.03058	76%-100% Above	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2	60.00	0.01	0.03058	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	3	60.00	0.01	0.03263	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	4	60.00	0.01	0.03250	51%-75% Below	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	2	90.00	0.01	0.09977	76%-100% Below	No	No
67877024610	QUETIAPINE FUMARATE 200 MG TAB	2	30.00	0.07	0.09977	26%-50% Below	No	No
67877024760	QUETIAPINE FUMARATE 300 MG TAB	1	15.00	0.19	0.13370	26%-50% Above	No	No
67877024760	QUETIAPINE FUMARATE 300 MG TAB	4	15.00	0.27	0.14891	76%-100% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.06	0.03721	51%-75% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.06	0.04106	26%-50% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.13	0.04106	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	3	90.00	0.12	0.04106	101%-200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.22	0.04079	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	12	90.00	0.12	0.03439	200% Above	No	No

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10:58 Tuesday, March 24, 2026 1049

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877025001	QUETIAPINE FUMARATE 100 MG TAB	1	30.00	0.14	0.04581	200% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	1	30.00	0.07	0.04581	26%-50% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	1	30.00	0.14	0.04581	200% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	1	90.00	0.08	0.04581	51%-75% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	2	30.00	0.07	0.05117	26%-50% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	2	90.00	0.07	0.05117	26%-50% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	12	30.00	0.08	0.04549	51%-75% Above	No	No
67877025010	QUETIAPINE FUMARATE 100 MG TAB	12	90.00	0.08	0.04549	51%-75% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.24	0.12708	76%-100% Above	No	No
67877025115	TRIAMCINOLONE 0.1% CREAM	2	60.00	0.19	0.13645	26%-50% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.17	0.09543	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	60.00	0.08	0.09543	10%-25% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	60.00	0.11	0.09543	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	60.00	0.17	0.09543	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	90.00	0.11	0.09543	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.16	0.09530	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	2	60.00	0.08	0.09530	10%-25% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	2	120.00	0.04	0.09530	51%-75% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	3	60.00	0.15	0.08834	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.11	0.08828	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.16	0.08828	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	60.00	0.17	0.08828	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	60.00	0.18	0.08828	101%-200% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.11	0.10154	10%-25% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.16	0.10154	51%-75% Above	Yes	No

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10:58 Tuesday, March 24, 2026 1050

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877025130	TRIAMCINOLONE 0.1% CREAM	12	60.00	0.21	0.10154	101%-200% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	12	360.00	0.11	0.10154	10%-25% Above	Yes	No
67877025145	TRIAMCINOLONE 0.1% CREAM	12	454.00	0.03	0.03000	10%-25% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.10	0.05162	76%-100% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.12	0.05162	101%-200% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	1	160.00	0.06	0.05162	10%-25% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.09	0.05608	51%-75% Above	No	No
67877025180	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.14	0.05608	101%-200% Above	No	No
67877025520	CEPHALEXIN 750 MG CAPSULE	1	15.00	4.20	5.88397	26%-50% Below	Yes	No
67877026118	RIZATRIPTAN 5 MG TABLET	4	12.00	1.24	0.45410	101%-200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	1	9.00	1.15	0.34665	200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	1	10.00	1.22	0.34665	200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	1	18.00	0.83	0.34665	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	1	30.00	0.80	0.34665	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	2	9.00	0.62	0.36943	51%-75% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	2	10.00	0.68	0.36943	76%-100% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	2	24.00	0.68	0.36943	76%-100% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	3	9.00	1.15	0.39946	101%-200% Above	No	No
67877026218	RIZATRIPTAN 10 MG TABLET	12	10.00	1.22	0.35528	200% Above	Yes	No
67877026218	RIZATRIPTAN 10 MG TABLET	12	18.00	0.83	0.35528	101%-200% Above	No	No
67877026410	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.15	0.08381	76%-100% Above	No	No
67877026410	DULOXETINE HCL DR 30 MG CAP	3	60.00	0.15	0.08381	76%-100% Above	No	No
67877026410	DULOXETINE HCL DR 30 MG CAP	4	60.00	0.23	0.08276	101%-200% Above	No	No
67877027430	LANSOPRAZOLE DR 15 MG CAPSULE	2	30.00	0.15	0.17895	10%-25% Below	Yes	No
67877027605	CLOPIDOGREL 75 MG TABLET	3	90.00	0.09	0.06179	26%-50% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877027605	CLOPIDOGREL 75 MG TABLET	12	30.00	0.02	0.05708	51%-75% Below	No	No
67877028810	FINASTERIDE 5 MG TABLET	2	30.00	0.05	0.06956	10%-25% Below	No	No
67877028810	FINASTERIDE 5 MG TABLET	2	30.00	0.15	0.06956	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	2	90.00	0.13	0.06956	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	3	30.00	0.15	0.07167	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	3	30.00	0.34	0.07167	200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	3	90.00	0.05	0.07167	10%-25% Below	No	No
67877028810	FINASTERIDE 5 MG TABLET	4	30.00	0.15	0.06956	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	12	30.00	0.18	0.06402	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	12	90.00	0.03	0.06402	51%-75% Below	No	No
67877028890	FINASTERIDE 5 MG TABLET	3	23.00	0.05	0.07167	10%-25% Below	Yes	No
67877028890	FINASTERIDE 5 MG TABLET	3	90.00	0.12	0.07167	51%-75% Above	Yes	No
67877029505	IBUPROFEN TAB 600MG	1	24.00	0.03	.		No	No
67877029860	CHOLESTYRAMINE PACKET	3	30.00	0.52	0.95557	26%-50% Below	Yes	No
67877031715	TRIAMCINOLONE 0.025% CREAM	3	15.00	0.08	0.12705	26%-50% Below	No	No
67877031715	TRIAMCINOLONE 0.025% CREAM	3	30.00	0.08	0.12705	26%-50% Below	No	No
67877031901	IBUPROFEN 400 MG TABLET	3	60.00	0.01	0.04449	76%-100% Below	No	No
67877031905	IBUPROFEN 400 MG TABLET	3	12.00	0.05	0.04449	10%-25% Above	No	No
67877032001	IBUPROFEN 600 MG TABLET	3	90.00	0.04	0.04951	26%-50% Below	No	No
67877032001	IBUPROFEN 600 MG TABLET	4	30.00	0.19	0.05019	200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	1	28.00	0.03	0.04794	26%-50% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	2	30.00	0.03	0.04873	26%-50% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	2	40.00	0.03	0.04873	26%-50% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	3	20.00	0.02	0.04951	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	4	40.00	0.02	0.05019	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877032005	IBUPROFEN 600 MG TABLET	12	40.00	0.02	0.04830	51%-75% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	2	30.00	0.01	0.06029	76%-100% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	2	30.00	0.01	0.06029	76%-100% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	3	20.00	0.03	0.06324	51%-75% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	3	60.00	0.01	0.06324	76%-100% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	3	90.00	0.05	0.06324	10%-25% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	4	90.00	0.15	0.06335	101%-200% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	15.00	0.02	0.05620	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05620	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	30.00	0.05	0.05620	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05620	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	90.00	0.02	0.05620	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	90.00	0.04	0.05620	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	270.00	0.02	0.05620	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.06029	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	30.00	0.05	0.06029	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	60.00	0.03	0.06029	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	6.00	0.03	0.06324	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877032105	IBUPROFEN 800 MG TABLET	3	20.00	0.03	0.06324	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	20.00	0.05	0.06324	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.06324	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	30.00	0.05	0.06324	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	30.00	0.05	0.06324	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	40.00	0.03	0.06324	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.06324	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	90.00	0.05	0.06324	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	90.00	0.15	0.06324	101%-200% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	30.00	0.02	0.06335	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	30.00	0.05	0.06335	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	28.00	0.05	0.05567	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	30.00	0.02	0.05567	51%-75% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	30.00	0.03	0.05567	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	30.00	0.04	0.05567	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	60.00	0.04	0.05567	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05567	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05567	26%-50% Below	No	No
67877039230	NEBIVOLOL 5 MG TABLET	1	90.00	0.74	0.10355	200% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	2	180.00	0.09	0.05636	51%-75% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	12	30.00	0.07	0.06044	10%-25% Above	No	No
67877041401	METFORMIN HCL ER 750 MG TABLET	12	90.00	0.09	0.06044	26%-50% Above	Yes	No
67877041530	VALSARTAN 40 MG TABLET	1	30.00	0.14	0.12159	10%-25% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877041690	VALSARTAN 80 MG TABLET	4	90.00	0.37	0.13170	101%-200% Above	Yes	No
67877041890	VALSARTAN 320 MG TABLET	1	90.00	0.33	0.19030	51%-75% Above	Yes	No
67877041890	VALSARTAN 320 MG TABLET	2	30.00	0.00	0.20518	76%-100% Below	No	No
67877042260	CHOLESTYRAMINE LIGHT PACKET	2	90.00	1.09	0.89908	10%-25% Above	Yes	No
67877042805	GABAPENTIN 600 MG TABLET	3	270.00	0.01	0.07464	76%-100% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	1	30.00	0.02	0.09225	51%-75% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	3	60.00	0.02	0.10493	76%-100% Below	No	No
67877042905	GABAPENTIN 800 MG TABLET	4	60.00	0.12	0.10534	10%-25% Above	No	No
67877043103	ARIPIRAZOLE 5 MG TABLET	1	30.00	3.33	0.10072	200% Above	No	No
67877043103	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.67	0.10953	200% Above	No	No
67877043103	ARIPIRAZOLE 5 MG TABLET	3	30.00	3.03	0.10953	200% Above	No	No
67877043103	ARIPIRAZOLE 5 MG TABLET	12	30.00	3.44	0.10120	200% Above	No	No
67877043203	ARIPIRAZOLE 10 MG TABLET	2	30.00	3.17	0.13829	200% Above	No	No
67877043305	ARIPIRAZOLE 15 MG TABLET	1	30.00	3.73	0.12551	200% Above	No	No
67877043305	ARIPIRAZOLE 15 MG TABLET	2	30.00	3.17	0.13497	200% Above	No	No
67877044190	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	1.32	0.05912	200% Above	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	1	60.00	0.29	0.20724	26%-50% Above	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	4	60.00	0.27	0.23411	10%-25% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	3	30.00	0.40	0.06486	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	3	30.00	0.59	0.06486	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.79	0.08113	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.79	0.08469	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	2	60.00	0.72	0.08469	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.79	0.08469	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.43	0.08393	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.72	0.08393	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	4	30.00	0.43	0.08394	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	12	30.00	0.93	0.08267	200% Above	No	No
67877044730	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	1.11	0.11950	200% Above	Yes	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	1.11	0.12398	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	0.69	0.12382	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	1.01	0.12382	200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	1.31	0.12121	200% Above	No	No
67877045590	FINASTERIDE 1 MG TABLET	12	30.00	0.40	0.04014	200% Above	No	No
67877046305	PREGABALIN 50 MG CAPSULE	2	60.00	0.02	0.05352	51%-75% Below	No	No
67877046305	PREGABALIN 50 MG CAPSULE	3	60.00	0.03	0.05408	26%-50% Below	No	No
67877046405	PREGABALIN 75 MG CAPSULE	3	90.00	0.03	0.06446	51%-75% Below	No	No
67877046790	PREGABALIN 200 MG CAPSULE	12	90.00	0.04	0.06311	26%-50% Below	No	No
67877048230	TELMISARTAN 20 MG TABLET	1	90.00	0.50	0.11330	200% Above	No	No
67877048230	TELMISARTAN 20 MG TABLET	4	90.00	0.22	0.12060	76%-100% Above	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	1	30.00	0.50	0.14845	200% Above	No	No
67877048330	TELMISARTAN 40 MG TABLET	1	90.00	0.28	0.14845	76%-100% Above	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	1	90.00	0.33	0.14845	101%-200% Above	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	2	30.00	0.50	0.17138	101%-200% Above	No	No
67877048330	TELMISARTAN 40 MG TABLET	3	90.00	0.26	0.21355	10%-25% Above	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	12	30.00	0.50	0.15018	200% Above	No	No
67877048330	TELMISARTAN 40 MG TABLET	12	90.00	0.50	0.15018	200% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	1	30.00	0.25	0.14909	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	1	90.00	0.21	0.14909	26%-50% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	1	90.00	0.25	0.14909	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1056

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877048430	TELMISARTAN 80 MG TABLET	2	30.00	0.21	0.15445	26%-50% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	2	30.00	0.33	0.15445	101%-200% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	2	90.00	0.21	0.15445	26%-50% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	3	30.00	0.19	0.16739	10%-25% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	3	90.00	0.19	0.16739	10%-25% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	3	90.00	0.19	0.16739	10%-25% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	3	90.00	0.24	0.16739	26%-50% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	12	30.00	0.25	0.14734	51%-75% Above	No	No
67877048430	TELMISARTAN 80 MG TABLET	12	90.00	0.23	0.14734	51%-75% Above	Yes	No
67877048484	TELMISARTAN 80 MG TABLET	1	90.00	0.21	0.14909	26%-50% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	3	90.00	0.61	0.07731	200% Above	Yes	No
67877049030	EZETIMIBE 10 MG TABLET	1	30.00	1.33	0.07396	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	1	30.00	0.16	0.07396	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	30.00	0.33	0.07396	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	30.00	1.13	0.07396	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	90.00	0.33	0.07396	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	90.00	1.13	0.07396	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	30.00	0.16	0.07466	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	30.00	0.33	0.07466	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	30.00	1.03	0.07466	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	90.00	0.17	0.07466	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	90.00	0.22	0.07466	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	90.00	0.42	0.07466	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	90.00	1.13	0.07466	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	30.00	0.16	0.07731	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877049090	EZETIMIBE 10 MG TABLET	3	30.00	1.03	0.07731	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	90.00	1.03	0.07731	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	30.00	0.16	0.07594	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	30.00	0.33	0.07594	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	30.00	0.50	0.07594	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	30.00	0.61	0.07594	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	90.00	0.61	0.07594	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	30.00	0.33	0.07518	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	30.00	1.33	0.07518	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	90.00	0.28	0.07518	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	90.00	1.21	0.07518	200% Above	Yes	No
67877049301	AZATHIOPRINE 50 MG TABLET	1	30.00	0.28	0.13724	101%-200% Above	No	No
67877049301	AZATHIOPRINE 50 MG TABLET	12	30.00	0.07	0.13884	51%-75% Below	No	No
67877049930	AMLODIPINE-OLMESARTAN 5-20 MG	2	90.00	0.80	0.32280	101%-200% Above	Yes	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	1	30.00	1.68	0.37982	200% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	3	30.00	1.53	0.35167	200% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	12	30.00	1.98	0.35571	200% Above	No	No
67877051090	EZETIMIBE-SIMVASTATIN 10-80 MG	12	90.00	1.11	0.42732	101%-200% Above	No	No
67877051110	ATORVASTATIN 10 MG TABLET	1	90.00	0.07	0.02562	101%-200% Above	No	No
67877051190	ATORVASTATIN 10 MG TABLET	1	90.00	0.08	0.02562	200% Above	No	No
67877051205	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	No	No
67877051210	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03178	101%-200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	2	30.00	0.07	0.03400	101%-200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877051290	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	2	90.00	0.13	0.03400	200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	3	30.00	0.55	0.03496	200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.03496	51%-75% Below	No	No
67877051290	ATORVASTATIN 20 MG TABLET	4	90.00	0.13	0.03419	200% Above	No	No
67877051290	ATORVASTATIN 20 MG TABLET	12	30.00	0.10	0.03166	200% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	2	90.00	0.01	0.04677	51%-75% Below	No	No
67877051390	ATORVASTATIN 40 MG TABLET	2	90.00	0.13	0.04677	101%-200% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	3	30.00	0.01	0.04768	51%-75% Below	No	No
67877051390	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	3	90.00	0.13	0.04768	101%-200% Above	No	No
67877051390	ATORVASTATIN 40 MG TABLET	4	90.00	0.01	0.04653	51%-75% Below	No	No
67877051390	ATORVASTATIN 40 MG TABLET	12	90.00	0.01	0.04678	51%-75% Below	No	No
67877051490	ATORVASTATIN 80 MG TABLET	1	90.00	0.10	0.07532	26%-50% Above	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	2	60.00	0.17	0.32492	26%-50% Below	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	3	60.00	0.17	0.33110	26%-50% Below	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	4	60.00	0.17	0.31944	26%-50% Below	No	No
67877052660	RANOLAZINE ER 1,000 MG TABLET	12	60.00	0.17	0.29901	26%-50% Below	No	No
67877052790	SOLIFENACIN 5 MG TABLET	1	30.00	1.72	0.16692	200% Above	No	No
67877052790	SOLIFENACIN 5 MG TABLET	3	30.00	1.56	0.18925	200% Above	No	No
67877052790	SOLIFENACIN 5 MG TABLET	12	30.00	2.02	0.17343	200% Above	No	No
67877052830	SOLIFENACIN 10 MG TABLET	3	90.00	0.33	0.17394	76%-100% Above	No	No
67877052830	SOLIFENACIN 10 MG TABLET	12	90.00	0.33	0.15871	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	1	14.00	0.30	0.41249	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877054360	CEFDINIR 300 MG CAPSULE	1	14.00	0.30	0.41249	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	14.00	0.71	0.41249	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	14.00	0.91	0.41249	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	14.00	1.07	0.41249	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.30	0.41249	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.35	0.41249	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.50	0.41249	10%-25% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.50	0.41249	10%-25% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.75	0.41249	76%-100% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	10.00	0.30	0.45141	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	14.00	0.30	0.45141	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.27	0.45141	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.30	0.45141	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.75	0.45141	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.75	0.45141	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.90	0.45141	76%-100% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.95	0.45141	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	2	28.00	0.53	0.45141	10%-25% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	7.00	0.27	0.47036	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	3	10.00	0.96	0.47036	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	0.37	0.47036	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	0.95	0.47036	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	0.27	0.47036	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	0.27	0.47036	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	0.37	0.47036	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	0.94	0.47036	76%-100% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	1.23	0.47036	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	4	14.00	0.71	0.46987	26%-50% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	4	14.00	0.71	0.46987	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	4	20.00	0.37	0.46987	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	4	20.00	0.95	0.46987	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	4	28.00	0.53	0.46987	10%-25% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	14.00	1.03	0.41004	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	0.35	0.41004	10%-25% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	0.75	0.41004	76%-100% Above	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.12	0.05095	101%-200% Above	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.03	0.05910	51%-75% Below	No	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	0.12	0.05821	101%-200% Above	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	1	100.00	0.05	0.07165	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.10	0.07165	26%-50% Above	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	2	100.00	0.05	0.07781	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	3	100.00	0.05	0.07967	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	4	100.00	0.05	0.07768	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	12	100.00	0.05	0.07236	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	12	100.00	0.05	0.07236	26%-50% Below	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	1	100.00	0.28	0.10745	101%-200% Above	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	2	100.00	0.15	0.11274	26%-50% Above	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	12	100.00	0.15	0.10828	26%-50% Above	No	No
67877054798	CEFDINIR 125 MG/5 ML SUSP	1	60.00	0.25	0.12787	76%-100% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.64	0.12629	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877054888	CEFDINIR 250 MG/5 ML SUSP	4	100.00	0.51	0.13701	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.08	0.12999	26%-50% Below	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.09	0.13815	26%-50% Below	Yes	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.17	0.13268	10%-25% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	10%-25% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	1	60.00	0.02	0.01323	26%-50% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	1	90.00	0.02	0.01323	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01323	26%-50% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01323	10%-25% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	1	180.00	0.02	0.01323	10%-25% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	2	90.00	0.02	0.01368	26%-50% Above	No	No
67877056110	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	26%-50% Below	No	No
67877056110	METFORMIN HCL 500 MG TABLET	12	60.00	0.03	0.01304	101%-200% Above	Yes	No
67877056110	METFORMIN HCL 500 MG TABLET	12	90.00	0.02	0.01304	26%-50% Above	Yes	No
67877056205	METFORMIN HCL 850 MG TABLET	1	180.00	0.02	0.02290	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.04	0.02215	76%-100% Above	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.04	0.02319	51%-75% Above	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.04	0.02408	51%-75% Above	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.04	0.02401	51%-75% Above	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.04	0.02204	76%-100% Above	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	12	90.00	0.02	0.02204	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02204	10%-25% Below	Yes	No
67877056310	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.03	0.02204	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877057290	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.02	0.12959	76%-100% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	1	10.00	1.50	0.17873	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	1	30.00	0.50	0.17873	101%-200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	1	30.00	2.01	0.17873	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	2	30.00	0.50	0.18049	101%-200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	2	30.00	0.50	0.18049	101%-200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	2	90.00	0.42	0.18049	101%-200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	4	30.00	1.93	0.19567	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	4	90.00	1.93	0.19567	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	12	30.00	0.50	0.19012	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.11	0.05304	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.22	0.05304	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.10	0.05896	51%-75% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.24	0.05896	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.23	0.05304	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.13	0.05304	101%-200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.22	0.05453	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	2	45.00	0.10	0.05453	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.22	0.05896	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.22	0.05936	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05936	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.21	0.05821	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.24	0.05821	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.21	0.05925	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877059101	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.03	0.05925	51%-75% Below	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.10	0.06388	51%-75% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.20	0.06388	200% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.03	0.05821	51%-75% Below	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.05821	76%-100% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.13	0.05821	101%-200% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.20	0.05821	200% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.02	0.05925	51%-75% Below	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.23	0.06388	200% Above	No	No
67877059201	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.05	0.09765	51%-75% Below	No	No
67877061015	TIZANIDINE HCL 2 MG CAPSULE	2	40.00	0.64	0.08299	200% Above	Yes	No
67877061115	TIZANIDINE HCL 4 MG CAPSULE	1	10.00	0.88	0.12835	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.30	0.07447	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	1	45.00	0.30	0.07447	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.42	0.07447	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.30	0.07732	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.32	0.07732	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.35	0.07732	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.35	0.07732	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	30.00	0.30	0.08497	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	30.00	0.32	0.08497	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.02	0.08497	51%-75% Below	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.11	0.08497	26%-50% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.27	0.08497	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	30.00	0.30	0.08618	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877069601	CHLORTHALIDONE 25 MG TABLET	4	45.00	0.34	0.08618	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	90.00	0.34	0.08618	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	12	30.00	0.30	0.07682	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	12	45.00	0.42	0.07682	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	12	90.00	0.02	0.07682	51%-75% Below	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	12	90.00	0.27	0.07682	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	1	15.00	0.42	0.07447	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.35	0.07732	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	4	90.00	0.17	0.08618	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	12	15.00	0.42	0.07682	200% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	1	90.00	0.27	0.11237	101%-200% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	1	90.00	0.43	0.11237	200% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	2	30.00	0.03	0.11644	51%-75% Below	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	4	30.00	0.03	0.13403	51%-75% Below	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	12	30.00	0.03	0.12109	51%-75% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.11	0.16356	26%-50% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.09	0.17136	26%-50% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.09	0.17860	26%-50% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.09	0.17860	26%-50% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	12	354.00	0.11	0.16196	26%-50% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	12	354.00	0.12	0.16196	26%-50% Below	No	No
67877075360	DRONABINOL 2.5 MG CAPSULE	3	30.00	0.50	1.72281	51%-75% Below	No	No
67877075801	NIFEDIPINE ER 60 MG TABLET	1	30.00	0.37	0.11996	200% Above	No	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.58	0.32376	76%-100% Above	Yes	No
67877084205	FAMOTIDINE TAB 20MG	2	180.00	0.03	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877084205	FAMOTIDINE TAB 20MG	3	90.00	0.03	.		No	No
67877084205	FAMOTIDINE TAB 20MG	3	180.00	0.01	.		No	No
67877084210	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03188	10%-25% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	2	180.00	0.03	0.03188	10%-25% Below	Yes	No
67877084210	FAMOTIDINE 20 MG TABLET	3	30.00	0.05	0.03313	26%-50% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	4	60.00	0.17	0.03173	200% Above	No	No
67877087920	CEFPODOXIME 200 MG TABLET	3	6.00	2.48	1.82234	26%-50% Above	Yes	No
67877087920	CEFPODOXIME 200 MG TABLET	3	20.00	0.50	1.82234	51%-75% Below	No	No
67877087920	CEFPODOXIME 200 MG TABLET	4	8.00	2.05	1.76756	10%-25% Above	Yes	No
67877088901	FAMOTIDINE 40 MG TABLET	2	30.00	0.14	0.05417	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	4	30.00	0.14	0.05508	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	12	60.00	0.11	0.05230	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.26	0.11419	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.30	0.11419	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.47	0.11419	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.24	0.13230	76%-100% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.26	0.13230	76%-100% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.65	0.13230	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.15456	51%-75% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.47	0.15456	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.41	0.15780	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.30	0.11746	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.33	0.11746	101%-200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.47	0.11746	200% Above	No	No
68001000501	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.58	0.11746	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001011203	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	0.11	0.09748	10%-25% Above	No	No
68001011306	LEVETIRACETAM ER 500 MG TABLET	4	540.00	0.37	0.17900	101%-200% Above	No	No
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	1	90.00	0.29	0.11862	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	1	30.00	0.22	0.10004	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	2	30.00	0.22	0.10908	101%-200% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	3	30.00	0.20	0.11690	51%-75% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	12	30.00	0.26	0.10159	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	1	60.00	0.03	0.02044	26%-50% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	1	60.00	0.04	0.02044	76%-100% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	1	180.00	0.03	0.02044	51%-75% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	2	60.00	0.03	0.02159	26%-50% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	2	60.00	0.03	0.02159	26%-50% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	2	180.00	0.01	0.02159	26%-50% Below	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	3	60.00	0.03	0.02196	26%-50% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	3	180.00	0.03	0.02196	26%-50% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	4	60.00	0.12	0.02184	200% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	1	60.00	0.00	0.02776	76%-100% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	1	180.00	0.04	0.02776	26%-50% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	1	180.00	0.04	0.02776	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	2	60.00	0.01	0.02966	51%-75% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	2	180.00	0.01	0.02966	51%-75% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	3	60.00	0.02	0.03061	26%-50% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	3	120.00	0.10	0.03061	200% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	3	180.00	0.03	0.03061	10%-25% Below	No	No
68001015203	CARVEDILOL 25 MG TABLET	3	270.00	0.04	0.03061	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001015203	CARVEDIOL 25 MG TABLET	4	180.00	0.10	0.03073	200% Above	No	No
68001015203	CARVEDIOL 25 MG TABLET	12	60.00	0.08	0.02816	101%-200% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	1	60.00	0.04	0.01544	101%-200% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	1	60.00	0.04	0.01544	101%-200% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	1	180.00	0.03	0.01544	76%-100% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	2	56.00	0.03	0.01675	76%-100% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	2	60.00	0.03	0.01675	76%-100% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	2	60.00	0.04	0.01675	101%-200% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	2	180.00	0.03	0.01675	51%-75% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	3	56.00	0.03	0.01726	51%-75% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	3	60.00	0.03	0.01726	51%-75% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	3	60.00	0.04	0.01726	101%-200% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	4	60.00	0.12	0.01726	200% Above	No	No
68001015303	CARVEDIOL 3.125 MG TABLET	12	56.00	0.04	0.01527	101%-200% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	1	60.00	0.03	0.01736	51%-75% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	1	60.00	0.04	0.01736	101%-200% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	1	90.00	0.03	0.01736	76%-100% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	1	120.00	0.03	0.01736	76%-100% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	1	180.00	0.03	0.01736	51%-75% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	2	60.00	0.02	0.01856	26%-50% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	2	90.00	0.02	0.01856	26%-50% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	2	120.00	0.03	0.01856	51%-75% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	3	60.00	0.02	0.01922	10%-25% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	3	60.00	0.04	0.01922	101%-200% Above	No	No
68001015403	CARVEDIOL 6.25 MG TABLET	3	120.00	0.03	0.01922	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001015403	CARVEDILOL 6.25 MG TABLET	3	180.00	0.03	0.01922	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	4	60.00	0.03	0.01910	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	4	60.00	0.04	0.01910	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	4	120.00	0.03	0.01910	51%-75% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	12	60.00	0.03	0.01738	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	12	90.00	0.01	0.01738	26%-50% Below	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	12	180.00	0.01	0.01738	26%-50% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	2	12.00	0.06	0.15102	51%-75% Below	No	No
68001015508	ANASTROZOLE 1 MG TABLET	2	39.00	0.06	0.15102	51%-75% Below	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	1	10.00	0.01	0.03849	51%-75% Below	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	3	60.00	0.02	0.05286	51%-75% Below	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	12	10.00	0.02	0.03798	26%-50% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	1	10.00	0.02	0.03987	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	15.00	0.02	0.03987	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	16.00	0.03	0.03987	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	30.00	0.02	0.03987	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	60.00	0.03	0.03987	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	270.00	0.03	0.03987	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	12.00	0.02	0.04512	51%-75% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	20.00	0.02	0.04512	51%-75% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	30.00	0.02	0.04512	51%-75% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	60.00	0.03	0.04512	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	3	15.00	0.02	0.04900	51%-75% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	3	60.00	0.03	0.04900	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	3	120.00	0.02	0.04900	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001016203	PROMETHAZINE 25 MG TABLET	4	40.00	0.20	0.04839	200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	60.00	0.03	0.04839	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	12.00	0.03	0.03896	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	30.00	0.03	0.03896	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	60.00	0.03	0.03896	26%-50% Below	No	No
68001016208	PROMETHAZINE TAB 25MG	1	120.00	0.02	.		No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.06	0.03721	26%-50% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.06	0.03271	76%-100% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.07	0.03271	101%-200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.06	0.03721	26%-50% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	2	90.00	0.06	0.03721	51%-75% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.06	0.04106	26%-50% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.22	0.04079	200% Above	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	1	30.00	0.14	0.16222	10%-25% Below	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	2	30.00	0.14	0.17380	10%-25% Below	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	3	30.00	0.13	0.18093	26%-50% Below	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.21	0.03250	200% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.06	0.02834	76%-100% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.05	0.03263	51%-75% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	3	90.00	0.05	0.03263	51%-75% Above	No	No
68001018508	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.21	0.03250	200% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.01	0.02305	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.01	0.02305	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.01	0.02500	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.01	0.02583	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001023703	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.01	0.02583	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	3	270.00	0.01	0.02583	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.01	0.02290	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.01	0.02290	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	90.00	0.01	0.02290	26%-50% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	270.00	0.01	0.02290	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	1	30.00	0.03	0.03180	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	1	60.00	0.02	0.03180	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.03	0.03382	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.03	0.03442	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	3	60.00	0.02	0.03442	26%-50% Below	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	1	30.00	0.02	0.03643	26%-50% Below	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	2	30.00	0.02	0.03903	51%-75% Below	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	3	30.00	0.02	0.04050	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	9.00	0.13	0.15819	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.10	0.15819	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15819	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.05	0.15819	51%-75% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.07	0.15819	51%-75% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.07	0.17264	51%-75% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	9.00	0.07	0.17264	51%-75% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	9.00	0.13	0.17264	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.07	0.17264	51%-75% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.07	0.17264	51%-75% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.15	0.17951	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001024604	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.10	0.17951	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.11	0.17951	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.17951	51%-75% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.17951	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.17951	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.54	0.17506	200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.07	0.15648	51%-75% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.12	0.15648	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15819	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.07	0.15819	51%-75% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.11	0.15819	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	4.00	0.09	0.17264	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.15	0.17264	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.12	0.17264	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.14	0.17264	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.07	0.17264	51%-75% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.07	0.17264	51%-75% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.17264	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.12	0.17264	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.09	0.17951	51%-75% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.17951	51%-75% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.54	0.17506	200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.11	0.17506	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.54	0.17506	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001024617	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.54	0.17506	200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.10	0.15648	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.11	0.15648	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.12	0.15648	10%-25% Below	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.11	0.16848	26%-50% Below	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.09	0.17645	26%-50% Below	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.09	0.18699	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	1	2.00	0.27	0.16848	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.12	0.16848	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.09	0.17645	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.56	0.18699	101%-200% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	4	15.00	0.56	0.18304	200% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.56	0.18304	200% Above	No	No
68001025001	ZOLMITRIPTAN 5 MG TABLET	1	9.00	5.00	1.39929	200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	1	5.00	0.15	0.24962	26%-50% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	1	7.00	0.11	0.24962	51%-75% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	2	4.00	0.15	0.27134	26%-50% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	3	3.00	0.14	0.30981	51%-75% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	3	4.00	0.14	0.30981	51%-75% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	3	5.00	0.14	0.30981	51%-75% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	3	10.00	0.19	0.30981	26%-50% Below	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	12	14.00	0.15	0.22998	26%-50% Below	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	1.00	0.89	0.52425	51%-75% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	2.00	0.76	0.52425	26%-50% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	2.00	0.89	0.52425	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001025317	FLUCONAZOLE 150 MG TABLET	1	2.00	1.35	0.52425	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	2.00	1.56	0.52425	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	1.00	1.44	0.53979	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	1.00	1.61	0.53979	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	2.00	0.76	0.53979	26%-50% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	3.00	1.16	0.53979	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	7.00	0.76	0.53979	26%-50% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	3.00	0.69	0.59122	10%-25% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	4	2.00	1.35	0.57248	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	4	2.00	1.56	0.57248	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	12	2.00	0.27	0.51642	26%-50% Below	No	No
68001025344	FLUCONAZOLE 150 MG TABLET	2	2.00	0.69	0.53979	26%-50% Above	No	No
68001025344	FLUCONAZOLE 150 MG TABLET	12	2.00	0.89	0.51642	51%-75% Above	No	No
68001025344	FLUCONAZOLE 150 MG TABLET	12	4.00	1.23	0.51642	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	1	28.00	0.22	0.38628	26%-50% Below	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	2	2.00	0.11	0.41182	51%-75% Below	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	3	3.00	0.22	0.43388	26%-50% Below	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	4	1.00	1.89	0.43600	200% Above	No	No
68001028000	DICLOFENAC SOD DR 50 MG TAB	1	60.00	0.09	0.07941	10%-25% Above	No	No
68001028006	DICLOFENAC SOD DR 50 MG TAB	1	8.00	0.09	0.07941	10%-25% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.12	0.08234	26%-50% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.12	0.08864	26%-50% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	3	20.00	0.19	0.09276	101%-200% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.05	0.09276	26%-50% Below	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	4	30.00	0.18	0.09235	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001028103	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.05	0.08234	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	1	180.00	0.13	0.08234	51%-75% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	1	180.00	0.15	0.08234	76%-100% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	3	20.00	0.05	0.09276	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	3	30.00	0.16	0.09276	51%-75% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.05	0.09276	26%-50% Below	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.20	0.09235	101%-200% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	12	20.00	0.19	0.08353	101%-200% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.13	0.08353	51%-75% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.16	0.08353	76%-100% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	1	30.00	0.16	0.08234	76%-100% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.05	0.08864	26%-50% Below	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	2	180.00	0.11	0.08864	10%-25% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	1	45.00	0.29	0.10897	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	1	60.00	0.29	0.10897	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	1	60.00	0.34	0.10897	200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	1	180.00	0.29	0.10897	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	2	60.00	0.29	0.11838	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	3	60.00	0.26	0.12584	101%-200% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	4	60.00	0.20	0.12734	51%-75% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	12	45.00	0.34	0.11456	101%-200% Above	No	No
68001031400	LOVASTATIN 10 MG TABLET	4	90.00	0.31	0.04823	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	1	30.00	0.08	0.03973	101%-200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	2	30.00	0.08	0.04310	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001031500	LOVASTATIN 20 MG TABLET	12	30.00	0.10	0.03858	101%-200% Above	No	No
68001031508	LOVASTATIN 20 MG TABLET	3	45.00	0.02	0.04875	51%-75% Below	No	No
68001031508	LOVASTATIN 20 MG TABLET	12	45.00	0.02	0.03858	51%-75% Below	No	No
68001031608	LOVASTATIN 40 MG TABLET	2	90.00	0.07	0.05220	10%-25% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.13	0.07823	51%-75% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	90.00	0.13	0.08485	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.14	0.07823	76%-100% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.12	0.07823	51%-75% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.14	0.07823	76%-100% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.12	0.08485	26%-50% Above	No	No
68001032800	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	4	90.00	0.14	0.10854	26%-50% Above	No	No
68001032800	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	12	90.00	0.14	0.09730	26%-50% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	1	90.00	0.01	0.01329	10%-25% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	4	30.00	0.11	0.01443	200% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	12	30.00	0.03	0.01341	76%-100% Above	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	3	90.00	0.01	0.01444	26%-50% Below	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	12	30.00	0.01	0.01341	10%-25% Below	No	No
68001033203	LISINOPRIL 2.5 MG TABLET	12	90.00	0.01	0.01341	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	30.00	0.01	0.01386	10%-25% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	10%-25% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	90.00	0.02	0.01386	26%-50% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	90.00	0.02	0.01386	26%-50% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	2	30.00	0.01	0.01445	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	2	90.00	0.01	0.01445	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	2	90.00	0.01	0.01445	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033308	LISINOPRIL 5 MG TABLET	3	30.00	0.01	0.01541	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	26%-50% Below	No	No
68001033308	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01541	10%-25% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	4	30.00	0.18	0.01544	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	4	90.00	0.02	0.01544	10%-25% Above	No	No
68001033400	LISINOPRIL 10 MG TABLET	1	30.00	0.04	0.01718	101%-200% Above	No	No
68001033400	LISINOPRIL 10 MG TABLET	2	30.00	0.04	0.01770	101%-200% Above	No	No
68001033400	LISINOPRIL 10 MG TABLET	3	30.00	0.04	0.01833	101%-200% Above	No	No
68001033400	LISINOPRIL 10 MG TABLET	4	30.00	0.04	0.01828	101%-200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	30.00	0.03	0.01718	51%-75% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	90.00	0.02	0.01718	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	90.00	0.02	0.01718	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01833	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	30.00	0.18	0.01833	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01833	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	30.00	0.18	0.01828	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	90.00	0.02	0.01828	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	90.00	0.02	0.01828	10%-25% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	30.00	0.01	0.01707	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	30.00	0.03	0.01707	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033408	LISINOPRIL 10 MG TABLET	12	30.00	0.03	0.01707	51%-75% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	30.00	0.01	0.02401	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	90.00	0.04	0.02401	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	30.00	0.01	0.02538	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	30.00	0.01	0.02538	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	30.00	0.02	0.02538	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02538	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	30.00	0.01	0.02621	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	30.00	0.01	0.02621	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	26%-50% Below	Yes	No
68001033508	LISINOPRIL 20 MG TABLET	3	90.00	0.03	0.02621	10%-25% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	90.00	0.04	0.02621	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	30.00	0.01	0.02606	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	30.00	0.19	0.02606	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	11	30.00	0.01	0.02222	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	30.00	0.01	0.02387	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	30.00	0.02	0.02387	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02387	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033508	LISINOPRIL 20 MG TABLET	12	90.00	0.03	0.02387	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	90.00	0.04	0.02387	26%-50% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	3	60.00	0.03	0.05414	26%-50% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	15.00	0.13	0.05304	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.02	0.05304	51%-75% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	60.00	0.13	0.05304	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	180.00	0.13	0.05304	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	15.00	0.11	0.05453	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.02	0.05453	51%-75% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.10	0.05453	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	45.00	0.10	0.05453	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.02	0.05453	51%-75% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.10	0.05453	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	15.00	0.10	0.05896	51%-75% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.02	0.05896	51%-75% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	60.00	0.24	0.05896	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.10	0.05896	51%-75% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.02	0.05936	51%-75% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	12	60.00	0.13	0.05304	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.13	0.05304	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.07	0.04855	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.08	0.04855	51%-75% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.07	0.04855	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001036103	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.08	0.04855	51%-75% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.07	0.05223	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.07	0.05223	26%-50% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.06	0.05461	10%-25% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.06	0.05461	10%-25% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.25	0.05317	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.24	0.05317	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.08	0.04984	51%-75% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	14.00	0.30	0.41249	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	14.00	0.35	0.41249	10%-25% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	20.00	0.30	0.41249	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	20.00	0.35	0.41249	10%-25% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	20.00	0.50	0.41249	10%-25% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	20.00	0.75	0.41249	76%-100% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	2	14.00	0.30	0.45141	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	2	20.00	0.27	0.45141	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	2	20.00	0.30	0.45141	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	2	20.00	0.75	0.45141	51%-75% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	3	14.00	0.27	0.47036	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	3	14.00	0.71	0.47036	26%-50% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	3	20.00	0.27	0.47036	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	20.00	0.35	0.41004	10%-25% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	28.00	0.53	0.41004	26%-50% Above	No	No
68001036400	METRONIDAZOLE 250 MG TABLET	12	30.00	0.20	0.09497	101%-200% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	1	30.00	0.39	0.09121	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001036500	METRONIDAZOLE 500 MG TABLET	12	14.00	0.34	0.09079	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	1	4.00	0.19	0.09121	101%-200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	1	14.00	0.16	0.09121	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	1	14.00	0.19	0.09121	101%-200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	1	14.00	0.32	0.09121	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	1	21.00	0.16	0.09121	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	2	14.00	0.15	0.09996	26%-50% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	2	14.00	0.33	0.09996	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	3	4.00	0.15	0.10911	26%-50% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	3	14.00	0.33	0.10911	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	4	14.00	0.34	0.10748	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	12	14.00	0.19	0.09079	101%-200% Above	No	No
68001038103	LABETALOL HCL 100 MG TABLET	1	30.00	0.18	0.08449	101%-200% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	1	60.00	0.21	0.13714	51%-75% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	2	60.00	0.19	0.14637	26%-50% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	4	180.00	0.19	0.14829	26%-50% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	7	60.00	0.25	0.13996	76%-100% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	12	60.00	0.25	0.13719	76%-100% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	1	30.00	0.02	0.02934	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	1	30.00	0.02	0.02934	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	1	60.00	0.02	0.02934	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	1	60.00	0.02	0.02934	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	1	180.00	0.02	0.02934	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	20.00	0.02	0.03188	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	30.00	0.02	0.03188	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001039708	FAMOTIDINE 20 MG TABLET	2	30.00	0.06	0.03188	76%-100% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	60.00	0.02	0.03188	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	60.00	0.02	0.03188	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	180.00	0.02	0.03188	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	30.00	0.02	0.03313	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	30.00	0.06	0.03313	51%-75% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	60.00	0.02	0.03313	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	60.00	0.02	0.03313	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	180.00	0.04	0.03313	10%-25% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	4	30.00	0.06	0.03173	76%-100% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	4	60.00	0.17	0.03173	200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	12	60.00	0.02	0.02888	10%-25% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	12	60.00	0.03	0.02888	10%-25% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	30.00	0.08	0.05152	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	30.00	0.09	0.05152	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05152	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	60.00	0.09	0.05152	76%-100% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	90.00	0.08	0.05152	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	90.00	0.13	0.05152	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	0.07	0.05417	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	0.08	0.05417	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05417	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	60.00	0.08	0.05417	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	90.00	0.07	0.05417	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	180.00	0.08	0.05417	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001039803	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	60.00	0.07	0.05597	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	90.00	0.07	0.05597	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	30.00	0.23	0.05508	200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	60.00	0.23	0.05508	200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.00	0.09	0.05230	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.00	0.12	0.05230	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.00	0.12	0.05230	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	60.00	0.09	0.05230	51%-75% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	90.00	0.09	0.05230	51%-75% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	1	60.00	0.05	0.03084	51%-75% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	3	60.00	0.04	0.03391	10%-25% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.04	0.03084	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.04	0.03263	26%-50% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03391	10%-25% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.22	0.03403	200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.05	0.03081	51%-75% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.02978	10%-25% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	1	180.00	0.03	0.02978	10%-25% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.03107	10%-25% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.03107	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.01	0.03216	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.03216	51%-75% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.03216	26%-50% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.03	0.03134	10%-25% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.04	0.02969	10%-25% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.08	0.05872	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.20	0.05872	200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.08	0.05872	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.19	0.05872	200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	180.00	0.08	0.05872	26%-50% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.08	0.06602	10%-25% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.22	0.06758	200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.09	0.05938	51%-75% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	2	14.00	0.11	0.07844	26%-50% Above	No	No
68001041100	GABAPENTIN 600 MG TABLET	3	90.00	0.01	0.07464	76%-100% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	30.00	0.02	0.06691	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	2	30.00	0.02	0.07091	51%-75% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	3	90.00	0.02	0.07464	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	1	120.00	0.02	0.09225	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	1	120.00	0.03	0.09225	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	1	180.00	0.06	0.09225	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	2	120.00	0.02	0.10043	76%-100% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	2	120.00	0.02	0.10043	51%-75% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	3	120.00	0.02	0.10493	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001041203	GABAPENTIN 800 MG TABLET	3	180.00	0.06	0.10493	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	4	90.00	0.12	0.10534	10%-25% Above	No	No
68001041203	GABAPENTIN 800 MG TABLET	4	120.00	0.12	0.10534	10%-25% Above	No	No
68001041203	GABAPENTIN 800 MG TABLET	12	120.00	0.03	0.09351	51%-75% Below	No	No
68001043000	RAMIPRIL 5 MG CAPSULE	3	90.00	0.08	0.04997	51%-75% Above	No	No
68001043000	RAMIPRIL 5 MG CAPSULE	12	90.00	0.06	0.04485	10%-25% Above	No	No
68001043000	RAMIPRIL 5 MG CAPSULE	12	90.00	0.08	0.04485	76%-100% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06134	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	1	60.00	0.04	0.06134	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06211	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06211	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.03	0.06211	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06323	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.03	0.06323	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.05	0.06110	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.18	0.06110	101%-200% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.18	0.06110	101%-200% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.05	0.06035	10%-25% Below	No	No
68001043804	LORATADINE 10 MG TABLET	1	30.00	0.03	0.05194	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	1	90.00	0.02	0.05194	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	2	30.00	0.03	0.05618	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	2	30.00	0.04	0.05618	10%-25% Below	No	No
68001043897	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05832	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05832	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001043897	LORATADINE 10 MG TABLET	3	90.00	0.02	0.05832	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	3	90.00	0.03	0.05832	26%-50% Below	No	No
68001043897	LORATADINE 10 MG TABLET	4	30.00	0.02	0.05851	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	4	90.00	0.02	0.05851	51%-75% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	10.00	0.15	0.22930	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	14.00	0.15	0.22930	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.15	0.22930	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.16	0.22930	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	60.00	0.15	0.22930	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	90.00	0.15	0.22930	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.15	0.24884	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	2	60.00	0.15	0.24884	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.14	0.27225	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.15	0.27225	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	3	60.00	0.15	0.27225	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	4	30.00	0.18	0.27180	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	12	14.00	0.18	0.23198	10%-25% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	12	30.00	0.15	0.23198	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	12	90.00	0.15	0.23198	26%-50% Below	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.03	0.05925	26%-50% Below	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.03	0.05925	26%-50% Below	No	No
68001046908	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.02	0.06482	51%-75% Below	No	No
68001047000	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.23	0.10797	101%-200% Above	No	No
68001047000	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.19	0.11223	51%-75% Above	No	No
68001047008	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.23	0.10797	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001047008	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.19	0.10797	76%-100% Above	No	No
68001047303	DIVALPROEX SOD DR 250 MG TAB	1	540.00	0.02	0.09413	51%-75% Below	No	No
68001048500	METAXALONE 800 MG TABLET	2	30.00	1.16	0.51631	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	1	30.00	0.02	0.04219	51%-75% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	30.00	0.02	0.04453	51%-75% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	30.00	0.06	0.04453	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04453	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04453	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	90.00	0.06	0.04453	10%-25% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	30.00	0.02	0.04653	51%-75% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	30.00	0.03	0.04653	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	30.00	0.06	0.04653	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	90.00	0.02	0.04653	51%-75% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	90.00	0.03	0.04653	26%-50% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	4	30.00	0.02	0.04696	51%-75% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	4	30.00	0.06	0.04696	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	4	30.00	0.20	0.04696	200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	12	30.00	0.03	0.04222	10%-25% Below	No	No
68001048608	LISINOPRIL 40 MG TABLET	12	30.00	0.05	0.04222	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	12	30.00	0.07	0.04222	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	12	90.00	0.02	0.04222	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001050103	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.11	0.05821	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.10	0.05925	51%-75% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.10	0.06388	51%-75% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.13	0.05663	101%-200% Above	No	No
68001050200	METOPROLOL SUCC ER 100 MG TAB	12	30.00	0.38	0.09765	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	1	15.00	0.23	0.10797	101%-200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	2	15.00	0.19	0.11223	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.19	0.11223	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	3	15.00	0.17	0.12306	26%-50% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.17	0.12306	26%-50% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	4	15.00	0.32	0.11955	101%-200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	12	15.00	0.23	0.09765	101%-200% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.05	0.09742	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.06	0.09742	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.05	0.09742	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.06	0.09742	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.06	0.09742	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	270.00	0.05	0.09742	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	2	30.00	0.06	0.09927	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	2	120.00	0.03	0.09927	51%-75% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	0.06	0.09741	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	3	120.00	0.03	0.09741	51%-75% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	0.05	0.09622	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	0.13	0.09622	26%-50% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.05	0.09622	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001051808	POTASSIUM CL ER 10 MEQ TABLET	12	30.00	0.05	0.10167	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.05	0.10167	26%-50% Below	No	No
68001055700	METHYLPREDNISOLONE 4 MG TABLET	3	28.00	0.44	0.14131	200% Above	No	No
68001056603	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.07	0.11142	26%-50% Below	No	No
68001056603	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	0.07	0.12738	26%-50% Below	No	No
68001056603	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.07	0.12162	26%-50% Below	No	No
68001056603	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.07	0.10991	26%-50% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	1	60.00	0.10	0.14775	26%-50% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	2	60.00	0.09	0.13778	26%-50% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	2	180.00	0.09	0.13778	26%-50% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	12	14.00	0.11	0.14755	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	12	60.00	0.22	0.14755	51%-75% Above	No	No
68001058403	GLIMEPIRIDE 1 MG TABLET	2	90.00	0.04	0.03163	10%-25% Above	No	No
68001058503	GLIMEPIRIDE 2 MG TABLET	3	30.00	0.12	0.03135	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	1	30.00	0.12	0.03467	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	2	30.00	0.11	0.03233	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	4	30.00	0.18	0.03619	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	12	30.00	0.14	0.03586	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	2	28.00	0.12	0.03233	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	3	28.00	0.11	0.03389	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	1	30.00	0.10	0.03764	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	1	30.00	0.14	0.03764	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	2	90.00	0.14	0.04173	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	3	30.00	0.13	0.04548	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	3	30.00	0.24	0.04548	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059100	ESCITALOPRAM 5 MG TABLET	4	30.00	0.24	0.04553	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	12	30.00	0.17	0.03726	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	1	30.00	0.06	0.04058	51%-75% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	1	30.00	0.07	0.04058	76%-100% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	2	30.00	0.11	0.04434	101%-200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	3	30.00	0.11	0.04749	101%-200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	12	30.00	0.12	0.04069	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	12	90.00	0.09	0.04069	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	30.00	0.06	0.04058	51%-75% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	30.00	0.07	0.04058	76%-100% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	90.00	0.07	0.04058	76%-100% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	90.00	0.09	0.04058	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	45.00	0.06	0.04434	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	90.00	0.10	0.04434	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	30.00	0.12	0.04749	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	30.00	0.27	0.04749	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	45.00	0.06	0.04749	10%-25% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	90.00	0.06	0.04749	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059208	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04749	76%-100% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	4	30.00	0.27	0.04625	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	4	90.00	0.09	0.04625	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	4	90.00	0.27	0.04625	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	12	30.00	0.07	0.04069	76%-100% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	12	90.00	0.07	0.04069	76%-100% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	12	90.00	0.11	0.04069	101%-200% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	1	30.00	0.08	0.06480	26%-50% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	4	30.00	0.23	0.07765	200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	1	30.00	0.08	0.06480	26%-50% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	1	90.00	0.08	0.06480	26%-50% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	2	30.00	0.06	0.07321	10%-25% Below	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	2	30.00	0.12	0.07321	51%-75% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	2	60.00	0.06	0.07321	10%-25% Below	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	30.00	0.06	0.07802	10%-25% Below	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	30.00	0.12	0.07802	51%-75% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	45.00	0.06	0.07802	10%-25% Below	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	90.00	0.06	0.07802	10%-25% Below	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	30.00	0.23	0.07765	200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	30.00	0.08	0.06471	26%-50% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	45.00	0.08	0.06471	26%-50% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	60.00	0.08	0.06471	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.16	0.07189	101%-200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.19	0.07189	101%-200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	1	90.00	0.19	0.07189	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059508	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.15	0.07796	76%-100% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.16	0.07796	101%-200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.15	0.08381	76%-100% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.15	0.08381	76%-100% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.23	0.08276	101%-200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	4	60.00	0.23	0.08276	101%-200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.16	0.07084	101%-200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.33	0.07084	200% Above	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.19	0.09476	76%-100% Above	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.16	0.10676	26%-50% Above	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.15	0.11627	26%-50% Above	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.33	0.09160	200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.19	0.09476	76%-100% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	1	60.00	0.19	0.09476	76%-100% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.16	0.10676	26%-50% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.16	0.10676	26%-50% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.15	0.11627	26%-50% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	3	60.00	0.15	0.11627	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.29	0.11273	101%-200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	4	180.00	0.29	0.11273	101%-200% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	1	30.00	0.11	0.18024	26%-50% Below	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	2	30.00	0.09	0.18687	51%-75% Below	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	3	30.00	0.10	0.19391	26%-50% Below	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	3	30.00	0.33	0.19391	51%-75% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	4	30.00	0.39	0.19705	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001060600	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.56	0.28445	76%-100% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.66	0.28445	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.51	0.30818	51%-75% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.51	0.30818	51%-75% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.56	0.30818	76%-100% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.71	0.30818	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.51	0.32693	51%-75% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.51	0.32693	51%-75% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.73	0.32751	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	4	20.00	0.73	0.32751	101%-200% Above	No	No
68001060755	POLYETHYLENE GLYCOL 3350 POWD	1	238.00	0.01	0.02465	76%-100% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	1	30.00	0.43	0.58133	10%-25% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	2	30.00	0.31	0.64631	51%-75% Below	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.20	0.08988	101%-200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	1	60.00	0.23	0.08988	101%-200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.18	0.09969	76%-100% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.20	0.09969	76%-100% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.20	0.09969	76%-100% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.18	0.10590	51%-75% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.08	0.10590	10%-25% Below	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.23	0.08952	101%-200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.23	0.08952	101%-200% Above	No	No
68001061304	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.33	0.09969	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.93	0.10545	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.22	0.15614	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001061403	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.15614	26%-50% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.29	0.13055	101%-200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	12	60.00	0.29	0.13055	101%-200% Above	No	No
68001061903	POTASSIUM CL ER 10 MEQ CAPSULE	2	60.00	0.25	0.13505	76%-100% Above	No	No
68047018516	NOHIST-LQ LIQUID	1	473.00	0.05	0.05300	10%-25% Below	No	No
68094079903	AZITHROMYCIN 500 MG TABLET	2	5.00	0.45	0.61913	26%-50% Below	No	No
68094079903	AZITHROMYCIN 500 MG TABLET	3	7.00	0.41	0.67281	26%-50% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	2	5.00	0.41	0.61913	26%-50% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	1	30.00	0.05	0.05745	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	2	30.00	0.05	0.05636	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	3	30.00	0.05	0.05633	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	4	30.00	0.05	0.05450	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	12	30.00	0.05	0.06044	10%-25% Below	No	No
68094080460	METFORMIN HCL ER 750 MG TABLET	1	60.00	0.04	0.05745	26%-50% Below	No	No
68094080460	METFORMIN HCL ER 750 MG TABLET	1	60.00	0.04	0.05745	26%-50% Below	No	No
68094080460	METFORMIN HCL ER 750 MG TABLET	2	60.00	0.04	0.05636	26%-50% Below	No	No
68094080460	METFORMIN HCL ER 750 MG TABLET	3	60.00	0.04	0.05633	26%-50% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.32126	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	3	6.00	0.45	0.37667	10%-25% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	0.17	0.32433	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	0.55	0.32433	51%-75% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	12	6.00	0.45	0.32433	26%-50% Above	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	1	14.00	0.18	0.32126	26%-50% Below	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	12	6.00	0.56	0.32433	51%-75% Above	No	No
68094090950	NALTREXONE 50 MG TABLET	1	30.00	0.50	0.99992	26%-50% Below	No	No
68094090950	NALTREXONE 50 MG TABLET	4	30.00	0.51	1.13490	51%-75% Below	No	No
68180012101	CEPHALEXIN 250 MG CAPSULE	3	6.00	0.05	0.09951	51%-75% Below	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	4	54.00	0.31	0.09910	200% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	12	20.00	0.09	0.07970	10%-25% Above	Yes	No
68180012201	CEPHALEXIN 500 MG CAPSULE	1	15.00	0.06	0.10819	26%-50% Below	No	No
68180012201	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.06	0.12860	51%-75% Below	No	No
68180012201	CEPHALEXIN 500 MG CAPSULE	3	30.00	0.06	0.12860	51%-75% Below	No	No
68180012201	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.08	0.10778	10%-25% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	6.00	0.06	0.10819	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.05	0.10819	51%-75% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	18.00	0.06	0.10819	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.06	0.10819	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.06	0.10819	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.06	0.10819	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.05	0.10819	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180012202	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.06	0.10819	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.08	0.10819	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	40.00	0.06	0.10819	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.04	0.12140	51%-75% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.10	0.12140	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	15.00	0.06	0.12140	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.10	0.12140	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.06	0.12140	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.06	0.12140	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.10	0.12140	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	30.00	0.06	0.12140	51%-75% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	30.00	0.06	0.12140	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	30.00	0.10	0.12140	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.06	0.12140	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.10	0.12140	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	6.00	0.06	0.12860	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.06	0.12860	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.10	0.12860	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	15.00	0.10	0.12860	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.10	0.12860	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.10	0.12860	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.06	0.12860	51%-75% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	30.00	0.10	0.12860	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.34	0.12868	101%-200% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	15.00	0.34	0.12868	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180012202	CEPHALEXIN 500 MG CAPSULE	4	20.00	0.10	0.12868	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	20.00	0.34	0.12868	101%-200% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	21.00	0.34	0.12868	101%-200% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.34	0.12868	101%-200% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	3.00	0.29	0.10778	101%-200% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	16.00	0.08	0.10778	10%-25% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	21.00	0.06	0.10778	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.06	0.10778	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	30.00	0.06	0.10778	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	30.00	0.09	0.10778	10%-25% Below	No	No
68180015001	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.25	0.31317	10%-25% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	2	90.00	5.38	10.12170	26%-50% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	4	90.00	4.95	9.62612	26%-50% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	12	30.00	5.79	10.76234	26%-50% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	12	90.00	5.80	10.76234	26%-50% Below	No	No
68180015301	DESLORATADINE 5 MG TABLET	2	90.00	0.27	0.30321	10%-25% Below	No	No
68180015301	DESLORATADINE 5 MG TABLET	3	180.00	0.24	0.30737	10%-25% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	1	10.00	0.13	0.25681	26%-50% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	1	40.00	0.16	0.25681	26%-50% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	2	10.00	0.16	0.27757	26%-50% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	3	10.00	0.13	0.29548	51%-75% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	3	14.00	0.16	0.29548	26%-50% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	3	28.00	0.13	0.29548	51%-75% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	4	14.00	0.16	0.29631	26%-50% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	4	14.00	0.55	0.29631	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180018008	CEFADROXIL 500 MG CAPSULE	4	4.00	0.55	0.29631	76%-100% Above	No	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.42	0.06913	200% Above	No	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.03	0.07816	51%-75% Below	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.43	0.08622	200% Above	No	No
68180023109	FENOFIBRATE 54 MG TABLET	2	90.00	0.04	0.07253	26%-50% Below	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.02	0.01110	51%-75% Above	Yes	No
68180026101	DIVALPROEX SOD ER 500 MG TAB	3	90.00	0.50	0.19269	101%-200% Above	No	No
68180028101	ETHAMBUTOL HCL 400 MG TABLET	1	135.00	0.57	0.43187	26%-50% Above	No	No
68180029407	DULOXETINE HCL DR 20 MG CAP	2	30.00	0.37	0.10210	200% Above	No	No
68180029407	DULOXETINE HCL DR 20 MG CAP	3	30.00	0.33	0.11020	200% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.15	0.07796	76%-100% Above	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.15	0.08381	76%-100% Above	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	3	180.00	0.15	0.08381	76%-100% Above	Yes	No
68180029603	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.16	0.10676	26%-50% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.17	0.09160	76%-100% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	1	60.00	0.04	0.09476	51%-75% Below	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.16	0.10676	26%-50% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.15	0.11627	26%-50% Above	Yes	No
68180029606	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.19	0.09160	101%-200% Above	Yes	No
68180031902	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.20	0.08988	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08988	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.18	0.09969	76%-100% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.09969	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.50	0.09969	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.18	0.10590	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180031902	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.06	0.08952	26%-50% Below	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	12	60.00	0.17	0.08952	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.20	0.08988	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.23	0.08988	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.23	0.08988	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08988	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.23	0.08988	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.42	0.08988	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.07	0.09969	26%-50% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.20	0.09969	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.23	0.09969	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.09969	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.44	0.09969	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.66	0.09969	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	180.00	0.42	0.09969	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.07	0.10590	26%-50% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.18	0.10590	51%-75% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.10590	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.67	0.10590	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.03	0.10590	51%-75% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.07	0.10590	26%-50% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.08	0.10590	26%-50% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.18	0.10590	51%-75% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.42	0.10590	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.44	0.10590	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.93	0.10590	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.07	0.10545	26%-50% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.93	0.10545	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.51	0.08952	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.67	0.08952	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.25	0.13338	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.29	0.13338	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.50	0.13338	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.22	0.13338	51%-75% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.25	0.13338	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	15.00	0.70	0.14431	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.25	0.14431	51%-75% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.50	0.14431	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.25	0.14431	51%-75% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.22	0.15614	26%-50% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.33	0.15614	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.50	0.15614	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.15614	26%-50% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.22	0.14431	51%-75% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.82	0.15179	200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.29	0.13055	101%-200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.29	0.13055	101%-200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.22	0.14431	51%-75% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.22	0.15614	26%-50% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.15614	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180032009	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.67	0.15614	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.29	0.13055	101%-200% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	1	90.00	0.05	0.03055	51%-75% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	2	90.00	0.05	0.03240	51%-75% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	3	30.00	0.05	0.03260	26%-50% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	3	30.00	0.07	0.03260	101%-200% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	4	90.00	0.07	0.03229	101%-200% Above	No	No
68180035109	SERTRALINE HCL 25 MG TABLET	1	30.00	0.05	0.03055	51%-75% Above	No	No
68180035109	SERTRALINE HCL 25 MG TABLET	2	30.00	0.05	0.03240	26%-50% Above	No	No
68180035109	SERTRALINE HCL 25 MG TABLET	2	30.00	0.07	0.03240	101%-200% Above	No	No
68180035109	SERTRALINE HCL 25 MG TABLET	3	30.00	0.07	0.03260	101%-200% Above	No	No
68180035109	SERTRALINE HCL 25 MG TABLET	4	30.00	0.07	0.03229	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	10.00	0.03	0.03355	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	30.00	0.03	0.03355	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	30.00	0.05	0.03355	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	30.00	0.06	0.03355	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	30.00	0.07	0.03355	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	30.00	0.07	0.03355	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	45.00	0.05	0.03355	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	90.00	0.03	0.03355	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	90.00	0.06	0.03355	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	135.00	0.03	0.03355	10%-25% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	0.02	0.03621	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	0.02	0.03621	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	0.03	0.03621	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	0.05	0.03621	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	0.06	0.03621	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	0.07	0.03621	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	45.00	0.03	0.03621	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	90.00	0.02	0.03621	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	90.00	0.03	0.03621	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	90.00	0.05	0.03621	10%-25% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	90.00	0.05	0.03621	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	135.00	0.05	0.03621	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	135.00	0.07	0.03621	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	14.00	0.07	0.03731	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	30.00	0.05	0.03731	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	30.00	0.07	0.03731	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	45.00	0.05	0.03731	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	90.00	0.02	0.03731	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	90.00	0.04	0.03731	10%-25% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	90.00	0.05	0.03731	10%-25% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	90.00	0.06	0.03731	26%-50% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	90.00	0.06	0.03731	51%-75% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	90.00	0.07	0.03731	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	135.00	0.02	0.03731	26%-50% Below	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	3	135.00	0.07	0.03731	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	4	10.00	0.20	0.03666	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	4	30.00	0.02	0.03666	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1102

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180035202	SERTRALINE HCL 50 MG TABLET	4	30.00	0.20	0.03666	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	4	90.00	0.20	0.03666	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	30.00	0.07	0.03381	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	30.00	0.07	0.03381	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	90.00	0.04	0.03381	10%-25% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	90.00	0.07	0.03381	76%-100% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	135.00	0.07	0.03381	76%-100% Above	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	1	30.00	0.03	0.03355	10%-25% Below	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	1	90.00	0.04	0.03355	10%-25% Above	Yes	No
68180035209	SERTRALINE HCL 50 MG TABLET	2	30.00	0.03	0.03621	26%-50% Below	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	2	90.00	0.03	0.03621	26%-50% Below	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	2	90.00	0.03	0.03621	26%-50% Below	Yes	No
68180035209	SERTRALINE HCL 50 MG TABLET	2	90.00	0.04	0.03621	10%-25% Above	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
68180035209	SERTRALINE HCL 50 MG TABLET	4	30.00	0.20	0.03666	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	30.00	0.05	0.04773	10%-25% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	30.00	0.05	0.04773	10%-25% Above	Yes	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.04773	51%-75% Above	Yes	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.04773	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	30.00	0.30	0.04773	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	60.00	0.08	0.04773	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	60.00	0.10	0.04773	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	90.00	0.06	0.04773	26%-50% Above	Yes	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	30.00	0.04	0.05114	10%-25% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	30.00	0.05	0.05114	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1103

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180035302	SERTRALINE HCL 100 MG TABLET	2	30.00	0.10	0.05114	101%-200% Above	Yes	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	45.00	0.05	0.05114	10%-25% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	60.00	0.04	0.05114	10%-25% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	60.00	0.07	0.05114	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	60.00	0.09	0.05114	76%-100% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	3	15.00	0.04	0.05282	10%-25% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	3	30.00	0.02	0.05282	51%-75% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	3	30.00	0.04	0.05282	10%-25% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	3	45.00	0.04	0.05282	10%-25% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	3	60.00	0.09	0.05282	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	3	90.00	0.24	0.05282	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	3	180.00	0.07	0.05282	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	4	30.00	0.08	0.05223	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	4	30.00	0.24	0.05223	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	4	45.00	0.24	0.05223	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	4	60.00	0.09	0.05223	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	4	180.00	0.24	0.05223	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	30.00	0.05	0.04769	10%-25% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	30.00	0.08	0.04769	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	60.00	0.10	0.04769	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	90.00	0.02	0.04769	51%-75% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	90.00	0.05	0.04769	10%-25% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	90.00	0.07	0.04769	26%-50% Above	No	No
68180035306	SERTRALINE HCL 100 MG TABLET	2	30.00	0.08	0.05114	51%-75% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	2	30.00	0.05	0.05114	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1104

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180035309	SERTRALINE HCL 100 MG TABLET	3	30.00	0.04	0.05282	10%-25% Below	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	3	90.00	0.02	0.05282	51%-75% Below	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	Yes	No
68180035309	SERTRALINE HCL 100 MG TABLET	3	180.00	0.04	0.05282	10%-25% Below	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	3	180.00	0.07	0.05282	26%-50% Above	Yes	No
68180035309	SERTRALINE HCL 100 MG TABLET	4	30.00	0.24	0.05223	200% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	4	90.00	0.24	0.05223	200% Above	Yes	No
68180035309	SERTRALINE HCL 100 MG TABLET	12	90.00	0.02	0.04769	51%-75% Below	No	No
68180037603	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.09	0.02706	200% Above	No	No
68180037603	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
68180037603	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.06	0.02921	76%-100% Above	No	No
68180037603	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.01	0.03000	51%-75% Below	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.03031	76%-100% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.09	0.02707	200% Above	No	No
68180037709	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03558	101%-200% Above	No	No
68180038809	FENOFIBRATE 48 MG TABLET	2	90.00	0.16	0.09590	51%-75% Above	Yes	No
68180038809	FENOFIBRATE 48 MG TABLET	2	90.00	0.22	0.09590	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	1	30.00	0.16	0.12478	26%-50% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	1	30.00	0.67	0.12478	200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	1	90.00	0.33	0.12478	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	2	30.00	0.30	0.13525	101%-200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	2	90.00	0.42	0.13525	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1105

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180038909	FENOFIBRATE 145 MG TABLET	3	30.00	0.16	0.13841	10%-25% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	3	30.00	0.67	0.13841	200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	3	45.00	0.24	0.13841	51%-75% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	3	90.00	0.04	0.13841	51%-75% Below	No	No
68180038909	FENOFIBRATE 145 MG TABLET	3	90.00	0.17	0.13841	10%-25% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	4	30.00	0.67	0.13666	200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	12	90.00	0.04	0.12293	51%-75% Below	No	No
68180039901	CELECOXIB 200 MG CAPSULE	12	60.00	0.17	0.08533	76%-100% Above	Yes	No
68180040301	CEFPROZIL 250 MG TABLET	4	20.00	0.26	0.48841	26%-50% Below	No	No
68180040401	CEFPROZIL 500 MG TABLET	1	20.00	0.49	0.97647	26%-50% Below	Yes	No
68180040401	CEFPROZIL 500 MG TABLET	1	20.00	0.55	0.97647	26%-50% Below	No	No
68180040401	CEFPROZIL 500 MG TABLET	2	20.00	0.46	1.07241	51%-75% Below	No	No
68180042101	MOXIFLOXACIN SOL 0.5%(M)	4	3.00	3.33	.		No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	4.97	1.97038	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	4.97	1.97038	101%-200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	6.52	1.97038	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	7.68	1.97038	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	3.30	2.11777	51%-75% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	4.97	2.11777	101%-200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	6.52	2.11777	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	6.52	2.11777	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	3.30	2.27649	26%-50% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	4.97	2.27649	101%-200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	3.30	2.27029	26%-50% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	4.97	2.27029	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1106

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	5.00	2.27029	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	12	3.00	5.00	2.04701	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	12	3.00	7.68	2.04701	200% Above	No	No
68180043302	BROMFENAC SODIUM 0.07% EYE DRP	2	3.00	28.89	16.28924	76%-100% Above	No	No
68180043302	BROMFENAC SODIUM 0.07% EYE DRP	2	3.00	28.89	16.28924	76%-100% Above	Yes	No
68180043302	BROMFENAC SODIUM 0.07% EYE DRP	3	3.00	26.32	16.58380	51%-75% Above	No	No
68180043302	BROMFENAC SODIUM 0.07% EYE DRP	4	3.00	59.07	17.13376	200% Above	Yes	No
68180043302	BROMFENAC SODIUM 0.07% EYE DRP	12	3.00	41.54	19.73263	101%-200% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	1	100.00	0.13	0.07165	76%-100% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	1	100.00	0.15	0.07165	101%-200% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	2	100.00	0.09	0.07781	10%-25% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	12	200.00	0.09	0.07236	10%-25% Above	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	12	300.00	0.05	0.07236	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.10	0.05095	76%-100% Above	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.10	0.05095	76%-100% Above	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.05	0.05663	10%-25% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.08	0.05910	26%-50% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.08	0.05910	26%-50% Above	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	0.08	0.05821	26%-50% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	0.08	0.05821	26%-50% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	12	200.00	0.07	0.05212	26%-50% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	12	200.00	0.07	0.05212	26%-50% Above	Yes	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	1	180.00	0.06	0.02834	76%-100% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.07	0.03271	101%-200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.13	0.03271	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1107

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180044601	QUETIAPINE FUMARATE 50 MG TAB	1	90.00	0.07	0.03271	101%-200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.06	0.03721	26%-50% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.13	0.03721	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	12	30.00	0.71	0.03439	200% Above	No	No
68180044603	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.06	0.04106	26%-50% Above	No	No
68180044603	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.22	0.04106	200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	2	30.00	0.14	0.05117	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	2	30.00	0.16	0.05117	200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	2	90.00	0.07	0.05117	26%-50% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	3	30.00	0.16	0.05618	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	12	90.00	0.08	0.04549	51%-75% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	1	90.00	0.07	0.09209	10%-25% Below	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	2	30.00	0.15	0.09977	26%-50% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	3	30.00	0.15	0.10359	26%-50% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	4	60.00	0.24	0.09940	101%-200% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	4	90.00	0.24	0.09940	101%-200% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	12	30.00	1.39	0.09203	200% Above	No	No
68180044901	QUETIAPINE FUMARATE 300 MG TAB	3	30.00	0.27	0.15275	76%-100% Above	No	No
68180045001	QUETIAPINE FUMARATE 400 MG TAB	2	30.00	0.14	0.17380	10%-25% Below	No	No
68180045001	QUETIAPINE FUMARATE 400 MG TAB	3	30.00	0.13	0.18093	26%-50% Below	No	No
68180045001	QUETIAPINE FUMARATE 400 MG TAB	4	30.00	0.25	0.18247	26%-50% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Below	Yes	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	26%-50% Above	No	No
68180046301	AMLODIPINE-BENAZEPRIL 5-40 MG	3	90.00	0.24	0.15220	51%-75% Above	Yes	No
68180046403	SIMVASTATIN 40 MG TABLET	1	30.00	0.02	0.05196	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1108

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180046403	SIMVASTATIN 40 MG TABLET	1	30.00	0.03	0.05196	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	1	30.00	0.03	0.05196	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	1	90.00	0.02	0.05196	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	1	90.00	0.03	0.05196	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	30.00	0.03	0.05512	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	30.00	0.03	0.05512	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	90.00	0.03	0.05512	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	90.00	0.03	0.05512	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	90.00	0.03	0.05512	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	30.00	0.02	0.05713	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	30.00	0.03	0.05713	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	30.00	0.44	0.05713	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	90.00	0.01	0.05713	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	90.00	0.03	0.05713	51%-75% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	90.00	0.03	0.05713	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	90.00	0.07	0.05713	10%-25% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	4	90.00	0.44	0.05626	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	30.00	0.03	0.05128	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	30.00	0.03	0.05128	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	90.00	0.03	0.05128	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	90.00	0.15	0.05128	101%-200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	90.00	0.50	0.05128	200% Above	No	No
68180046503	SIMVASTATIN 80 MG TABLET	3	90.00	0.26	0.09386	101%-200% Above	No	No
68180046703	LOVASTATIN 10 MG TABLET	2	90.00	0.02	0.04491	51%-75% Below	No	No
68180046703	LOVASTATIN 10 MG TABLET	3	90.00	0.06	0.04854	10%-25% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1109

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180046801	LOVASTATIN 20 MG TABLET	2	90.00	0.07	0.04310	51%-75% Above	No	No
68180046801	LOVASTATIN 20 MG TABLET	2	90.00	0.08	0.04310	76%-100% Above	No	No
68180046807	LOVASTATIN 20 MG TABLET	1	90.00	0.08	0.03973	101%-200% Above	Yes	No
68180046807	LOVASTATIN 20 MG TABLET	2	90.00	0.08	0.04310	76%-100% Above	Yes	No
68180046901	LOVASTATIN 40 MG TABLET	1	90.00	0.03	0.04937	26%-50% Below	No	No
68180046903	LOVASTATIN 40 MG TABLET	12	180.00	0.08	0.04995	51%-75% Above	No	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	12	90.00	0.47	0.14761	200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	1	90.00	0.33	0.11862	101%-200% Above	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	2	90.00	0.26	0.12789	101%-200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	2	90.00	0.29	0.12789	101%-200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	2	90.00	0.33	0.12789	101%-200% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	3	90.00	0.12	0.13556	10%-25% Below	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	4	30.00	0.28	0.13662	101%-200% Above	Yes	No
68180047802	SIMVASTATIN 10 MG TABLET	2	90.00	0.01	0.02839	51%-75% Below	No	No
68180047802	SIMVASTATIN 10 MG TABLET	2	90.00	0.02	0.02839	26%-50% Below	Yes	No
68180047802	SIMVASTATIN 10 MG TABLET	2	90.00	0.05	0.02839	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	1	30.00	0.00	0.02701	76%-100% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	1	30.00	0.06	0.02701	101%-200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	2	28.00	0.06	0.02839	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	2	30.00	0.05	0.02839	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	2	30.00	0.06	0.02839	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	2	90.00	0.05	0.02839	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	2	90.00	0.06	0.02839	76%-100% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	3	28.00	0.05	0.02970	51%-75% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	3	30.00	0.05	0.02970	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1110

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180047803	SIMVASTATIN 10 MG TABLET	3	90.00	0.01	0.02970	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	12	30.00	0.30	0.02777	200% Above	No	No
68180047902	SIMVASTATIN 20 MG TABLET	3	30.00	0.01	0.03074	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	1	30.00	0.02	0.02882	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	1	90.00	0.00	0.02882	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	1	90.00	0.01	0.02882	26%-50% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	2	30.00	0.00	0.02993	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	2	30.00	0.01	0.02993	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	2	90.00	0.01	0.02993	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	2	90.00	0.07	0.02993	101%-200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	30.00	0.00	0.03074	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	30.00	0.01	0.03074	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	30.00	0.07	0.03074	101%-200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	90.00	0.01	0.03074	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	90.00	0.01	0.03074	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	90.00	0.45	0.03074	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	30.00	0.00	0.03072	76%-100% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	30.00	0.45	0.03072	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	90.00	0.45	0.03072	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	30.00	0.02	0.02917	26%-50% Below	No	No
68180050201	MELOXICAM TAB 15MG	12	90.00	0.02	.		No	No
68180051201	LISINOPRIL 2.5 MG TABLET	1	90.00	0.01	0.01329	26%-50% Below	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	2	90.00	0.01	0.01395	26%-50% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	2	90.00	0.01	0.01395	26%-50% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	3	90.00	0.01	0.01444	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1111

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051201	LISINOPRIL 2.5 MG TABLET	3	90.00	0.01	0.01444	10%-25% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	4	90.00	0.11	0.01443	200% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	12	30.00	0.03	0.01341	76%-100% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	12	90.00	0.01	0.01341	10%-25% Below	Yes	No
68180051202	LISINOPRIL 2.5 MG TABLET	1	30.00	0.03	0.01329	101%-200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	1	30.00	0.07	0.01329	200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	2	30.00	0.07	0.01395	200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	3	30.00	0.01	0.01444	26%-50% Below	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	3	30.00	0.07	0.01444	200% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	26%-50% Below	Yes	No
68180051301	LISINOPRIL 5 MG TABLET	2	90.00	0.01	0.01445	26%-50% Below	No	No
68180051301	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	26%-50% Below	No	No
68180051301	LISINOPRIL 5 MG TABLET	4	90.00	0.18	0.01544	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	1	30.00	0.01	0.01386	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	1	30.00	0.01	0.01386	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	1	30.00	0.04	0.01386	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	1	90.00	0.00	0.01386	51%-75% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	2	14.00	0.01	0.01445	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	2	30.00	0.01	0.01445	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	2	30.00	0.04	0.01445	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	2	90.00	0.01	0.01445	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	2	90.00	0.01	0.01445	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1112

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051303	LISINOPRIL 5 MG TABLET	2	90.00	0.01	0.01445	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.01	0.01541	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.03	0.01541	51%-75% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.03	0.01541	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.04	0.01541	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01541	10%-25% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.07	0.01541	200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	4	30.00	0.04	0.01544	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	4	30.00	0.07	0.01544	200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	4	30.00	0.18	0.01544	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	4	90.00	0.01	0.01544	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	4	90.00	0.18	0.01544	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.00	0.01375	76%-100% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.01	0.01375	26%-50% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.01	0.01375	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.02	0.01375	26%-50% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.01	0.02736	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.02	0.02736	10%-25% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	0.01	0.02947	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	0.01	0.02947	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	0.02	0.02947	10%-25% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	30.00	0.02	0.03067	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1113

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.01	0.03067	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.01	0.03067	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.10	0.03086	200% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.02	0.03086	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.10	0.03086	200% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	30.00	0.01	0.02785	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	90.00	0.01	0.02785	51%-75% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	90.00	0.01	0.02785	26%-50% Below	Yes	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	30.00	0.01	0.02736	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.01	0.02736	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.02	0.02736	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.02	0.02736	10%-25% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	30.00	0.01	0.02947	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	0.01	0.02947	26%-50% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	30.00	0.07	0.03067	101%-200% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.07	0.03067	101%-200% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.10	0.03086	200% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.02	0.03656	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.02	0.03656	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	180.00	0.02	0.03656	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.02	0.04003	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.02	0.04003	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	180.00	0.02	0.04003	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	180.00	0.02	0.04003	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.02	0.04116	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.04	0.04116	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.02	0.04116	51%-75% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.02	0.04116	51%-75% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.14	0.04116	200% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.14	0.04121	200% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.14	0.04121	200% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.02	0.03740	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.02	0.03740	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.02	0.03740	26%-50% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.03	0.03740	26%-50% Below	Yes	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.01	0.03656	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.02	0.03656	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.15	0.03656	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	45.00	0.03	0.03656	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.02	0.03656	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	180.00	0.02	0.03656	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.01	0.04003	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.02	0.04003	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.15	0.04003	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.02	0.04003	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.02	0.04003	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	180.00	0.02	0.04003	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	180.00	0.02	0.04003	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	15.00	0.08	0.04116	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.02	0.04116	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.02	0.04116	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.03	0.04116	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	180.00	0.02	0.04116	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	180.00	0.07	0.04116	51%-75% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.14	0.04121	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.15	0.04121	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.01	0.04121	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.03	0.04121	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.01	0.03740	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.02	0.03740	26%-50% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.13	0.03740	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.15	0.03740	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	60.00	0.03	0.03740	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.01	0.03740	51%-75% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.03779	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.03779	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.03779	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.03	0.03779	26%-50% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.03	0.03779	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.02	0.04107	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.02	0.04107	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.03	0.04107	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.03	0.04244	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.03	0.04244	10%-25% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.14	0.04244	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.03	0.04231	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.04	0.04231	10%-25% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.14	0.04231	200% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	180.00	0.14	0.04231	200% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	0.03	0.03868	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.02	0.03868	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.03	0.03868	26%-50% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.03	0.03868	10%-25% Below	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.02	0.03779	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.02	0.03779	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.03779	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.03779	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.02	0.04107	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.02	0.04107	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.02	0.04244	51%-75% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.07	0.04244	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.14	0.04231	200% Above	No	No
68180058901	RAMIPRIL 2.5 MG CAPSULE	12	30.00	0.06	0.04947	10%-25% Above	No	No
68180058902	RAMIPRIL 2.5 MG CAPSULE	3	90.00	0.04	0.06216	26%-50% Below	No	No
68180059101	RAMIPRIL 10 MG CAPSULE	1	90.00	0.05	0.06210	10%-25% Below	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	1	90.00	0.06	0.06210	10%-25% Below	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	2	90.00	0.04	0.07050	26%-50% Below	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	3	90.00	0.04	0.07237	26%-50% Below	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	4	90.00	0.23	0.07277	200% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	4	180.00	0.23	0.07277	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.50	0.40692	10%-25% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	1.72	0.40692	200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	1	34.00	1.46	0.40692	200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.39	0.44426	10%-25% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.50	0.44426	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	1.46	0.44426	200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	34.00	1.33	0.44426	101%-200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	90.00	1.46	0.44426	200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	270.00	0.39	0.44426	10%-25% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	1.33	0.46463	101%-200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	60.00	0.39	0.46463	10%-25% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	0.39	0.45372	10%-25% Below	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	1.62	0.45372	200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	0.50	0.40071	10%-25% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	12	34.00	0.59	0.40071	26%-50% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	12	90.00	0.50	0.40071	10%-25% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	1	7.00	1.72	0.42073	200% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	1.46	0.42073	200% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	1.46	0.45927	200% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	3	30.00	1.33	0.47463	101%-200% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	3	90.00	0.39	0.47463	10%-25% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	4	30.00	1.76	0.46729	200% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	1.41	0.50844	101%-200% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	4	90.00	0.42	0.50844	10%-25% Below	Yes	No
68180061207	QUETIAPINE ER 50 MG TABLET	1	90.00	0.00	0.10781	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180065001	DOXYCYCLINE MONO 50 MG CAP	3	60.00	0.15	0.16877	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	1	10.00	0.40	0.20362	76%-100% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	14.00	0.32	0.23181	26%-50% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	3	20.00	0.31	0.24704	10%-25% Above	Yes	No
68180065806	RIFAMPIN 150 MG CAPSULE	3	60.00	0.33	0.96226	51%-75% Below	Yes	No
68180065806	RIFAMPIN 150 MG CAPSULE	12	60.00	0.28	0.59770	51%-75% Below	No	No
68180065906	RIFAMPIN 300 MG CAPSULE	1	20.00	0.33	0.62085	26%-50% Below	No	No
68180067106	LURASIDONE HCL 40 MG TABLET	1	30.00	5.97	0.25743	200% Above	Yes	No
68180067106	LURASIDONE HCL 40 MG TABLET	2	30.00	5.97	0.29149	200% Above	Yes	No
68180067106	LURASIDONE HCL 40 MG TABLET	3	30.00	5.44	0.29742	200% Above	Yes	No
68180067106	LURASIDONE HCL 40 MG TABLET	4	30.00	6.81	0.29699	200% Above	Yes	No
68180067511	OSELTAMIVIR PHOS 30 MG CAPSULE	2	20.00	2.21	1.11596	76%-100% Above	Yes	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	8.00	1.90	0.99337	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.85	0.99337	10%-25% Below	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.71	0.99337	51%-75% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.85	1.15416	26%-50% Below	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.71	1.15416	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	3	4.00	1.90	1.20618	51%-75% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.00	1.20618	10%-25% Below	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.90	1.20618	51%-75% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.00	1.17706	10%-25% Below	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.46	1.17706	10%-25% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	3.80	1.17706	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.71	0.91545	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.90	0.91545	101%-200% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.29	0.17483	51%-75% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	2	125.00	0.12	0.20046	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	1	30.00	1.03	1.60553	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	2	30.00	1.03	1.60238	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	3	30.00	0.94	1.66758	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	12	30.00	0.65	1.71251	51%-75% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	12	30.00	0.84	1.71251	51%-75% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	14.00	0.30	0.41249	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	14.00	0.96	0.41249	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	20.00	0.30	0.41249	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	20.00	0.35	0.41249	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	20.00	0.35	0.41249	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	20.00	0.75	0.41249	76%-100% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	14.00	0.27	0.45141	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	14.00	0.30	0.45141	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.45141	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	20.00	0.27	0.45141	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	20.00	0.75	0.45141	51%-75% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	14.00	0.27	0.47036	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	20.00	0.27	0.47036	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	20.00	0.95	0.47036	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	20.00	0.96	0.47036	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	4	20.00	0.35	0.46987	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1120

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180071160	CEFDINIR 300 MG CAPSULE	12	14.00	0.96	0.41004	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	12	20.00	0.01	0.41004	76%-100% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	12	20.00	0.35	0.41004	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	12	20.00	0.75	0.41004	76%-100% Above	No	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	101%-200% Above	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.01	0.01111	10%-25% Below	Yes	No
68180072003	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	26%-50% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	28.00	0.01	0.01694	10%-25% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01694	51%-75% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	10%-25% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	60.00	0.03	0.01745	51%-75% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	10%-25% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.22	0.01716	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1121

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.03	0.01544	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	26%-50% Above	Yes	No
68180072204	CEFDINIR 125 MG/5 ML SUSP	1	60.00	0.29	0.12787	101%-200% Above	No	No
68180072205	CEFDINIR 125 MG/5 ML SUSP	1	100.00	0.22	0.10745	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.67	0.12999	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	2	60.00	0.35	0.13686	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.29	0.13830	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.52	0.13830	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	120.00	0.29	0.13830	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.25	0.13268	76%-100% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	4	100.00	0.50	0.13701	200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	11	100.00	0.22	0.11267	76%-100% Above	No	No
68180073973	ENSKYCE 28 TABLET	4	84.00	0.01	0.15171	76%-100% Below	No	No
68180074109	SILODOSIN 8 MG CAPSULE	1	90.00	1.30	0.46153	101%-200% Above	Yes	No
68180074109	SILODOSIN 8 MG CAPSULE	3	90.00	1.01	0.56992	76%-100% Above	Yes	No
68180074109	SILODOSIN 8 MG CAPSULE	4	90.00	1.21	0.58016	101%-200% Above	Yes	No
68180075501	AMLODIPINE-BENAZEPRIL 2.5-10	4	90.00	0.31	0.10610	101%-200% Above	Yes	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	4	90.00	0.25	0.10521	101%-200% Above	No	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	1	30.00	1.23	0.13124	200% Above	No	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	2	30.00	0.95	0.14200	200% Above	No	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	2	30.00	2.75	0.14200	200% Above	Yes	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	4	30.00	0.44	0.13821	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.16	0.10873	51%-75% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1122

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.69	0.10873	200% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.81	0.10873	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.16	0.11967	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.50	0.11967	200% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.69	0.11967	200% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	3	30.00	0.16	0.12613	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	3	30.00	0.63	0.12613	200% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	4	30.00	0.34	0.12119	101%-200% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	12	30.00	0.16	0.10900	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	12	30.00	0.16	0.10900	51%-75% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	12	30.00	0.81	0.10900	200% Above	No	No
68180083773	TRI-LO-MARZIA TABLET	1	84.00	0.47	0.09979	200% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	2	84.00	0.47	0.10912	200% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	3	84.00	0.43	0.11531	200% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	4	84.00	0.39	0.11495	200% Above	Yes	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	1	28.00	0.18	0.11180	51%-75% Above	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	4	84.00	0.06	0.13026	51%-75% Below	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	12	28.00	0.21	0.11128	76%-100% Above	No	No
68180084473	KURVELO-28 TABLET	3	28.00	0.29	0.11918	101%-200% Above	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	2	91.00	0.86	0.19873	200% Above	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	3	91.00	0.86	0.23162	200% Above	No	No
68180085473	LEVONOR-ETH ESTRAD 0.1-0.02 MG	3	84.00	0.17	0.15091	10%-25% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	1	10.00	0.43	0.32126	26%-50% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	2	4.00	0.46	0.36217	26%-50% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1123

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086106	AZITHROMYCIN 250 MG TABLET	2	7.00	0.17	0.36217	51%-75% Below	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	2	11.00	0.18	0.36217	51%-75% Below	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	2	11.00	0.45	0.36217	10%-25% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	3	4.00	0.17	0.37667	51%-75% Below	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	3	4.00	1.38	0.37667	200% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	4	6.00	0.51	0.36926	26%-50% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	12	6.00	0.55	0.32433	51%-75% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	12	10.00	0.49	0.32433	51%-75% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	12	20.00	0.39	0.32433	10%-25% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.41	0.32126	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.42	0.32126	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.43	0.32126	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.32126	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.32126	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.48	0.32126	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.51	0.32126	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.55	0.32126	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.56	0.32126	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.57	0.32126	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.59	0.32126	76%-100% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.63	0.32126	76%-100% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1124

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086111	AZITHROMYCIN 250 MG TABLET	2	4.00	0.17	0.36217	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.42	0.36217	10%-25% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.43	0.36217	10%-25% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.36217	10%-25% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.48	0.36217	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.55	0.36217	51%-75% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.55	0.36217	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.43	0.37667	10%-25% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.43	0.37667	10%-25% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.45	0.37667	10%-25% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.48	0.37667	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.51	0.37667	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.56	0.37667	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.57	0.37667	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.59	0.37667	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	1.38	0.37667	200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.41	0.36926	10%-25% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.45	0.36926	10%-25% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.48	0.36926	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.51	0.36926	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	1.38	0.36926	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1125

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086111	AZITHROMYCIN 250 MG TABLET	11	6.00	0.21	0.25633	10%-25% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.23	0.32433	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.45	0.32433	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.48	0.32433	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.51	0.32433	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.55	0.32433	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.57	0.32433	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	1	3.00	0.95	0.58741	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	5.00	0.41	0.61913	26%-50% Below	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	5.00	0.45	0.61913	26%-50% Below	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	5.00	0.45	0.61913	26%-50% Below	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	5.00	0.85	0.61913	26%-50% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	5.00	0.97	0.61913	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	3	5.00	0.41	0.67281	26%-50% Below	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	3	5.00	0.81	0.67281	10%-25% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	3	5.00	0.91	0.67281	26%-50% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	3	5.00	1.06	0.67281	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	4	3.00	1.01	0.63839	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	4	5.00	0.97	0.63839	51%-75% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	12	5.00	0.91	0.58065	51%-75% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	1	3.00	0.86	0.58741	26%-50% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1126

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086211	AZITHROMYCIN 500 MG TABLET	2	3.00	0.89	0.61913	26%-50% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	3	2.00	1.02	0.67281	26%-50% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	3	3.00	0.83	0.67281	10%-25% Above	Yes	No
68180086473	BLISOVI 24 FE TABLET	2	84.00	0.00	0.20260	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	2	84.00	1.03	0.20260	200% Above	No	No
68180086473	BLISOVI 24 FE TABLET	3	84.00	0.29	0.21635	26%-50% Above	Yes	No
68180086473	BLISOVI 24 FE TABLET	3	84.00	0.30	0.21635	26%-50% Above	No	No
68180086473	BLISOVI 24 FE TABLET	12	84.00	0.29	0.19337	51%-75% Above	Yes	No
68180086573	BLISOVI FE 1-20 TABLET	1	28.00	0.33	0.12524	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	1	28.00	0.36	0.12524	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	1	84.00	0.00	0.12524	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	1	84.00	0.20	0.12524	51%-75% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	2	28.00	0.00	0.12925	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	2	28.00	0.36	0.12925	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	2	84.00	0.07	0.12925	26%-50% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	2	84.00	0.20	0.12925	51%-75% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	28.00	0.07	0.14667	51%-75% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	28.00	0.13	0.14667	10%-25% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	28.00	0.30	0.14667	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	28.00	0.36	0.14667	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	84.00	0.07	0.14667	51%-75% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	84.00	0.13	0.14667	10%-25% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	84.00	0.30	0.14667	101%-200% Above	Yes	No
68180086573	BLISOVI FE 1-20 TABLET	4	28.00	0.36	0.14775	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	4	84.00	0.07	0.14775	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1127

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086573	BLISOVI FE 1-20 TABLET	12	28.00	0.36	0.12469	101%-200% Above	No	No
68180086573	BLISOVI FE 1-20 TABLET	12	84.00	0.10	0.12469	10%-25% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.09	0.16084	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	2	28.00	0.09	0.17027	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	2	28.00	0.79	0.17027	200% Above	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.09	0.19107	51%-75% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.72	0.19107	200% Above	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	4	28.00	0.11	0.18047	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	12	28.00	0.09	0.15661	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.01	0.07878	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.04	0.07878	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.07	0.07878	10%-25% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	1	84.00	0.07	0.07878	10%-25% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.01	0.08614	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.06	0.08614	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.07	0.08614	10%-25% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.01	0.09016	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.06	0.09016	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.13	0.09016	26%-50% Above	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	84.00	0.06	0.09016	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	4	28.00	0.13	0.09017	26%-50% Above	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	4	84.00	0.13	0.09017	26%-50% Above	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	12	28.00	0.01	0.07728	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	12	28.00	0.04	0.07728	51%-75% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	1	28.00	0.04	0.07878	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180087773	JENCYCLA 0.35 MG TABLET	1	28.00	0.04	0.07878	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	1	28.00	0.07	0.07878	10%-25% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	1	84.00	0.01	0.07878	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	2	28.00	0.04	0.08614	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	2	28.00	0.04	0.08614	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	2	28.00	0.06	0.08614	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	28.00	0.04	0.09016	51%-75% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	28.00	0.04	0.09016	51%-75% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	28.00	0.05	0.09016	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	28.00	0.06	0.09016	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	84.00	0.06	0.09016	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	4	28.00	0.05	0.09017	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	28.00	0.08	0.14233	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	28.00	0.20	0.14233	26%-50% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	28.00	0.80	0.14233	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	84.00	0.80	0.14233	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	84.00	0.94	0.14233	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.08	0.15369	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.20	0.15369	26%-50% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.73	0.15369	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.80	0.15369	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	84.00	0.20	0.15369	26%-50% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	84.00	0.73	0.15369	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	84.00	0.80	0.15369	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	112.00	0.73	0.15369	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	28.00	0.08	0.15950	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	28.00	0.73	0.15950	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	84.00	0.20	0.15950	10%-25% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	84.00	0.27	0.15950	51%-75% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	28.00	0.27	0.15699	51%-75% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	84.00	0.20	0.15699	10%-25% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	84.00	0.27	0.15699	51%-75% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	84.00	0.27	0.15699	51%-75% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	28.00	0.20	0.15099	26%-50% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	28.00	0.94	0.15099	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	84.00	0.86	0.15099	200% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	84.00	0.94	0.15099	200% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	84.00	0.94	0.15099	200% Above	Yes	No
68180089173	ENSKYCE (28) TAB 0.15/30	1	28.00	0.11	.		No	No
68180089173	ENSKYCE (28) TAB 0.15/30	1	84.00	0.11	.		No	No
68180089173	ENSKYCE (28) TAB 0.15/30	12	28.00	0.01	.		No	No
68180089513	TURQOZ-28 TABLET	1	28.00	0.01	0.35006	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	1	28.00	0.18	0.35006	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	2	28.00	0.01	0.37102	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	2	28.00	0.19	0.37102	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	3	28.00	0.20	0.37794	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	3	28.00	0.33	0.37794	10%-25% Below	No	No
68180089513	TURQOZ-28 TABLET	3	84.00	0.20	0.37794	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	3	112.00	0.20	0.37794	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	4	28.00	0.18	0.37970	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180089513	TURQOZ-28 TABLET	4	28.00	0.22	0.37970	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	11	28.00	0.42	0.31912	26%-50% Above	No	No
68180089513	TURQOZ-28 TABLET	12	28.00	0.18	0.34661	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	12	28.00	0.42	0.34661	10%-25% Above	No	No
68180090373	KAITLIB FE 0.8-0.025 MG CHEW TB	1	28.00	1.29	1.50928	10%-25% Below	Yes	No
68180090373	KAITLIB FE 0.8-0.025 MG CHEW TB	2	28.00	1.43	1.65542	10%-25% Below	No	No
68180090373	KAITLIB FE 0.8-0.025 MG CHEW TB	2	84.00	1.29	1.65542	10%-25% Below	Yes	No
68180090373	KAITLIB FE 0.8-0.025 MG CHEW TB	3	28.00	1.30	1.75717	10%-25% Below	No	No
68180090373	KAITLIB FE 0.8-0.025 MG CHEW TB	4	28.00	1.08	1.80661	26%-50% Below	No	No
68180091173	MIBELAS 24 FE CHEWABLE TABLET	1	28.00	1.74	0.28953	200% Above	No	No
68180091173	MIBELAS 24 FE CHEWABLE TABLET	1	28.00	2.05	0.28953	200% Above	No	No
68180091173	MIBELAS 24 FE CHEWABLE TABLET	2	28.00	1.59	0.32102	200% Above	No	No
68180091173	MIBELAS 24 FE CHEWABLE TABLET	3	28.00	1.59	0.34379	200% Above	No	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	1	225.00	1.13	0.42086	101%-200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	4	75.00	1.21	0.49396	101%-200% Above	Yes	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	0.84	2.35969	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	0.96	2.35969	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	0.97	2.35969	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.14	2.35969	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.16	2.35969	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.59	2.35969	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.66	2.35969	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.70	2.35969	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.71	2.35969	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.95	2.35969	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.96	2.35969	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	17.00	0.96	2.35969	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	25.50	0.96	2.35969	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	0.77	2.53475	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	0.84	2.53475	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	0.96	2.53475	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	0.97	2.53475	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.70	2.53475	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.75	2.53475	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.76	2.53475	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.76	2.53475	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.87	2.60548	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.98	2.53475	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.99	2.53475	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	17.00	0.84	2.53475	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	0.97	2.56359	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.18	2.56359	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.66	2.56359	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.70	2.56359	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.75	2.56359	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.76	2.56359	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.86	2.61593	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.95	2.56359	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.98	2.56359	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	18.00	0.72	2.56359	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	25.50	1.18	2.56359	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	1.53	2.50419	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	1.70	2.50419	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	1.71	2.50419	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	0.01	2.32051	76%-100% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	0.59	2.32051	51%-75% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.14	2.32051	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.16	2.32051	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.62	2.32051	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.66	2.32051	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.70	2.32051	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.76	2.32051	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.98	2.32051	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	17.00	1.14	2.32051	26%-50% Below	No	No
68180096412	TIOTROPIUM 18 MCG CAP-INHALER	2	90.00	10.51	12.34689	10%-25% Below	Yes	No
68180096412	TIOTROPIUM 18 MCG CAP-INHALER	12	30.00	10.51	12.14064	10%-25% Below	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.03	0.04300	26%-50% Below	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.02	0.04343	26%-50% Below	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.02	0.04513	26%-50% Below	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.25	0.04423	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.02	0.04300	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.03	0.04300	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.02	0.04343	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.02	0.04343	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.02	0.04513	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.05	0.04423	10%-25% Above	Yes	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.24	0.04423	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.24	0.04423	200% Above	Yes	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.03	0.04342	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.03	0.04300	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.03	0.04300	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.02	0.04343	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.02	0.04513	26%-50% Below	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.24	0.04423	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	12	45.00	0.03	0.04342	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	1	114.00	0.03	0.05075	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.03	0.05398	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.01	0.05398	76%-100% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.05398	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.04	0.05398	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	3	34.00	0.03	0.05750	51%-75% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.01	0.05750	76%-100% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.04	0.05750	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.04	0.05881	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.03	0.05881	51%-75% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.01	0.05170	76%-100% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.03	0.05170	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.04	0.05075	10%-25% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1134

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.03	0.05398	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.04	0.05398	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.05398	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.03	0.05750	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.05750	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.04	0.05750	26%-50% Below	Yes	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.03	0.05881	51%-75% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.04	0.05881	26%-50% Below	Yes	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.04	0.05881	26%-50% Below	Yes	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.28	0.05881	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.04	0.05170	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	12	60.00	0.04	0.05170	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.02	0.05398	51%-75% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.03	0.05398	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.03	0.05750	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.03	0.05170	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.04	0.05170	26%-50% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.04	0.05079	10%-25% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.01	0.05432	76%-100% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.05769	26%-50% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.04	0.05779	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096701	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.04	0.05334	26%-50% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.04	0.05334	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	1	30.00	0.03	0.05079	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	1	30.00	0.04	0.05079	10%-25% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	2	10.00	0.03	0.05432	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.03	0.05432	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.04	0.05432	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.03	0.05769	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.04	0.05769	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.04	0.05769	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.38	0.05769	200% Above	Yes	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.04	0.05779	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.31	0.05779	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.04	0.05334	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.04	0.05334	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.04	0.05334	26%-50% Below	No	No
68180096709	LEVOTHYROXINE 75 MCG TABLET	1	30.00	0.02	0.05079	51%-75% Below	No	No
68180096709	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.31	0.05779	200% Above	No	No
68180096709	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.03	0.05334	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.03	0.06194	51%-75% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.03	0.06733	51%-75% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.04	0.06733	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	12	90.00	0.04	0.05732	26%-50% Below	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.03	0.06194	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096803	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.32	0.06719	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	12	30.00	0.05	0.05732	10%-25% Below	No	No
68180096809	LEVOTHYROXINE 88 MCG TABLET	1	30.00	0.03	0.05802	26%-50% Below	No	No
68180096901	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.04	0.05519	10%-25% Below	No	No
68180096901	LEVOTHYROXINE 100 MCG TABLET	3	20.00	0.07	0.05854	10%-25% Above	No	No
68180096901	LEVOTHYROXINE 100 MCG TABLET	4	20.00	0.07	0.05929	10%-25% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.02	0.05386	51%-75% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05386	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.03	0.05929	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.32	0.05929	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.04	0.05509	26%-50% Below	Yes	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.03	0.05386	26%-50% Below	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.03	0.05519	26%-50% Below	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.03	0.05854	26%-50% Below	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.01	0.05854	76%-100% Below	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	1	30.00	0.04	0.06852	26%-50% Below	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.04	0.07192	51%-75% Below	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.05	0.07192	26%-50% Below	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.04	0.07351	26%-50% Below	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.05	0.07351	26%-50% Below	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	4	30.00	0.36	0.07308	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.05	0.06916	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097009	LEVOTHYROXINE 112 MCG TABLET	1	30.00	0.01	0.06852	76%-100% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	1	30.00	0.04	0.06852	26%-50% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.01	0.07192	76%-100% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.04	0.07192	51%-75% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.01	0.07351	76%-100% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.04	0.07351	26%-50% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.04	0.07351	26%-50% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.01	0.07308	76%-100% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	1	15.00	0.04	0.07133	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.04	0.07133	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.06	0.07133	10%-25% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	2	15.00	0.04	0.07216	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.06	0.07216	10%-25% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.04	0.07216	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	3	30.00	0.06	0.07712	10%-25% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.35	0.07485	200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.06	0.07177	10%-25% Below	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.05	0.07133	10%-25% Below	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.04	0.07216	26%-50% Below	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	4	90.00	0.05	0.07485	26%-50% Below	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	1	45.00	0.05	0.07306	26%-50% Below	Yes	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.06	0.07306	10%-25% Below	No	No
68180097203	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.04	0.08487	51%-75% Below	No	No
68180097203	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.04	0.07359	26%-50% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	1	30.00	0.04	0.07306	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097209	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.04	0.07306	26%-50% Below	Yes	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	1	180.00	0.04	0.07306	26%-50% Below	Yes	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	2	30.00	0.03	0.07827	51%-75% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	3	30.00	0.04	0.08487	51%-75% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.03	0.08487	51%-75% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	4	90.00	0.38	0.08472	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.05	0.07359	26%-50% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.04	0.07130	26%-50% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	2	90.00	0.04	0.07890	26%-50% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.04	0.08267	51%-75% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.11	0.08036	26%-50% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	12	30.00	0.06	0.07092	10%-25% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.05	0.07092	26%-50% Below	Yes	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.04	0.07130	26%-50% Below	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	2	30.00	0.06	0.07890	26%-50% Below	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	2	90.00	0.03	0.07890	51%-75% Below	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.06	0.08036	26%-50% Below	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.04	0.08637	26%-50% Below	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.05	0.09462	26%-50% Below	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	1	30.00	0.06	0.08637	26%-50% Below	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	2	30.00	0.06	0.09185	26%-50% Below	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	4	30.00	0.06	0.09381	26%-50% Below	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	4	90.00	0.46	0.09381	200% Above	No	No
68180097501	LEVOTHYROXINE 200 MCG TABLET	1	30.00	0.07	0.08973	10%-25% Below	No	No
68180097501	LEVOTHYROXINE 200 MCG TABLET	3	30.00	0.07	0.10149	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097501	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.06	0.10149	26%-50% Below	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	2	30.00	0.06	0.09532	26%-50% Below	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	3	30.00	0.06	0.10149	26%-50% Below	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	4	30.00	0.45	0.10065	200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	2	30.00	0.06	0.09532	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.06	0.09532	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	4	90.00	0.07	0.10065	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	4	90.00	0.46	0.10065	200% Above	No	No
68180097901	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	26%-50% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	10%-25% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	2	30.00	0.02	0.04453	51%-75% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	3	30.00	0.02	0.04653	51%-75% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	3	30.00	0.03	0.04653	26%-50% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	3	90.00	0.01	0.04653	51%-75% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	3	90.00	0.04	0.04653	10%-25% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	4	30.00	0.20	0.04696	200% Above	No	No
68180097901	LISINOPRIL 40 MG TABLET	12	30.00	0.03	0.04222	26%-50% Below	No	No
68180097901	LISINOPRIL 40 MG TABLET	12	90.00	0.01	0.04222	51%-75% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	1	30.00	0.02	0.04219	51%-75% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	1	30.00	0.08	0.04219	76%-100% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	45.00	0.03	0.04219	10%-25% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	90.00	0.03	0.04219	26%-50% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	90.00	0.03	0.04219	10%-25% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	90.00	0.03	0.04219	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1140

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097903	LISINOPRIL 40 MG TABLET	1	90.00	0.03	0.04219	10%-25% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	2	30.00	0.02	0.04453	51%-75% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.02	0.04453	26%-50% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04453	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04453	26%-50% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.06	0.04453	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.06	0.04453	26%-50% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.06	0.04453	26%-50% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.07	0.04453	51%-75% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	30.00	0.02	0.04653	51%-75% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	30.00	0.03	0.04653	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.02	0.04653	26%-50% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.03	0.04653	26%-50% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.03	0.04653	26%-50% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.05	0.04653	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.06	0.04653	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.07	0.04653	26%-50% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.20	0.04653	200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	4	30.00	0.02	0.04696	51%-75% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	4	45.00	0.20	0.04696	200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	4	90.00	0.20	0.04696	200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	30.00	0.03	0.04222	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.02	0.04222	51%-75% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.03	0.04222	10%-25% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.05	0.04222	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.05	0.04222	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.16	0.04222	200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	26%-50% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	26%-50% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	26%-50% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	2	30.00	0.04	0.01770	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01770	10%-25% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	3	30.00	0.04	0.01833	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01833	26%-50% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	3	90.00	0.02	0.01833	10%-25% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	4	30.00	0.04	0.01828	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	12	30.00	0.01	0.01707	26%-50% Below	No	No
68180098001	LISINOPRIL 10 MG TABLET	12	30.00	0.04	0.01707	101%-200% Above	No	No
68180098001	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01707	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	21.00	0.05	0.01718	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01718	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.03	0.01718	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.04	0.01718	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	45.00	0.02	0.01718	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	45.00	0.10	0.01718	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.10	0.01718	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	15.00	0.01	0.01770	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.03	0.01770	51%-75% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.03	0.01770	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.04	0.01770	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01770	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01770	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01770	10%-25% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01770	10%-25% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.03	0.01770	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.03	0.01770	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01833	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01833	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.03	0.01833	26%-50% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.03	0.01833	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.04	0.01833	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.07	0.01833	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01833	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01833	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01833	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.07	0.01833	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.18	0.01833	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.01	0.01828	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.03	0.01828	51%-75% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.03	0.01828	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.04	0.01828	76%-100% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.04	0.01828	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.07	0.01828	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	30.00	0.18	0.01828	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	4	45.00	0.07	0.01828	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.01	0.01828	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.02	0.01828	10%-25% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.18	0.01828	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.01	0.01707	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.04	0.01707	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.04	0.01707	101%-200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.11	0.01707	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.00	0.01707	76%-100% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01707	26%-50% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01707	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01707	10%-25% Below	Yes	No
68180098101	LISINOPRIL 20 MG TABLET	1	30.00	0.01	0.02401	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	2	30.00	0.01	0.02538	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02538	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02538	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	3	30.00	0.01	0.02621	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	3	60.00	0.01	0.02621	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	12	90.00	0.01	0.02387	26%-50% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02387	10%-25% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	12	90.00	0.03	0.02387	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.03	0.02401	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.03	0.02401	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.03	0.02401	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	120.00	0.02	0.02401	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	135.00	0.02	0.02401	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	30.00	0.02	0.02538	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	30.00	0.04	0.02538	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	45.00	0.01	0.02538	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02538	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02538	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02538	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.03	0.02538	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.04	0.02538	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	30.00	0.01	0.02621	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	30.00	0.01	0.02621	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	30.00	0.03	0.02621	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	30.00	0.04	0.02621	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	30.00	0.04	0.02621	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098103	LISINOPRIL 20 MG TABLET	3	30.00	0.07	0.02621	101%-200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	60.00	0.01	0.02621	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	60.00	0.03	0.02621	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	0.02	0.02621	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	0.19	0.02621	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	180.00	0.01	0.02621	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	180.00	0.02	0.02621	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	30.00	0.19	0.02606	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	60.00	0.19	0.02606	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	0.02	0.02606	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	0.19	0.02606	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	0.19	0.02606	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	4	180.00	0.02	0.02606	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	30.00	0.11	0.02387	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.00	0.02387	76%-100% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02387	26%-50% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02387	26%-50% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02387	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02387	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.04	0.02387	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.11	0.02387	200% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	1	30.00	0.07	0.04735	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180098201	LISINOPRIL 30 MG TABLET	1	90.00	0.01	0.04735	76%-100% Below	No	No
68180098201	LISINOPRIL 30 MG TABLET	1	90.00	0.04	0.04735	10%-25% Below	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	2	30.00	0.03	0.05139	26%-50% Below	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	2	90.00	0.01	0.05139	76%-100% Below	No	No
68180098201	LISINOPRIL 30 MG TABLET	3	30.00	0.03	0.05414	26%-50% Below	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	3	30.00	0.07	0.05414	10%-25% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	3	90.00	0.03	0.05414	26%-50% Below	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	1	90.00	0.04	0.04735	10%-25% Below	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	3	90.00	0.03	0.05414	26%-50% Below	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	3	90.00	0.22	0.05414	200% Above	Yes	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.25	0.82371	51%-75% Below	No	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	2	60.00	0.25	0.91101	51%-75% Below	No	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	3	120.00	0.40	0.97783	51%-75% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	1	30.00	0.07	0.11214	26%-50% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	1	30.00	0.09	0.11214	10%-25% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	3	90.00	0.11	0.12775	10%-25% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	1	90.00	0.07	0.11214	26%-50% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	3	90.00	0.07	0.12775	26%-50% Below	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	4	90.00	0.26	0.12040	101%-200% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	12	90.00	0.09	0.10369	10%-25% Below	No	No
68382000116	PAROXETINE HCL 40 MG TABLET	2	90.00	0.11	0.12683	10%-25% Below	No	No
68382000116	PAROXETINE HCL 40 MG TABLET	12	90.00	0.27	0.10369	101%-200% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	1	30.00	0.33	0.13724	101%-200% Above	No	No
68382000514	TOPIRAMATE 25 MG SPRINKLE CAP	4	270.00	0.40	0.45824	10%-25% Below	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	3	74.00	0.01	0.03163	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382000601	LAMOTRIGINE 25 MG TABLET	3	90.00	0.01	0.03163	51%-75% Below	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	12	90.00	0.00	0.02741	76%-100% Below	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	2	42.00	0.01	0.02955	51%-75% Below	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	3	60.00	0.04	0.03163	10%-25% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	3	180.00	0.06	0.03163	76%-100% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	4	90.00	0.07	0.03120	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	4	120.00	0.16	0.03120	200% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	1	30.00	0.06	0.04060	26%-50% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	1	90.00	0.06	0.04060	26%-50% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	1	180.00	0.05	0.04060	10%-25% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	2	30.00	0.05	0.04292	10%-25% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	2	135.00	0.06	0.04292	26%-50% Above	Yes	No
68382000801	LAMOTRIGINE 100 MG TABLET	3	45.00	0.19	0.04446	200% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	12	30.00	0.07	0.04236	51%-75% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	1	30.00	0.02	0.04060	51%-75% Below	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	1	30.00	0.08	0.04060	76%-100% Above	Yes	No
68382000810	LAMOTRIGINE 100 MG TABLET	2	30.00	0.08	0.04292	76%-100% Above	Yes	No
68382000810	LAMOTRIGINE 100 MG TABLET	3	30.00	0.01	0.04446	76%-100% Below	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	3	90.00	0.01	0.04446	76%-100% Below	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	3	90.00	0.02	0.04446	51%-75% Below	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	12	90.00	0.00	0.04236	76%-100% Below	No	No
68382000905	LAMOTRIGINE 150 MG TABLET	1	30.00	0.03	0.05997	51%-75% Below	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	4	30.00	0.18	0.06371	101%-200% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	4	180.00	0.18	0.06371	101%-200% Above	No	No
68382001005	LAMOTRIGINE 200 MG TABLET	3	60.00	0.04	0.08067	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382001014	LAMOTRIGINE 200 MG TABLET	3	90.00	0.04	0.08067	26%-50% Below	No	No
68382002210	ATENOLOL 25 MG TABLET	1	30.00	0.03	0.02075	26%-50% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	1	30.00	0.07	0.02075	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	1	90.00	0.03	0.02075	26%-50% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	2	30.00	0.03	0.02272	10%-25% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	2	90.00	0.05	0.02272	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	3	90.00	0.06	0.02404	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	3	90.00	0.06	0.02404	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	3	90.00	0.24	0.02404	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	4	30.00	0.24	0.02416	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	30.00	0.06	0.02053	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	90.00	0.03	0.02053	26%-50% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	90.00	0.06	0.02053	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	90.00	0.06	0.02053	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	90.00	0.06	0.02053	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	1	60.00	0.03	0.02277	26%-50% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	3	30.00	0.02	0.02553	10%-25% Below	Yes	No
68382002310	ATENOLOL 50 MG TABLET	4	30.00	0.13	0.02620	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	4	180.00	0.11	0.02620	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	12	90.00	0.03	0.02288	26%-50% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	12	90.00	0.06	0.02288	101%-200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	1	90.00	0.03	0.03689	26%-50% Below	Yes	No
68382002401	ATENOLOL 100 MG TABLET	3	90.00	0.11	0.04099	101%-200% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	4	90.00	0.03	0.04102	26%-50% Below	Yes	No
68382002401	ATENOLOL 100 MG TABLET	4	90.00	0.10	0.04102	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382002401	ATENOLOL 100 MG TABLET	12	90.00	0.05	0.03581	26%-50% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	12	90.00	0.10	0.03581	101%-200% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.09	0.08036	10%-25% Above	Yes	No
68382003416	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.08	0.08574	10%-25% Below	Yes	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.15	0.08482	76%-100% Above	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	3	180.00	0.07	0.09563	26%-50% Below	No	No
68382003610	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.34	0.11715	101%-200% Above	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.26	0.11690	101%-200% Above	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.23	0.12532	76%-100% Above	No	No
68382003616	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.26	0.11715	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	1	5.00	0.11	0.03849	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	1	15.00	0.02	0.03849	51%-75% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	1	40.00	0.03	0.03849	26%-50% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	2	28.00	0.04	0.04576	10%-25% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	3	12.00	0.07	0.05286	26%-50% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	3	15.00	0.02	0.05286	51%-75% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	3	18.00	0.02	0.05286	51%-75% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	3	20.00	0.04	0.05286	10%-25% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	4	20.00	0.24	0.05432	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	2.00	0.02	0.03987	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	10.00	0.02	0.03987	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	15.00	0.02	0.03987	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	16.00	0.05	0.03987	10%-25% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	30.00	0.01	0.03987	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	30.00	0.03	0.03987	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382004101	PROMETHAZINE 25 MG TABLET	1	30.00	0.05	0.03987	10%-25% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	60.00	0.03	0.03987	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	2.00	0.02	0.04512	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	8.00	0.02	0.04512	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	20.00	0.02	0.04512	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	28.00	0.02	0.04512	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	60.00	0.03	0.04512	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	2.00	0.02	0.04900	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	16.00	0.07	0.04900	26%-50% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	30.00	0.02	0.04900	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	30.00	0.03	0.04900	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	30.00	0.20	0.04900	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	60.00	0.02	0.04900	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	90.00	0.06	0.04900	10%-25% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	5.00	0.02	0.04839	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	6.00	0.20	0.04839	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	30.00	0.03	0.04839	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	90.00	0.03	0.04839	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	10.00	0.06	0.03896	51%-75% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	1	10.00	0.02	0.03987	26%-50% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	1	30.00	0.02	0.03987	26%-50% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	2	30.00	0.02	0.04512	51%-75% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	3	9.00	0.06	0.04900	10%-25% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	3	15.00	0.20	0.04900	200% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	3	30.00	0.02	0.04900	51%-75% Below	No	No

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10:58 Tuesday, March 24, 2026 1152

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382004105	PROMETHAZINE 25 MG TABLET	3	60.00	0.02	0.04900	51%-75% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	12	12.00	0.03	0.03896	26%-50% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	12	20.00	0.02	0.03896	51%-75% Below	No	No
68382004110	PROMETHAZINE 25 MG TABLET	2	15.00	0.01	0.04512	51%-75% Below	No	No
68382004110	PROMETHAZINE 25 MG TABLET	2	90.00	0.01	0.04512	51%-75% Below	No	No
68382004110	PROMETHAZINE 25 MG TABLET	3	90.00	0.01	0.04900	76%-100% Below	No	No
68382005001	MELOXICAM 7.5 MG TABLET	1	10.00	0.06	0.01541	200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	1	30.00	0.06	0.01541	200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	2	30.00	0.03	0.01655	101%-200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	2	30.00	0.05	0.01655	101%-200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	2	60.00	0.05	0.01655	101%-200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	3	30.00	0.03	0.01729	76%-100% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01729	101%-200% Above	No	No
68382005001	MELOXICAM 7.5 MG TABLET	4	180.00	0.14	0.01690	200% Above	Yes	No
68382005005	MELOXICAM 7.5 MG TABLET	1	30.00	0.03	0.01541	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	30.00	0.03	0.01541	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	30.00	0.05	0.01541	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	30.00	0.06	0.01541	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	60.00	0.03	0.01541	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	90.00	0.03	0.01541	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	7.00	0.07	0.01655	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	15.00	0.04	0.01655	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	30.00	0.03	0.01655	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	30.00	0.03	0.01655	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	30.00	0.04	0.01655	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382005005	MELOXICAM 7.5 MG TABLET	2	30.00	0.04	0.01655	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	60.00	0.03	0.01655	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	60.00	0.03	0.01655	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	30.00	0.03	0.01729	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01729	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01729	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01729	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	30.00	0.14	0.01729	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	60.00	0.03	0.01729	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	60.00	0.04	0.01729	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	90.00	0.03	0.01729	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	10.00	0.14	0.01690	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	30.00	0.03	0.01690	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	30.00	0.04	0.01690	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	30.00	0.04	0.01690	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	30.00	0.14	0.01690	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	90.00	0.14	0.01690	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	30.00	0.04	0.01557	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	90.00	0.04	0.01557	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	1	30.00	0.02	0.01812	10%-25% Above	Yes	No
68382005101	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.01812	26%-50% Above	Yes	No
68382005101	MELOXICAM 15 MG TABLET	1	90.00	0.03	0.01812	26%-50% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Below	No	No

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10:58 Tuesday, March 24, 2026 1154

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382005101	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Above	Yes	No
68382005101	MELOXICAM 15 MG TABLET	3	90.00	0.02	0.02018	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	3	90.00	0.02	0.02018	10%-25% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	4	30.00	0.12	0.02022	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	4	30.00	0.12	0.02022	200% Above	Yes	No
68382005101	MELOXICAM 15 MG TABLET	4	90.00	0.01	0.02022	51%-75% Below	No	No
68382005101	MELOXICAM 15 MG TABLET	4	90.00	0.12	0.02022	200% Above	Yes	No
68382005101	MELOXICAM 15 MG TABLET	12	90.00	0.03	0.01840	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	7.00	0.02	0.01812	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.02	0.01812	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.01812	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.01812	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	45.00	0.02	0.01812	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.01812	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	90.00	0.03	0.01812	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	7.00	0.07	0.01913	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.02	0.01913	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	26%-50% Above	No	No

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10:58 Tuesday, March 24, 2026 1155

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	60.00	0.02	0.01913	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	90.00	0.03	0.01913	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	7.00	0.08	0.02018	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.12	0.02018	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	21.00	0.12	0.02022	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.02022	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.02022	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.02022	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.02022	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.02022	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.04	0.02022	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.12	0.02022	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	60.00	0.02	0.02022	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	0.03	0.02022	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	0.12	0.02022	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	11	30.00	0.44	0.01729	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.01	0.01840	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.04	0.01840	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.07	0.01840	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.44	0.01840	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.50	0.01840	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	90.00	0.03	0.01840	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	90.00	0.07	0.01840	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	90.00	0.08	0.01840	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	15.00	0.29	0.09755	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	15.00	0.31	0.09755	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	21.00	0.05	0.09755	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	21.00	0.30	0.09755	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	21.00	0.34	0.09755	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	30.00	0.05	0.09755	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	30.00	0.27	0.09755	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	30.00	0.29	0.09755	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	30.00	0.32	0.09755	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	30.00	0.33	0.09755	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	1	30.00	0.37	0.09755	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	14.00	0.05	0.10616	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	15.00	0.05	0.10616	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	20.00	0.05	0.10616	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	21.00	0.24	0.10616	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	30.00	0.05	0.10616	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	30.00	0.17	0.10616	51%-75% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	30.00	0.29	0.10616	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	30.00	0.32	0.10616	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	45.00	0.29	0.10616	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009101	BENZONATATE 200 MG CAPSULE	3	15.00	0.05	0.11069	51%-75% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	3	21.00	0.24	0.11069	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	3	30.00	0.05	0.11069	51%-75% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	4	15.00	0.31	0.10996	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	4	21.00	0.27	0.10996	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	4	21.00	0.34	0.10996	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	4	30.00	0.34	0.10996	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	15.00	0.06	0.09845	26%-50% Below	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	20.00	0.32	0.09845	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	30.00	0.28	0.09845	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	30.00	0.32	0.09845	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	30.00	0.33	0.09845	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	30.00	0.33	0.09845	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	30.00	0.35	0.09845	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	30.00	0.37	0.09845	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	45.00	0.29	0.09845	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	1	60.00	0.04	0.01544	101%-200% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	3	180.00	0.03	0.01726	51%-75% Above	No	No
68382009201	CARVEDILOL 3.125 MG TABLET	12	60.00	0.04	0.01527	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	1	30.00	0.04	0.01544	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	1	60.00	0.03	0.01544	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	1	60.00	0.04	0.01544	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	1	180.00	0.03	0.01544	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	2	60.00	0.03	0.01675	51%-75% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	2	60.00	0.03	0.01675	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009205	CARVEDILOL 3.125 MG TABLET	2	60.00	0.03	0.01675	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	2	60.00	0.04	0.01675	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	60.00	0.03	0.01726	51%-75% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	60.00	0.03	0.01726	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	60.00	0.04	0.01726	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	90.00	0.03	0.01726	26%-50% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	180.00	0.03	0.01726	51%-75% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	180.00	0.12	0.01726	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	4	60.00	0.12	0.01726	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	60.00	0.04	0.01527	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	60.00	0.04	0.01527	101%-200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	180.00	0.04	0.01527	101%-200% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	1	180.00	0.03	0.01736	51%-75% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	2	60.00	0.03	0.01856	26%-50% Above	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	12	180.00	0.01	0.01738	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	60.00	0.03	0.01736	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	60.00	0.04	0.01736	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	120.00	0.03	0.01736	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	180.00	0.00	0.01736	76%-100% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	180.00	0.03	0.01736	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	180.00	0.03	0.01736	76%-100% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	60.00	0.03	0.01856	26%-50% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	60.00	0.04	0.01856	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	180.00	0.02	0.01856	26%-50% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	180.00	0.03	0.01856	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009305	CARVEDIOL 6.25 MG TABLET	3	60.00	0.02	0.01922	10%-25% Above	No	No
68382009305	CARVEDIOL 6.25 MG TABLET	3	60.00	0.04	0.01922	101%-200% Above	No	No
68382009305	CARVEDIOL 6.25 MG TABLET	3	140.00	0.02	0.01922	10%-25% Above	No	No
68382009305	CARVEDIOL 6.25 MG TABLET	3	180.00	0.02	0.01922	10%-25% Above	No	No
68382009305	CARVEDIOL 6.25 MG TABLET	3	180.00	0.02	0.01922	26%-50% Above	No	No
68382009305	CARVEDIOL 6.25 MG TABLET	12	60.00	0.09	0.01738	200% Above	No	No
68382009305	CARVEDIOL 6.25 MG TABLET	12	120.00	0.02	0.01738	26%-50% Above	No	No
68382009305	CARVEDIOL 6.25 MG TABLET	12	180.00	0.02	0.01738	26%-50% Above	No	No
68382009305	CARVEDIOL 6.25 MG TABLET	12	180.00	0.03	0.01738	51%-75% Above	Yes	No
68382009405	CARVEDIOL 12.5 MG TABLET	1	60.00	0.03	0.02044	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	1	60.00	0.04	0.02044	76%-100% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	1	60.00	0.04	0.02044	76%-100% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	1	60.00	0.12	0.02044	200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	1	180.00	0.03	0.02044	51%-75% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	2	60.00	0.03	0.02159	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	2	60.00	0.04	0.02159	76%-100% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	2	180.00	0.03	0.02159	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	2	180.00	0.03	0.02159	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	2	180.00	0.11	0.02159	200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	60.00	0.03	0.02196	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	60.00	0.03	0.02196	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	60.00	0.04	0.02196	76%-100% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	60.00	0.12	0.02196	200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	180.00	0.03	0.02196	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	180.00	0.12	0.02196	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009405	CARVEDIOL 12.5 MG TABLET	4	60.00	0.03	0.02184	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	4	60.00	0.03	0.02184	51%-75% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	4	60.00	0.12	0.02184	200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	4	180.00	0.01	0.02184	26%-50% Below	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	12	60.00	0.03	0.02040	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	12	180.00	0.04	0.02040	76%-100% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	60.00	0.04	0.02776	26%-50% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	180.00	0.04	0.02776	26%-50% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	180.00	0.05	0.02776	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	60.00	0.03	0.03061	10%-25% Below	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	60.00	0.04	0.03061	26%-50% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	60.00	0.10	0.03061	200% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	180.00	0.03	0.03061	10%-25% Below	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	180.00	0.04	0.03061	10%-25% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	360.00	0.01	0.03061	51%-75% Below	No	No
68382009505	CARVEDIOL 25 MG TABLET	4	60.00	0.04	0.03073	26%-50% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	4	60.00	0.10	0.03073	200% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	4	180.00	0.04	0.03073	26%-50% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	12	60.00	0.04	0.02816	10%-25% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	12	60.00	0.04	0.02816	26%-50% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	12	120.00	0.09	0.02816	200% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	12	180.00	0.04	0.02816	10%-25% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	1	60.00	0.25	0.15127	51%-75% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	1	180.00	0.64	0.15127	200% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	2	60.00	0.25	0.16194	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	0.58	0.16194	200% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	0.58	0.16194	200% Above	Yes	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	0.25	0.16568	26%-50% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.25	0.16435	51%-75% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	1	30.00	0.64	0.15127	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	1	60.00	0.25	0.15127	51%-75% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	1	60.00	0.33	0.15127	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	30.00	0.64	0.16194	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	45.00	0.64	0.16194	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	60.00	0.25	0.16194	51%-75% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	60.00	0.33	0.16194	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	0.25	0.16194	51%-75% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	0.25	0.16568	26%-50% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	0.33	0.16568	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	2.22	0.16568	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.95	0.16435	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	90.00	0.95	0.16435	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	180.00	0.95	0.16435	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	30.00	0.75	0.15462	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	0.25	0.15462	51%-75% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	0.75	0.15462	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	180.00	0.00	0.15462	76%-100% Below	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	180.00	0.25	0.15462	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	1	30.00	0.10	0.06244	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	2	30.00	0.09	0.06669	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009705	PAROXETINE HCL 10 MG TABLET	2	90.00	0.10	0.06669	26%-50% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	3	10.00	0.10	0.06757	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	3	30.00	0.03	0.06757	26%-50% Below	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	3	30.00	0.09	0.06757	26%-50% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	12	30.00	0.08	0.06204	10%-25% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	1	15.00	0.10	0.06244	51%-75% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	1	30.00	0.10	0.06244	51%-75% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	2	15.00	0.10	0.06669	51%-75% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	2	30.00	0.10	0.06669	26%-50% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	3	30.00	0.09	0.06757	26%-50% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	12	30.00	0.11	0.06204	76%-100% Above	No	No
68382009710	PAROXETINE HCL 10 MG TABLET	3	30.00	0.08	0.06757	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	2	90.00	0.10	0.06669	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	3	30.00	0.09	0.06757	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	3	90.00	0.08	0.06757	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	12	90.00	0.20	0.06204	200% Above	No	No
68382009801	PAROXETINE HCL 20 MG TABLET	1	30.00	0.11	0.06719	51%-75% Above	No	No
68382009801	PAROXETINE HCL 20 MG TABLET	2	30.00	0.11	0.07237	26%-50% Above	No	No
68382009805	PAROXETINE HCL 20 MG TABLET	2	90.00	0.11	0.07237	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	30.00	0.00	0.06719	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	30.00	0.01	0.06719	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	30.00	0.10	0.06719	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	90.00	0.09	0.06719	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	90.00	0.11	0.06719	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.01	0.07237	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.03	0.07237	51%-75% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.10	0.07237	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.12	0.07237	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	90.00	0.11	0.07237	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	30.00	0.01	0.07135	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	30.00	0.03	0.07135	51%-75% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	30.00	0.13	0.07135	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	90.00	0.08	0.07135	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	90.00	0.09	0.07135	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	90.00	0.11	0.07135	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	30.00	0.08	0.06720	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	60.00	0.13	0.06720	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	90.00	0.09	0.06720	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	180.00	0.52	0.06720	200% Above	No	No
68382009816	PAROXETINE HCL 20 MG TABLET	2	90.00	0.02	0.07237	51%-75% Below	No	No
68382009816	PAROXETINE HCL 20 MG TABLET	3	90.00	0.02	0.07135	51%-75% Below	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	1	30.00	0.07	0.08737	10%-25% Below	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	1	30.00	0.13	0.08737	26%-50% Above	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	2	30.00	0.07	0.09368	26%-50% Below	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	3	30.00	0.07	0.09629	26%-50% Below	No	No
68382009910	PAROXETINE HCL 30 MG TABLET	3	60.00	0.08	0.09629	10%-25% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	1	30.00	0.02	0.04033	26%-50% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	2	30.00	0.02	0.04192	26%-50% Below	No	No
68382011614	RISPERIDONE 3 MG TABLET	2	60.00	0.03	0.06141	26%-50% Below	No	No
68382012305	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.02	0.01544	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	14.00	0.12	0.04698	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.11	0.04698	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.12	0.04698	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	60.00	0.11	0.04698	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.12	0.04698	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.34	0.04698	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.38	0.04698	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.45	0.04698	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.11	0.04928	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.17	0.04928	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	0.10	0.04928	76%-100% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.08	0.04928	51%-75% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.10	0.04928	76%-100% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.10	0.05166	76%-100% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.17	0.05166	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.10	0.05166	76%-100% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.28	0.05166	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.28	0.05166	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	15.00	0.48	0.05255	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.28	0.05255	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	60.00	0.28	0.05255	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.34	0.05255	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	10.00	0.49	0.04665	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	60.00	0.45	0.04665	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.12	0.04665	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	5.00	0.43	0.04698	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	15.00	0.12	0.04698	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	28.00	0.11	0.04698	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.11	0.04698	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.12	0.04698	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	60.00	0.11	0.04698	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	60.00	0.12	0.04698	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.11	0.04698	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.12	0.04698	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.22	0.04698	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	7.00	0.11	0.04928	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	15.00	0.10	0.04928	76%-100% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	28.00	0.10	0.04928	76%-100% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.10	0.04928	76%-100% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.11	0.04928	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.35	0.04928	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.36	0.04928	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	0.10	0.04928	76%-100% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	0.11	0.04928	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.11	0.04928	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.22	0.04928	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.03	0.05166	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.10	0.05166	76%-100% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.28	0.05166	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	0.10	0.05166	76%-100% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.10	0.05166	76%-100% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	180.00	0.10	0.05166	76%-100% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	6.00	0.29	0.05255	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	28.00	0.28	0.05255	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.03	0.05255	26%-50% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.28	0.05255	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.12	0.04665	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.16	0.04665	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	60.00	0.12	0.04665	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.12	0.04665	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	180.00	0.12	0.04665	101%-200% Above	No	No
68382013506	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.07	0.02706	101%-200% Above	No	No
68382013506	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.01	0.02921	51%-75% Below	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	1	45.00	0.08	0.02706	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.05	0.02706	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.06	0.02921	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.09	0.02707	200% Above	Yes	No
68382013616	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	Yes	No
68382013616	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.09	0.03803	101%-200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.14	0.04729	101%-200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.14	0.05322	101%-200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013805	TOPIRAMATE 25 MG TABLET	1	30.00	0.01	0.02517	51%-75% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	1	30.00	0.05	0.02517	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	1	60.00	0.06	0.02517	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	1	90.00	0.00	0.02517	76%-100% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	1	90.00	0.05	0.02517	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	1	120.00	0.03	0.02517	10%-25% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	1	180.00	0.02	0.02517	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	30.00	0.05	0.02672	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	60.00	0.05	0.02672	76%-100% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	90.00	0.00	0.02672	76%-100% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	90.00	0.04	0.02672	51%-75% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	120.00	0.02	0.02672	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	3	30.00	0.02	0.02806	26%-50% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	3	30.00	0.04	0.02806	51%-75% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	3	60.00	0.04	0.02806	51%-75% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	4	30.00	0.15	0.02783	200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	4	90.00	0.15	0.02783	200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	4	120.00	0.02	0.02783	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	12	90.00	0.06	0.02572	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	12	90.00	0.41	0.02572	200% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	1	30.00	0.05	0.02517	76%-100% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	1	30.00	0.06	0.02517	101%-200% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	2	30.00	0.01	0.02672	51%-75% Below	No	No
68382013814	TOPIRAMATE 25 MG TABLET	2	30.00	0.04	0.02672	51%-75% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	3	30.00	0.03	0.02806	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013814	TOPIRAMATE 25 MG TABLET	3	30.00	0.04	0.02806	26%-50% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	3	60.00	0.01	0.02806	51%-75% Below	No	No
68382013814	TOPIRAMATE 25 MG TABLET	4	30.00	0.04	0.02783	51%-75% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	4	45.00	0.15	0.02783	200% Above	No	No
68382013814	TOPIRAMATE 25 MG TABLET	4	60.00	0.01	0.02783	51%-75% Below	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	30.00	0.06	0.03608	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	30.00	0.06	0.03608	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	30.00	0.08	0.03608	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	60.00	0.06	0.03608	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	90.00	0.06	0.03608	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	180.00	0.06	0.03608	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	30.00	0.05	0.03883	10%-25% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	30.00	0.05	0.03883	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	90.00	0.06	0.03883	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	3	60.00	0.05	0.04015	10%-25% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	3	90.00	0.06	0.04015	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	60.00	0.17	0.03987	200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	120.00	0.17	0.03987	200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	180.00	0.06	0.03987	26%-50% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	12	90.00	0.06	0.03634	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	12	90.00	0.07	0.03634	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	1	30.00	0.06	0.03608	51%-75% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	1	90.00	0.05	0.03608	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	2	30.00	0.05	0.03883	26%-50% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	2	180.00	0.07	0.03883	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013914	TOPIRAMATE 50 MG TABLET	3	30.00	0.08	0.04015	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	3	90.00	0.05	0.04015	10%-25% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	12	30.00	0.06	0.03634	51%-75% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	12	30.00	0.08	0.03634	101%-200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	28.00	0.08	0.05608	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	30.00	0.06	0.05608	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	30.00	0.08	0.05608	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	60.00	0.06	0.05608	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	180.00	0.08	0.05608	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	2	30.00	0.08	0.06171	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	3	30.00	0.08	0.06422	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	30.00	0.08	0.06370	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	4	180.00	0.08	0.06370	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	12	30.00	0.08	0.05653	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	1	30.00	0.06	0.05608	10%-25% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	1	60.00	0.02	0.05608	51%-75% Below	No	No
68382014014	TOPIRAMATE 100 MG TABLET	2	60.00	0.02	0.06171	51%-75% Below	No	No
68382014014	TOPIRAMATE 100 MG TABLET	2	180.00	0.01	0.06171	76%-100% Below	No	No
68382014014	TOPIRAMATE 100 MG TABLET	3	60.00	0.02	0.06422	51%-75% Below	No	No
68382014014	TOPIRAMATE 100 MG TABLET	4	60.00	0.16	0.06370	101%-200% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	12	60.00	0.08	0.05653	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	12	180.00	0.00	0.05653	76%-100% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	4	180.00	0.23	0.10325	101%-200% Above	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	2	90.00	0.05	0.05788	10%-25% Below	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	1	90.00	0.05	0.06210	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382018005	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.05	0.02195	101%-200% Above	No	No
68382018005	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02365	101%-200% Above	No	No
68382018101	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.06	0.03079	101%-200% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.06	0.03236	76%-100% Above	Yes	No
68382018105	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.07	0.03236	101%-200% Above	Yes	No
68382018201	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.09	0.04256	101%-200% Above	No	No
68382018201	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.09	0.04321	76%-100% Above	No	No
68382018205	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.08	0.04593	51%-75% Above	Yes	No
68382018205	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.12	0.04664	101%-200% Above	Yes	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	1	30.00	0.14	0.21941	26%-50% Below	No	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	2	30.00	0.12	0.23319	26%-50% Below	No	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	3	30.00	0.12	0.23406	26%-50% Below	No	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	12	30.00	0.14	0.21762	26%-50% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	1	12.00	0.10	0.13670	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	1	15.00	0.21	0.13670	51%-75% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	1	36.00	0.08	0.13670	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	1	90.00	0.08	0.13670	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	2	12.00	0.08	0.15102	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	2	15.00	0.21	0.15102	26%-50% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	3	12.00	0.08	0.15294	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	3	15.00	0.08	0.15294	26%-50% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	3	15.00	0.21	0.15294	26%-50% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	3	90.00	0.08	0.15294	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	4	36.00	1.21	0.15139	200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	4	90.00	1.21	0.15139	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382020906	ANASTROZOLE 1 MG TABLET	12	15.00	1.37	0.13683	200% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	12	90.00	0.08	0.13683	26%-50% Below	Yes	No
68382024701	BENZONATATE 100 MG CAPSULE	1	15.00	0.19	0.06210	200% Above	No	No
68382024701	BENZONATATE 100 MG CAPSULE	1	15.00	0.24	0.06210	200% Above	No	No
68382024701	BENZONATATE 100 MG CAPSULE	2	15.00	0.11	0.06951	51%-75% Above	No	No
68382024701	BENZONATATE 100 MG CAPSULE	2	30.00	0.20	0.06951	101%-200% Above	No	No
68382024701	BENZONATATE 100 MG CAPSULE	4	25.00	0.20	0.07446	101%-200% Above	No	No
68382024705	BENZONATATE 100 MG CAPSULE	1	42.00	0.15	0.06210	101%-200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	1	30.00	0.43	0.08583	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	2	30.00	0.39	0.09499	200% Above	No	No
68382025501	OXYBUTYNIN CL ER 5 MG TABLET	12	30.00	0.50	0.08524	200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	3	10.00	0.41	0.11205	200% Above	No	No
68382031818	MINOCYCLINE 100 MG CAPSULE	1	30.00	0.19	0.31422	26%-50% Below	No	No
68382031818	MINOCYCLINE 100 MG CAPSULE	1	30.00	0.47	0.31422	26%-50% Above	No	No
68382031818	MINOCYCLINE 100 MG CAPSULE	1	60.00	0.17	0.31422	26%-50% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	3	60.00	0.27	0.35402	10%-25% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	12	60.00	0.28	0.31563	10%-25% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	2	15.00	0.17	0.37100	51%-75% Below	No	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	3	15.00	0.17	0.38217	51%-75% Below	No	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	3	15.00	0.17	0.38217	51%-75% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	12	45.00	0.14	0.34391	51%-75% Below	Yes	No
68382037002	NYSTATIN 100,000 UNIT/GM POWD	1	30.00	0.17	0.29783	26%-50% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	1	60.00	0.10	0.23672	51%-75% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	1	60.00	0.14	0.23672	26%-50% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	3	60.00	0.13	0.27910	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382037003	NYSTATIN 100,000 UNIT/GM POWD	4	60.00	0.11	0.27627	51%-75% Below	No	No
68382038306	EXEMESTANE 25 MG TABLET	1	90.00	3.70	0.67916	200% Above	Yes	No
68382038306	EXEMESTANE 25 MG TABLET	4	30.00	1.86	0.84584	101%-200% Above	No	No
68382039801	POT CHLOR KT TAB 20MEQ ER	3	30.00	0.16	.		No	No
68382045219	MESALAMINE ER 0.375 GRAM CAP	1	120.00	0.27	0.50542	26%-50% Below	No	No
68382045219	MESALAMINE ER 0.375 GRAM CAP	2	120.00	0.27	0.50173	26%-50% Below	No	No
68382045219	MESALAMINE ER 0.375 GRAM CAP	3	120.00	0.25	0.51270	51%-75% Below	No	No
68382045219	MESALAMINE ER 0.375 GRAM CAP	3	120.00	0.28	0.51270	26%-50% Below	No	No
68382048216	PITAVASTATIN 2 MG TABLET	3	90.00	0.81	1.49025	26%-50% Below	No	No
68382048316	PITAVASTATIN 4 MG TABLET	12	90.00	0.00	1.66955	76%-100% Below	No	No
68382049814	TOPIRAMATE CAP SPR 50MG	3	30.00	3.27	.		No	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.13	0.04764	101%-200% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.14	0.04764	200% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.13	0.05073	101%-200% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.15	0.05073	200% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.24	0.05275	200% Above	Yes	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.06	0.04764	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.07	0.04764	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.18	0.04764	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.19	0.04764	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	1	60.00	0.06	0.04764	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.06	0.04764	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.07	0.04764	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.06	0.05073	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.14	0.05073	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.18	0.05073	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.19	0.05073	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	60.00	0.06	0.05073	10%-25% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	60.00	0.16	0.05073	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.13	0.05073	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.13	0.05073	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.14	0.05073	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.15	0.05073	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.15	0.05309	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.16	0.05309	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.17	0.05309	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.24	0.05309	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.24	0.05275	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.24	0.05275	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.07	0.04805	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.14	0.04805	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	60.00	0.13	0.04805	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.07	0.04805	26%-50% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.14	0.04805	101%-200% Above	No	No
68382051201	AMANTADINE 100 MG CAPSULE	12	180.00	0.00	0.14760	76%-100% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	1	180.00	0.76	0.19088	200% Above	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	3	180.00	0.69	0.22907	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	14.00	0.11	0.05304	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.13	0.05304	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.22	0.05304	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.30	0.05304	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.04	0.05304	10%-25% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05304	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.13	0.05304	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.24	0.05304	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	180.00	0.11	0.05304	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.26	0.05453	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	45.00	0.24	0.05453	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.10	0.05453	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.17	0.05453	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.21	0.05453	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.22	0.05453	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.23	0.05453	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	180.00	0.11	0.05453	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	15.00	0.27	0.05896	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.17	0.05896	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.26	0.05896	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	45.00	0.22	0.05896	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.10	0.05896	51%-75% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.23	0.05896	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.24	0.05896	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.24	0.05896	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.01	0.05936	76%-100% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05936	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05936	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	45.00	0.24	0.05936	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.22	0.05936	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.24	0.05936	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.13	0.05304	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.30	0.05304	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	45.00	0.01	0.05304	76%-100% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.13	0.05304	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.22	0.05304	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.24	0.05304	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.13	0.05304	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.26	0.05453	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	21.00	0.10	0.05896	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.10	0.05896	51%-75% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.17	0.05896	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.17	0.05304	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.11	0.05821	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.21	0.05821	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.21	0.05925	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	60.00	0.11	0.05925	76%-100% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.10	0.05925	51%-75% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.11	0.05925	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.17	0.05925	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.23	0.05925	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.10	0.06388	51%-75% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	60.00	0.10	0.06388	51%-75% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	60.00	0.23	0.06388	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.01	0.06388	76%-100% Below	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.10	0.06388	51%-75% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.21	0.06388	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.25	0.06388	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	180.00	0.10	0.06388	51%-75% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.21	0.06482	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	4	180.00	0.21	0.06482	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.13	0.05663	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.17	0.05663	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.25	0.05663	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.26	0.05663	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	135.00	0.01	0.05663	76%-100% Below	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.01	0.05821	76%-100% Below	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.13	0.05821	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.05821	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.11	0.05925	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	2	60.00	0.20	0.05925	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.01	0.05925	76%-100% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056510	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.11	0.05925	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.23	0.06388	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.23	0.06388	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.23	0.06482	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.12	0.05663	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.13	0.05663	101%-200% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.19	0.10797	76%-100% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.23	0.10797	101%-200% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.33	0.10797	200% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.17	0.11223	26%-50% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.32	0.11955	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.19	0.11223	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.19	0.11223	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.17	0.12306	26%-50% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	3	45.00	0.32	0.12306	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.17	0.12306	26%-50% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.32	0.11955	101%-200% Above	No	No
68382056701	METOPROLOL SUCC ER 200 MG TAB	12	90.00	0.17	0.14384	10%-25% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	1	180.00	0.36	0.20819	51%-75% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	3	60.00	0.28	0.24253	10%-25% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	12	90.00	0.17	0.21641	10%-25% Below	No	No
68382058301	LIOTHYRONINE SOD 25 MCG TAB	1	45.00	0.51	0.28541	76%-100% Above	Yes	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	2	40.00	0.46	0.10388	200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	0.25	0.10076	101%-200% Above	No	No
68382064006	DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	90.00	1.89	2.33264	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382066001	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.03	0.04612	26%-50% Below	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.03	0.04612	26%-50% Below	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.11	0.04612	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.10	0.04612	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.02	0.04940	51%-75% Below	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.11	0.04940	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.11	0.05175	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.11	0.05175	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.11	0.05103	101%-200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.16	0.05103	200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.10	0.05103	76%-100% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	12	20.00	0.02	0.04561	51%-75% Below	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.03	0.04561	26%-50% Below	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.10	0.04561	101%-200% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	2	180.00	0.03	0.04940	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	1	15.00	0.03	0.04612	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.08	0.04612	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.10	0.04940	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.12	0.04940	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.03	0.04940	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.09	0.04940	76%-100% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.10	0.05175	76%-100% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.12	0.05175	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.07	0.05175	26%-50% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.16	0.05175	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382066010	SPIRONOLACTONE 25 MG TABLET	4	15.00	0.12	0.05103	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	4	15.00	0.16	0.05103	200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.12	0.05103	101%-200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	12	15.00	0.03	0.04561	26%-50% Below	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.06	0.04561	10%-25% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.10	0.04561	101%-200% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.20	0.08835	101%-200% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.20	0.09621	101%-200% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	3	30.00	0.20	0.10166	76%-100% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.04	0.08824	51%-75% Below	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.18	0.08835	101%-200% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.18	0.09621	76%-100% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	2	90.00	0.08	0.09621	10%-25% Below	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	2	90.00	0.16	0.09621	51%-75% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	3	30.00	0.18	0.10166	76%-100% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.11	0.08824	10%-25% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.11	0.08824	10%-25% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	2	30.00	0.17	0.18716	10%-25% Below	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.17	0.19798	10%-25% Below	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	12	30.00	0.21	0.16436	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	10.00	0.32	0.20362	51%-75% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	14.00	0.41	0.20362	101%-200% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	20.00	0.23	0.20362	10%-25% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	20.00	0.31	0.20362	51%-75% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	28.00	0.36	0.20362	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	60.00	0.08	0.20362	51%-75% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	14.00	0.19	0.23181	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	20.00	0.18	0.23181	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	20.00	0.19	0.23181	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	20.00	0.31	0.23181	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	30.00	0.17	0.23181	26%-50% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	30.00	0.33	0.23181	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	14.00	0.18	0.24704	26%-50% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	14.00	0.36	0.24704	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	14.00	0.37	0.24704	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	16.00	0.34	0.24704	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	20.00	0.18	0.24704	26%-50% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	20.00	0.32	0.24704	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	30.00	0.18	0.24704	26%-50% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	30.00	0.33	0.24704	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	60.00	0.18	0.24704	26%-50% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	4	60.00	0.40	0.24603	51%-75% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	12	14.00	0.23	0.20438	10%-25% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	12	14.00	0.52	0.20438	101%-200% Above	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	1	180.00	3.23	1.16750	101%-200% Above	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	1	270.00	0.59	1.16750	26%-50% Below	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	2	120.00	0.59	1.21508	51%-75% Below	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	2	180.00	3.01	1.21508	101%-200% Above	Yes	No
68382071119	MESALAMINE DR 1.2 GM TABLET	3	120.00	0.67	1.29791	26%-50% Below	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	3	180.00	2.42	1.29791	76%-100% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1182

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382071119	MESALAMINE DR 1.2 GM TABLET	4	120.00	0.71	1.22327	26%-50% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	1	90.00	7.66	0.46575	200% Above	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	2	90.00	6.51	0.51172	200% Above	No	No
68382074516	TIADYLT ER 120 MG CAPSULE	1	30.00	0.25	0.20288	10%-25% Above	Yes	No
68382077501	METHOTREXATE 2.5 MG TABLET	1	32.00	0.47	0.15507	200% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	2	32.00	0.47	0.15552	200% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	3	40.00	0.50	0.16106	200% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	4	40.00	0.50	0.16170	200% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	12	32.00	0.00	0.15834	76%-100% Below	No	No
68382079101	ACYCLOVIR 400 MG TABLET	1	15.00	0.13	0.07973	51%-75% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	2	15.00	0.13	0.08773	26%-50% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	2	25.00	0.13	0.08773	26%-50% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	2	180.00	0.06	0.08773	26%-50% Below	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	2	180.00	0.12	0.08773	26%-50% Above	No	No
68382079101	ACYCLOVIR 400 MG TABLET	3	30.00	0.11	0.09406	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	3	180.00	0.06	0.09406	26%-50% Below	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	2	35.00	0.23	0.14342	51%-75% Above	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	3	60.00	0.11	0.15158	10%-25% Below	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	4	180.00	0.36	0.15302	101%-200% Above	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	12	20.00	0.15	0.13005	10%-25% Above	Yes	No
68382080501	TRAZODONE 50 MG TABLET	1	30.00	0.02	0.03179	10%-25% Below	No	No
68382080501	TRAZODONE 50 MG TABLET	2	30.00	0.06	0.03346	76%-100% Above	No	No
68382080501	TRAZODONE 50 MG TABLET	2	60.00	0.02	0.03346	26%-50% Below	No	No
68382080501	TRAZODONE 50 MG TABLET	3	90.00	0.05	0.03571	26%-50% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	1	30.00	0.09	0.03179	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1183

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382080505	TRAZODONE 50 MG TABLET	1	45.00	0.08	0.03179	101%-200% Above	No	No
68382080505	TRAZODONE 50 MG TABLET	3	45.00	0.02	0.03571	26%-50% Below	No	No
68382080505	TRAZODONE 50 MG TABLET	12	30.00	0.02	0.03177	26%-50% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	1	90.00	0.02	0.03179	26%-50% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	1	90.00	0.02	0.03179	10%-25% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	2	28.00	0.02	0.03346	26%-50% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03346	26%-50% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03346	26%-50% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	2	30.00	0.09	0.03346	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	28.00	0.02	0.03571	26%-50% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	3	30.00	0.09	0.03571	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	45.00	0.08	0.03571	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	60.00	0.06	0.03571	76%-100% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	90.00	0.02	0.03571	26%-50% Below	No	No
68382080510	TRAZODONE 50 MG TABLET	4	30.00	0.09	0.03524	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	4	30.00	0.16	0.03524	200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	4	45.00	0.08	0.03524	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	1	30.00	0.01	0.05231	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	1	30.00	0.10	0.05231	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	1	30.00	0.13	0.05231	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	1	60.00	0.11	0.05231	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	1	90.00	0.08	0.05231	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	2	30.00	0.10	0.05685	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	2	60.00	0.10	0.05685	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	2	90.00	0.05	0.05685	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382080601	TRAZODONE 100 MG TABLET	2	90.00	0.08	0.05685	26%-50% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	3	30.00	0.01	0.05982	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	3	30.00	0.05	0.05982	10%-25% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	3	30.00	0.10	0.05982	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	3	60.00	0.10	0.05982	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	3	90.00	0.01	0.05982	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	3	135.00	0.05	0.05982	10%-25% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	4	30.00	0.01	0.05961	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	4	30.00	0.10	0.05961	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	4	30.00	0.19	0.05961	200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	4	60.00	0.10	0.05961	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	12	30.00	0.06	0.05221	10%-25% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	12	30.00	0.13	0.05221	101%-200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	12	60.00	0.13	0.05221	101%-200% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	1	30.00	0.06	0.05231	10%-25% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	2	180.00	0.08	0.05685	26%-50% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	1	30.00	0.06	0.05231	10%-25% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	1	90.00	0.08	0.05231	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	2	45.00	0.09	0.05685	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	2	90.00	0.05	0.05685	10%-25% Below	No	No
68382080610	TRAZODONE 100 MG TABLET	2	90.00	0.11	0.05685	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	2	90.00	0.11	0.05685	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05982	26%-50% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	45.00	0.09	0.05982	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	60.00	0.19	0.05982	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382080610	TRAZODONE 100 MG TABLET	3	90.00	0.05	0.05982	10%-25% Below	No	No
68382080610	TRAZODONE 100 MG TABLET	3	90.00	0.11	0.05982	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	180.00	0.10	0.05982	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	4	45.00	0.09	0.05961	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	12	30.00	0.06	0.05221	10%-25% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	12	60.00	0.11	0.05221	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	1	90.00	0.15	0.10322	26%-50% Above	Yes	No
68382080701	TRAZODONE 150 MG TABLET	2	30.00	0.13	0.11036	10%-25% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	3	30.00	0.13	0.11925	10%-25% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	3	90.00	0.25	0.11925	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	12	30.00	0.13	0.10334	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	1	30.00	0.15	0.10322	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	2	30.00	0.14	0.11036	10%-25% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	2	90.00	0.14	0.11036	10%-25% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	12	60.00	0.18	0.10334	51%-75% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	45.00	0.04	0.09475	51%-75% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.11	0.09475	10%-25% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	12	90.00	0.14	0.08119	51%-75% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	1	30.00	0.16	0.09929	51%-75% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	2	30.00	0.14	0.10613	26%-50% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	3	30.00	0.12	0.11168	10%-25% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	4	30.00	0.28	0.10854	101%-200% Above	No	No
68382089906	TADALAFIL 20 MG TABLET	3	30.00	8.39	0.23000	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.26	0.11419	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.57	0.11419	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.26	0.13230	76%-100% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.48	0.13230	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.15456	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.41	0.15780	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.24	0.11746	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.30	0.11746	101%-200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.48	0.11746	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.56	0.11746	200% Above	No	No
68382091711	METHYLPREDNISOLONE 8 MG TABLET	4	8.00	0.87	1.03236	10%-25% Below	No	No
68382091911	METHYLPREDNISOLONE 32 MG TAB	2	2.00	1.36	2.21102	26%-50% Below	Yes	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	3	9.00	2.32	2.07980	10%-25% Above	No	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	3	10.00	13.78	2.07980	200% Above	No	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	4	6.00	13.78	1.95609	200% Above	No	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	4	9.00	2.83	1.95609	26%-50% Above	Yes	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	4	12.00	2.83	1.95609	26%-50% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.16	0.07447	101%-200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.38	0.07447	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.42	0.07447	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	2	45.00	0.35	0.07732	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.32	0.07732	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.35	0.07732	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.32	0.08497	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	4	15.00	0.33	0.08618	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	4	90.00	0.34	0.08618	200% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	2	90.00	0.43	0.11644	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382098106	LAMOTRIGINE ER 100 MG TABLET	4	360.00	2.75	0.82097	200% Above	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	1	9.00	0.12	0.24962	51%-75% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	3	5.00	0.07	0.30981	76%-100% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	3	5.00	0.14	0.30981	51%-75% Below	Yes	No
68462010230	FLUCONAZOLE 100 MG TABLET	3	15.00	0.23	0.30981	26%-50% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	4	14.00	0.18	0.28326	26%-50% Below	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	2	2.00	0.54	0.41182	26%-50% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	2	7.00	0.32	0.41182	10%-25% Below	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	3	2.00	0.54	0.43388	10%-25% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	12	7.00	0.24	0.39654	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.03	0.06298	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.03	0.06298	51%-75% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.05	0.06298	10%-25% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.03	0.06298	51%-75% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.03	0.06298	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06298	10%-25% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	3.00	0.15	0.06660	101%-200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	6.00	0.04	0.06660	26%-50% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	10.00	0.08	0.06660	26%-50% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	15.00	0.03	0.06660	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	15.00	0.05	0.06660	10%-25% Below	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.03	0.06660	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.05	0.06660	10%-25% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	3	10.00	0.03	0.06872	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.03	0.06872	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462010530	ONDANSETRON HCL 4 MG TABLET	3	15.00	0.03	0.06872	26%-50% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	3	15.00	0.05	0.06872	10%-25% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	3	15.00	0.38	0.06872	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06872	10%-25% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	12.00	0.06	0.06893	10%-25% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	12.00	0.06	0.06893	10%-25% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.06	0.06893	10%-25% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.38	0.06893	200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.03	0.06241	51%-75% Below	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	12	18.00	2.61	0.06241	200% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	1	10.00	0.05	0.08108	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.05	0.08108	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	2	10.00	0.08	0.08941	10%-25% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.05	0.08941	26%-50% Below	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.05	0.08941	26%-50% Below	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.05	0.08941	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.05	0.09296	26%-50% Below	Yes	No
68462010630	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.49	0.09632	200% Above	Yes	No
68462010805	TOPIRAMATE 25 MG TABLET	1	30.00	0.06	0.02517	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	1	90.00	0.00	0.02517	76%-100% Below	No	No
68462010805	TOPIRAMATE 25 MG TABLET	1	90.00	0.02	0.02517	10%-25% Below	No	No
68462010805	TOPIRAMATE 25 MG TABLET	2	60.00	0.07	0.02672	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	3	30.00	0.15	0.02806	200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	3	60.00	0.07	0.02806	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	3	180.00	0.04	0.02806	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462010810	TOPIRAMATE 25 MG TABLET	3	90.00	0.02	0.02806	26%-50% Below	No	No
68462010905	TOPIRAMATE 100 MG TABLET	1	28.00	0.06	0.05608	10%-25% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	2	90.00	0.08	0.06171	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	4	30.00	0.16	0.06370	101%-200% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	12	90.00	0.08	0.05653	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	12	90.00	0.62	0.05653	200% Above	No	No
68462011940	FLUCONAZOLE 150 MG TABLET	2	2.00	1.27	0.53979	101%-200% Above	No	No
68462011940	FLUCONAZOLE 150 MG TABLET	3	4.00	1.18	0.59122	76%-100% Above	No	No
68462011940	FLUCONAZOLE 150 MG TABLET	4	4.00	1.18	0.57248	101%-200% Above	No	No
68462011940	FLUCONAZOLE 150 MG TABLET	12	3.00	0.74	0.51642	26%-50% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	1	1.00	1.44	0.52425	101%-200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	1	2.00	0.76	0.52425	26%-50% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	2	1.00	1.44	0.53979	101%-200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	3	3.00	1.21	0.59122	101%-200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	3	10.00	0.69	0.59122	10%-25% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	4	1.00	4.62	0.57248	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	12	2.00	1.56	0.51642	200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	1	20.00	0.05	0.06691	26%-50% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	1	30.00	0.02	0.06691	51%-75% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	1	60.00	0.02	0.06691	51%-75% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	1	120.00	0.03	0.06691	51%-75% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	2	60.00	0.02	0.07091	51%-75% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	3	120.00	0.02	0.07464	51%-75% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	4	120.00	0.12	0.07592	51%-75% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	4	180.00	0.12	0.07592	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462012705	GABAPENTIN 800 MG TABLET	3	168.00	0.07	0.10493	26%-50% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	12	168.00	0.33	0.09351	200% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	0.00	0.16929	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	0.09	0.16929	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	0.21	0.16929	10%-25% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	0.48	0.16929	101%-200% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	84.00	0.20	0.16929	10%-25% Above	Yes	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	2	21.00	0.09	0.17309	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	3	21.00	0.09	0.16611	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	3	21.00	0.09	0.16611	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	4	21.00	0.09	0.17102	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	4	21.00	0.13	0.17102	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	4	84.00	0.13	0.17102	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	4	84.00	0.13	0.17102	26%-50% Below	Yes	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	12	21.00	0.09	0.18230	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	12	21.00	0.21	0.18230	10%-25% Above	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	12	21.00	0.48	0.18230	101%-200% Above	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	1	90.00	0.07	0.11803	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	12	30.00	0.08	0.11870	26%-50% Below	No	No
68462013801	OXCARBAZEPINE 300 MG TABLET	12	60.00	0.10	0.16783	26%-50% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	3	60.00	0.16	0.37187	51%-75% Below	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	12	60.00	0.20	0.32213	26%-50% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	3	40.00	0.05	0.08819	26%-50% Below	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	1	21.00	0.28	0.17920	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.15	0.18817	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	3	14.00	0.35	0.19386	76%-100% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	3	30.00	0.13	0.19386	26%-50% Below	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	3	40.00	0.24	0.19386	10%-25% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	12	84.00	0.12	0.18042	26%-50% Below	No	No
68462015305	TOPIRAMATE 50 MG TABLET	1	30.00	0.44	0.03608	200% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	1	60.00	0.06	0.03608	51%-75% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	2	30.00	0.08	0.03883	101%-200% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	2	60.00	0.05	0.03883	26%-50% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	2	180.00	0.05	0.03883	26%-50% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	3	30.00	0.08	0.04015	101%-200% Above	No	No
68462015305	TOPIRAMATE 50 MG TABLET	4	60.00	0.17	0.03987	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	4.00	0.07	0.15819	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	4.00	0.11	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	5.00	0.07	0.15819	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	8.00	0.26	0.15819	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.07	0.15819	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.12	0.15819	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.10	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.11	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.14	0.15819	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.07	0.15819	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.12	0.15819	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	16.00	0.12	0.15819	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.05	0.15819	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.07	0.15819	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.09	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.11	0.15819	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.13	0.15819	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	30.00	0.07	0.15819	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.16	0.17264	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.20	0.17264	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	7.00	0.15	0.17264	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	8.00	0.26	0.17264	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.07	0.17264	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.05	0.17264	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.11	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.11	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.15	0.17264	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.07	0.17264	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.10	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.05	0.17264	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.07	0.17264	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.10	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.10	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.12	0.17264	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.13	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	20.00	0.14	0.17264	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	30.00	0.09	0.17264	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	2.00	0.39	0.17951	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.09	0.17951	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.54	0.17951	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	6.00	0.09	0.17951	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	6.00	0.12	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.09	0.17951	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.12	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.09	0.17951	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.13	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.09	0.17951	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.10	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.11	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.12	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.16	0.17951	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.20	0.17951	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	14.00	0.05	0.17951	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.09	0.17951	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.10	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.13	0.17951	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.16	0.17951	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	16.00	0.11	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	16.00	0.16	0.17951	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.17951	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.11	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.12	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.13	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.13	0.17951	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.54	0.17951	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	4.00	0.54	0.17506	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	5.00	0.23	0.17506	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	5.00	0.54	0.17506	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	6.00	0.16	0.17506	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	7.00	0.14	0.17506	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.54	0.17506	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.05	0.17506	51%-75% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.12	0.17506	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.13	0.17506	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.54	0.17506	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.11	0.17506	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.54	0.17506	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	6.00	0.22	0.15648	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.11	0.15648	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	10.00	2.49	0.15648	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.24	0.15648	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.00	0.15648	76%-100% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.10	0.15648	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.12	0.15648	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.13	0.15648	10%-25% Below	No	No
68462015740	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.05	0.17264	51%-75% Below	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.11	0.16848	26%-50% Below	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.11	0.17645	26%-50% Below	No	No
68462015811	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.11	0.18304	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.15	0.16848	10%-25% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.10	0.16848	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	2	14.00	0.06	0.17645	51%-75% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.09	0.17645	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.11	0.17645	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.09	0.18699	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.11	0.18699	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.14	0.18699	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	4	10.00	0.56	0.18304	200% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.56	0.18304	200% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	12	12.00	4.03	0.17064	200% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.11	0.17064	26%-50% Below	No	No
68462016201	CARVEDILOL 3.125 MG TABLET	3	60.00	0.04	0.01726	101%-200% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	1	90.00	0.03	0.01544	76%-100% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	1	180.00	0.03	0.01544	76%-100% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	1	180.00	0.04	0.01544	101%-200% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	2	180.00	0.03	0.01675	51%-75% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	3	60.00	0.03	0.01726	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462016205	CARVEDILOL 3.125 MG TABLET	3	180.00	0.07	0.01726	200% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	12	180.00	0.21	0.01527	200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	1	60.00	0.03	0.01736	51%-75% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	1	60.00	0.03	0.01736	76%-100% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	2	60.00	0.02	0.01856	26%-50% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	3	180.00	0.02	0.01922	10%-25% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	3	180.00	0.07	0.01922	200% Above	No	No
68462016305	CARVEDILOL 6.25 MG TABLET	4	180.00	0.11	0.01910	200% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	1	60.00	0.03	0.02044	51%-75% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	1	180.00	0.04	0.02044	76%-100% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	2	60.00	0.03	0.02159	51%-75% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	2	60.00	0.07	0.02159	200% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	3	60.00	0.12	0.02196	200% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	3	180.00	0.03	0.02196	26%-50% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	4	180.00	0.12	0.02184	200% Above	No	No
68462016405	CARVEDILOL 12.5 MG TABLET	12	180.00	0.04	0.02040	76%-100% Above	No	No
68462016505	CARVEDILOL 25 MG TABLET	2	180.00	0.00	0.02966	76%-100% Below	No	No
68462016505	CARVEDILOL 25 MG TABLET	12	180.00	0.23	0.02816	200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.11	0.16054	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.13	0.16054	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.25	0.16054	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.31	0.16054	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	2	22.00	0.10	0.16784	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	2	22.00	0.11	0.16784	26%-50% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	0.10	0.16880	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	0.31	0.16880	76%-100% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	0.34	0.16880	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	0.35	0.16627	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.00	0.13	0.15681	10%-25% Below	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.00	0.26	0.15681	51%-75% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.00	0.27	0.15681	51%-75% Above	No	No
68462018117	CLOTRIMAZOLE 1% TOPICAL CREAM	12	15.00	0.56	0.19884	101%-200% Above	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	1	30.00	0.37	0.14935	101%-200% Above	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	3	30.00	0.47	0.17455	101%-200% Above	Yes	No
68462018901	NAPROXEN 375 MG TABLET	1	20.00	0.03	0.05643	26%-50% Below	No	No
68462018901	NAPROXEN 375 MG TABLET	1	60.00	0.01	0.05643	51%-75% Below	No	No
68462018901	NAPROXEN 375 MG TABLET	2	60.00	0.01	0.05924	76%-100% Below	No	No
68462018901	NAPROXEN 375 MG TABLET	3	60.00	0.01	0.06213	76%-100% Below	No	No
68462018901	NAPROXEN 375 MG TABLET	4	20.00	0.24	0.06420	200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	1	10.00	0.02	0.05472	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	1	10.00	0.07	0.05472	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	1	20.00	0.06	0.05472	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	1	30.00	0.02	0.05472	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	1	30.00	0.04	0.05472	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	1	30.00	0.04	0.05472	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	1	60.00	0.02	0.05472	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	2	10.00	0.07	0.05828	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	2	14.00	0.02	0.05828	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	2	15.00	0.02	0.05828	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	2	20.00	0.02	0.05828	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462019005	NAPROXEN 500 MG TABLET	2	20.00	0.04	0.05828	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	2	20.00	0.07	0.05828	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	2	30.00	0.02	0.05828	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	2	30.00	0.04	0.05828	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	2	30.00	0.04	0.05828	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	2	60.00	0.02	0.05828	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	3	10.00	0.07	0.06272	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	3	10.00	0.10	0.06272	51%-75% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	3	14.00	0.05	0.06272	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	3	20.00	0.02	0.06272	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	3	20.00	0.05	0.06272	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	3	30.00	0.04	0.06272	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	3	60.00	0.02	0.06272	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	3	60.00	0.04	0.06272	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	4	30.00	0.00	0.06459	76%-100% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	4	60.00	0.17	0.06459	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	12	14.00	0.02	0.05534	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	12	14.00	0.13	0.05534	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	12	20.00	0.42	0.05534	200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	12	30.00	0.04	0.05534	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	12	60.00	0.02	0.05534	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	12	60.00	0.04	0.05534	26%-50% Below	No	No
68462020030	TELMISARTAN 40 MG TABLET	2	30.00	0.28	0.17138	51%-75% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	3	30.00	0.26	0.21355	10%-25% Above	No	No
68462020030	TELMISARTAN 40 MG TABLET	3	90.00	0.26	0.21355	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462020130	TELMISARTAN 80 MG TABLET	1	30.00	0.08	0.14909	26%-50% Below	No	No
68462020130	TELMISARTAN 80 MG TABLET	2	90.00	0.33	0.15445	101%-200% Above	Yes	No
68462020130	TELMISARTAN 80 MG TABLET	3	90.00	0.19	0.16739	10%-25% Above	No	No
68462020130	TELMISARTAN 80 MG TABLET	4	90.00	0.33	0.16487	76%-100% Above	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	1	30.00	0.04	0.10429	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	1	60.00	0.03	0.10429	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	1	90.00	0.04	0.10429	51%-75% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	2	30.00	0.04	0.11263	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	2	90.00	0.04	0.11263	51%-75% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	2	120.00	0.04	0.11263	51%-75% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	3	60.00	0.03	0.11289	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	3	90.00	0.03	0.11289	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	3	90.00	0.04	0.11289	51%-75% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	4	60.00	0.03	0.10686	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	4	90.00	0.04	0.10686	51%-75% Below	No	No
68462022110	LITHIUM CARBONATE 300 MG CAP	1	90.00	0.04	0.10429	51%-75% Below	No	No
68462022301	LITHIUM CARBONATE ER 300 MG TB	1	90.00	0.14	0.20874	26%-50% Below	No	No
68462022301	LITHIUM CARBONATE ER 300 MG TB	1	180.00	0.14	0.20874	26%-50% Below	No	No
68462022401	LITHIUM CARBONATE ER 450 MG TB	3	90.00	0.15	0.27231	26%-50% Below	No	No
68462022605	EZETIMIBE 10 MG TABLET	1	90.00	1.13	0.07396	200% Above	No	No
68462022605	EZETIMIBE 10 MG TABLET	2	90.00	1.03	0.07466	200% Above	No	No
68462022605	EZETIMIBE 10 MG TABLET	3	30.00	0.00	0.07731	76%-100% Below	No	No
68462022605	EZETIMIBE 10 MG TABLET	4	30.00	0.00	0.07594	76%-100% Below	No	No
68462022605	EZETIMIBE 10 MG TABLET	4	30.00	0.02	0.07594	51%-75% Below	No	No
68462022605	EZETIMIBE 10 MG TABLET	4	90.00	0.61	0.07594	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462022605	EZETIMIBE 10 MG TABLET	12	90.00	0.05	0.07518	26%-50% Below	No	No
68462022630	EZETIMIBE 10 MG TABLET	1	30.00	0.02	0.07396	51%-75% Below	No	No
68462022630	EZETIMIBE 10 MG TABLET	3	30.00	0.02	0.07731	51%-75% Below	No	No
68462022630	EZETIMIBE 10 MG TABLET	4	30.00	0.02	0.07594	51%-75% Below	No	No
68462022630	EZETIMIBE 10 MG TABLET	12	30.00	0.05	0.07518	26%-50% Below	No	No
68462022690	EZETIMIBE 10 MG TABLET	1	90.00	1.13	0.07396	200% Above	Yes	No
68462022690	EZETIMIBE 10 MG TABLET	1	90.00	1.21	0.07396	200% Above	Yes	No
68462022690	EZETIMIBE 10 MG TABLET	2	90.00	1.03	0.07466	200% Above	No	No
68462022690	EZETIMIBE 10 MG TABLET	2	90.00	1.13	0.07466	200% Above	Yes	No
68462022690	EZETIMIBE 10 MG TABLET	3	90.00	0.61	0.07731	200% Above	No	No
68462022690	EZETIMIBE 10 MG TABLET	3	90.00	1.03	0.07731	200% Above	Yes	No
68462022690	EZETIMIBE 10 MG TABLET	4	90.00	0.61	0.07594	200% Above	No	No
68462022690	EZETIMIBE 10 MG TABLET	4	90.00	0.61	0.07594	200% Above	Yes	No
68462022690	EZETIMIBE 10 MG TABLET	12	90.00	0.05	0.07518	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	12	30.00	0.02	0.04082	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	12	90.00	0.02	0.04082	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	1	30.00	0.02	0.04017	51%-75% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	2	30.00	0.02	0.04433	51%-75% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	3	90.00	0.02	0.04751	51%-75% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	1	45.00	0.03	0.04708	26%-50% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	1	90.00	0.02	0.04708	26%-50% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	3	90.00	0.07	0.05435	10%-25% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	4	90.00	0.07	0.05484	10%-25% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	12	45.00	0.27	0.04694	200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	1	90.00	0.03	0.05707	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462025601	ROPINIROLE HCL 2 MG TABLET	1	90.00	0.03	0.05707	51%-75% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	1	90.00	0.03	0.05707	26%-50% Below	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	2	90.00	0.03	0.06183	51%-75% Below	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	1	90.00	0.27	0.07301	200% Above	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	3	270.00	0.04	0.07842	26%-50% Below	No	No
68462026005	VERAPAMIL ER 240 MG TABLET	1	30.00	0.28	0.15085	76%-100% Above	No	No
68462026005	VERAPAMIL ER 240 MG TABLET	2	30.00	0.24	0.15457	51%-75% Above	No	No
68462026005	VERAPAMIL ER 240 MG TABLET	3	30.00	0.22	0.15974	26%-50% Above	No	No
68462026110	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	1.72	0.03661	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.01	0.03661	51%-75% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.01	0.03661	51%-75% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.07	0.03905	51%-75% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.04135	76%-100% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	1.33	0.04135	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	1.72	0.03621	200% Above	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03875	51%-75% Below	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.72	0.03875	200% Above	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.02	0.04246	26%-50% Below	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.04	0.04246	10%-25% Below	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.46	0.04242	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.46	0.03875	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.00	0.03875	76%-100% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.17	0.04089	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.33	0.04089	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.46	0.04089	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.00	0.04089	76%-100% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.01	0.04089	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.33	0.04089	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.46	0.04089	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.01	0.04246	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.46	0.04242	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.46	0.04242	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	1.72	0.03956	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.03	0.05912	26%-50% Below	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	1.32	0.05912	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.03	0.05897	26%-50% Below	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.45	0.05897	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.50	0.05528	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.50	0.05857	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.50	0.05912	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	1.32	0.05912	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.96	0.05663	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	1.71	0.05663	200% Above	No	No
68462026405	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	1.45	0.09464	200% Above	No	No
68462026405	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.06	0.09207	26%-50% Below	No	No
68462026405	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.03	0.09086	51%-75% Below	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	1.45	0.09008	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	1.45	0.09464	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.50	0.09464	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.75	0.09207	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	1.32	0.09207	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	0.67	0.50230	26%-50% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	1.87	0.50230	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	2	60.00	1.87	0.50230	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	3.80	0.49332	200% Above	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	2	30.00	2.06	0.52012	200% Above	No	No
68462027030	ATOMOXETINE HCL 80 MG CAPSULE	3	30.00	0.67	0.57337	10%-25% Above	No	No
68462029201	VERAPAMIL ER 120 MG TABLET	1	90.00	0.14	0.21048	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	1	90.00	0.11	0.17074	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	1	180.00	0.06	0.17074	51%-75% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	4	90.00	0.11	0.18485	26%-50% Below	No	No
68462029717	CICLOPIROX 0.77% CREAM	4	30.00	0.35	0.28710	10%-25% Above	No	No
68462029735	CICLOPIROX 0.77% CREAM	4	30.00	0.08	0.17041	51%-75% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	1	15.00	0.14	0.11016	26%-50% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	3	15.00	0.10	0.11908	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	12	15.00	0.14	0.11197	26%-50% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	1	84.00	0.01	0.07878	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	3	28.00	0.04	0.09016	51%-75% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	3	28.00	0.05	0.09016	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	3	28.00	0.06	0.09016	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	4	28.00	0.05	0.09017	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	4	28.00	0.05	0.09017	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	12	28.00	0.04	0.07728	51%-75% Below	No	No

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10:58 Tuesday, March 24, 2026 1204

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030329	HEATHER 0.35 MG TABLET	12	28.00	0.23	0.07728	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	1	30.00	0.56	0.26456	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	1	60.00	0.82	0.26456	200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	1	90.00	0.97	0.26456	200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	2	15.00	0.75	0.29538	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	2	60.00	0.75	0.29538	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	3	30.00	0.56	0.32146	51%-75% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	3	30.00	0.57	0.32146	76%-100% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	3	30.00	0.75	0.32146	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	3	30.00	1.12	0.32146	200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	3	34.00	0.44	0.32146	26%-50% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	3	60.00	0.75	0.32146	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	3	60.00	0.75	0.32146	101%-200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	3	90.00	0.50	0.32146	51%-75% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	3	180.00	0.25	0.32146	10%-25% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	4	30.00	0.76	0.31496	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	4	30.00	0.76	0.31496	101%-200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	4	90.00	0.76	0.31496	101%-200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	4	180.00	0.76	0.31496	101%-200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	12	30.00	0.50	0.25963	76%-100% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	12	60.00	0.97	0.25963	200% Above	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	1	84.00	0.07	0.07878	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	1	84.00	0.10	0.07878	26%-50% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	1	84.00	0.24	0.07878	200% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.06	0.08614	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030529	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.07	0.08614	10%-25% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.10	0.08614	10%-25% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	2	84.00	0.06	0.08614	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.06	0.09016	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.13	0.09016	26%-50% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	3	84.00	0.06	0.09016	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	12	28.00	0.10	0.07728	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	28.00	0.18	0.11180	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	28.00	0.21	0.11180	76%-100% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	84.00	0.18	0.11180	51%-75% Above	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	84.00	0.18	0.11180	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	84.00	0.19	0.11180	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	84.00	0.21	0.11180	76%-100% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	2	28.00	0.16	0.12083	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	2	28.00	0.18	0.12083	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	2	84.00	0.16	0.12083	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	2	84.00	0.18	0.12083	26%-50% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	28.00	0.11	0.12836	10%-25% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	28.00	0.16	0.12836	10%-25% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	84.00	0.00	0.12836	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	84.00	0.16	0.12836	10%-25% Above	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	84.00	0.16	0.12836	10%-25% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	84.00	0.27	0.12836	101%-200% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	4	28.00	0.27	0.13026	101%-200% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	4	84.00	0.07	0.13026	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	4	84.00	0.11	0.13026	10%-25% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	4	84.00	0.27	0.13026	101%-200% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	28.00	0.21	0.11128	76%-100% Above	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	84.00	0.19	0.11128	51%-75% Above	Yes	No
68462031829	VIORELE 28 DAY TABLET	1	28.00	0.46	0.17061	101%-200% Above	No	No
68462031829	VIORELE 28 DAY TABLET	2	28.00	0.46	0.18495	101%-200% Above	No	No
68462031829	VIORELE 28 DAY TABLET	3	28.00	0.42	0.20752	76%-100% Above	No	No
68462031829	VIORELE 28 DAY TABLET	12	28.00	0.54	0.16805	200% Above	No	No
68462033090	PRAMIPEXOLE 0.125 MG TABLET	1	90.00	0.08	0.04130	76%-100% Above	No	No
68462033190	PRAMIPEXOLE 0.25 MG TABLET	3	30.00	0.08	0.04929	51%-75% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.11	0.06069	51%-75% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.11	0.06069	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.12	0.06069	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.16	0.06069	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.23	0.06069	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.25	0.06069	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.08	0.06069	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.11	0.06069	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.11	0.06069	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.24	0.06069	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.26	0.06069	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	15.00	0.11	0.06095	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	20.00	0.29	0.06095	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	25.00	0.10	0.06095	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.10	0.06095	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.25	0.06095	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.29	0.06095	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	60.00	0.10	0.06095	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.10	0.06095	51%-75% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.11	0.06095	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.11	0.06095	76%-100% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.17	0.06095	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	10.00	0.31	0.06228	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	14.00	0.10	0.06228	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	14.00	0.24	0.06228	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	15.00	0.10	0.06228	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	26.00	0.10	0.06228	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.10	0.06228	51%-75% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.10	0.06228	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.16	0.06228	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.16	0.06228	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.25	0.06228	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.29	0.06228	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.10	0.06228	51%-75% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.10	0.06228	51%-75% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.16	0.06228	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	10.00	0.16	0.05920	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	15.00	0.16	0.05920	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.16	0.05920	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.16	0.05920	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.16	0.05920	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.30	0.05920	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.31	0.05920	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.08	0.05920	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.16	0.05920	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.12	0.05912	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.29	0.05912	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.12	0.05912	101%-200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.24	0.05912	200% Above	Yes	No
68462038301	ESZOPICLONE 2 MG TABLET	1	30.00	0.34	0.08840	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	3	30.00	0.31	0.10495	101%-200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	12	30.00	0.40	0.09608	200% Above	No	No
68462038401	ESZOPICLONE 3 MG TABLET	2	30.00	0.34	0.09492	200% Above	No	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	0.23	0.14027	51%-75% Above	No	No
68462039130	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	0.23	0.13123	51%-75% Above	No	No
68462039429	ALYACEN 1-35 28 TABLET	1	84.00	0.32	0.22599	26%-50% Above	Yes	No
68462039429	ALYACEN 1-35 28 TABLET	2	28.00	0.12	0.23545	26%-50% Below	No	No
68462039429	ALYACEN 1-35 28 TABLET	12	28.00	0.20	0.22073	10%-25% Below	Yes	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	1	30.00	0.11	0.07184	51%-75% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	1	30.00	0.13	0.07184	76%-100% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	2	30.00	0.11	0.07614	26%-50% Above	No	No
68462039501	OMEPRAZOLE DR 10 MG CAPSULE	3	30.00	0.10	0.08022	26%-50% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.04	0.03069	10%-25% Above	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.03	0.03379	10%-25% Below	No	No
68462039601	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.21	0.03364	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.04	0.03069	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.09	0.03069	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	45.00	0.04	0.03069	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.04	0.03069	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.08	0.03069	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.03	0.03315	10%-25% Below	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.09	0.03315	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.03	0.03315	10%-25% Below	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.03315	76%-100% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.03	0.03379	10%-25% Below	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.03379	76%-100% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.09	0.03379	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.03	0.03379	10%-25% Below	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.05	0.03379	51%-75% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.21	0.03364	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	4	180.00	0.21	0.03364	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.04	0.03019	10%-25% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.06	0.03019	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.09	0.03019	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	60.00	0.05	0.03019	51%-75% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	60.00	0.44	0.03019	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.06	0.04764	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.07	0.04764	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.19	0.04764	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.78	0.04764	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	60.00	0.07	0.04764	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.08	0.04764	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.14	0.04764	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.16	0.04764	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.16	0.04764	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	180.00	0.06	0.04764	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.06	0.05073	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.14	0.05073	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.14	0.05073	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.15	0.05073	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.17	0.05073	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.18	0.05073	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.19	0.05073	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	60.00	0.06	0.05073	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.06	0.05073	10%-25% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.08	0.05073	51%-75% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.10	0.05309	76%-100% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.14	0.05309	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.15	0.05309	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.17	0.05309	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.18	0.05309	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.19	0.05309	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.13	0.05309	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.24	0.05309	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.14	0.05275	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1211

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.18	0.05275	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.24	0.05275	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.15	0.05275	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	180.00	0.24	0.05275	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.02	0.04805	26%-50% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.07	0.04805	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.14	0.04805	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.07	0.04805	26%-50% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.13	0.04805	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.16	0.04805	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.75	0.04805	200% Above	No	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.15	0.04764	200% Above	No	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.11	0.04764	101%-200% Above	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.04	0.05275	26%-50% Below	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.24	0.05275	200% Above	Yes	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	1	30.00	0.17	1.50933	76%-100% Below	No	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	4	21.00	1.29	1.76487	26%-50% Below	Yes	No
68462040467	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	1	30.00	0.50	1.50933	51%-75% Below	No	No
68462041820	LIDOCAINE 5% OINTMENT	1	35.44	0.09	0.17328	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	1	28.00	0.07	0.12524	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	1	84.00	0.00	0.12524	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	1	84.00	0.01	0.12524	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	1	84.00	0.33	0.12524	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	2	28.00	0.01	0.12925	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	2	28.00	0.07	0.12925	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1212

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462041929	HAILEY FE 1-20 TABLET	2	84.00	0.00	0.12925	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	2	84.00	0.01	0.12925	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	2	84.00	0.33	0.12925	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	3	28.00	0.01	0.14667	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	3	84.00	0.07	0.14667	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	3	84.00	0.30	0.14667	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	4	28.00	0.07	0.14775	26%-50% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	4	84.00	0.07	0.14775	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	4	84.00	0.13	0.14775	10%-25% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	12	84.00	0.35	0.12469	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	12	84.00	0.36	0.12469	101%-200% Above	No	No
68462043318	COLESEVELAM 625 MG TABLET	1	90.00	0.36	0.21945	51%-75% Above	No	No
68462043630	OLMESARTAN MEDOXOMIL 5 MG TAB	12	90.00	0.76	0.06954	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.17	0.08113	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.50	0.08113	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.72	0.08113	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.79	0.08113	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.93	0.08113	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.50	0.08469	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.79	0.08469	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.17	0.08393	76%-100% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.50	0.08393	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.72	0.08393	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.72	0.08393	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	4	30.00	0.17	0.08394	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1213

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	4	30.00	0.43	0.08394	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	12	30.00	0.04	0.08267	51%-75% Below	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.93	0.08113	200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	0.43	0.08394	200% Above	Yes	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	1	30.00	0.33	0.11950	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	2	30.00	1.11	0.12398	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	0.17	0.12382	26%-50% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.00	1.39	0.12121	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	0.17	0.12121	26%-50% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	1	30.00	1.11	0.11950	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	1	30.00	1.31	0.11950	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	2	30.00	1.11	0.12398	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	1.01	0.12398	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	1.01	0.12382	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	0.33	0.12300	101%-200% Above	Yes	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	0.69	0.12300	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.00	1.31	0.12121	200% Above	No	No
68462047205	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.09	0.13671	26%-50% Below	No	No
68462048619	CLINDAMYCIN-BENZOYL PEROX 1-5%	3	25.00	1.99	0.79868	101%-200% Above	No	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	2	50.00	0.46	0.56823	10%-25% Below	Yes	No
68462048627	CLINDAMYCIN-BENZOYL PEROX 1-5%	3	50.00	0.42	0.64097	26%-50% Below	Yes	No
68462050329	HAILEY FE 1.5-30 TABLET	2	84.00	0.08	0.14583	26%-50% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	3	84.00	0.01	0.36795	76%-100% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	12	84.00	0.00	0.36609	76%-100% Below	No	No
68462053435	TACROLIMUS 0.1% OINTMENT	4	60.00	2.48	0.96803	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1214

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462053435	TACROLIMUS 0.1% OINTMENT	12	30.00	0.63	0.84780	26%-50% Below	Yes	No
68462053465	TACROLIMUS 0.1% OINTMENT	1	60.00	0.43	0.72108	26%-50% Below	No	No
68462053465	TACROLIMUS 0.1% OINTMENT	2	60.00	0.93	0.75301	10%-25% Above	Yes	No
68462053465	TACROLIMUS 0.1% OINTMENT	12	60.00	0.93	0.78150	10%-25% Above	Yes	No
68462053494	TACROLIMUS 0.1% OINTMENT	3	100.00	0.93	0.78509	10%-25% Above	Yes	No
68462053670	IMIQUIMOD 5% CREAM PACKET	1	12.00	2.76	1.11784	101%-200% Above	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	1	18.00	2.34	1.11784	101%-200% Above	No	No
68462056529	NORG-EE 0.18-0.215-0.25/0.035	1	28.00	0.20	0.12209	51%-75% Above	No	No
68462056529	NORG-EE 0.18-0.215-0.25/0.035	2	84.00	0.16	0.12837	10%-25% Above	Yes	No
68462056529	NORG-EE 0.18-0.215-0.25/0.035	12	28.00	0.07	0.12315	26%-50% Below	No	No
68462057801	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.72	0.18655	200% Above	No	No
68462057801	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.66	0.20841	200% Above	No	No
68462057801	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.66	0.24610	101%-200% Above	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.16	0.23080	26%-50% Below	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.16	0.25350	26%-50% Below	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.16	0.25519	26%-50% Below	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	45.00	0.32	0.25519	26%-50% Above	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	0.16	0.22205	26%-50% Below	No	No
68462057901	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.85	0.22205	200% Above	No	No
68462058001	FENOFIBRATE 67 MG CAPSULE	3	90.00	0.27	0.08203	200% Above	No	No
68462058101	FENOFIBRATE 134 MG CAPSULE	1	90.00	0.56	0.11542	200% Above	No	No
68462058340	APREPITANT 40 MG CAPSULE	1	1.00	20.00	39.71681	26%-50% Below	No	No
68462060827	CLOBETASOL PROP 0.05% FOAM	2	50.00	0.25	0.28512	10%-25% Below	No	No
68462060894	CLOBETASOL PROP 0.05% FOAM	2	100.00	0.15	0.34184	51%-75% Below	No	No
68462060894	CLOBETASOL PROP 0.05% FOAM	12	100.00	0.15	0.31387	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1215

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462060935	PIMECROLIMUS 1% CREAM	4	60.00	1.99	3.40482	26%-50% Below	Yes	No
68462062652	AZELAIC ACID 15% GEL	1	50.00	0.32	0.55075	26%-50% Below	Yes	No
68462062652	AZELAIC ACID 15% GEL	1	50.00	0.72	0.55075	26%-50% Above	Yes	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2	25.00	0.10	0.17715	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	3	25.00	0.10	0.17515	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	4	25.00	0.10	0.17201	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	4	25.00	0.31	0.17201	76%-100% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	4	75.00	0.31	0.17201	76%-100% Above	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	12	25.00	0.01	0.18498	76%-100% Below	No	No
68462064693	ASHLYNA 0.15-0.03-0.01 MG TAB	1	91.00	0.94	0.21378	200% Above	No	No
68462065790	NORETHIN-ETH ESTRAD 1 MG-5 MCG	3	90.00	0.42	1.09646	51%-75% Below	No	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	1	91.00	0.00	0.14191	76%-100% Below	No	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	12	91.00	0.06	0.14105	51%-75% Below	No	No
68462068160	LACOSAMIDE 200 MG TABLET	4	180.00	1.79	0.31638	200% Above	Yes	No
68462068601	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	1	360.00	0.26	0.17470	26%-50% Above	Yes	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	1	84.00	0.00	0.14233	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	3	84.00	0.08	0.15950	26%-50% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	4	28.00	0.27	0.15699	51%-75% Above	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	4	84.00	0.08	0.15699	26%-50% Below	No	No
68462072730	SAXAGLIPTIN HCL 5 MG TABLET	1	30.00	2.22	5.36912	51%-75% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	28.00	0.11	0.19057	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	28.00	1.03	0.19057	200% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	84.00	0.01	0.19057	76%-100% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	84.00	0.29	0.19057	51%-75% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	84.00	1.03	0.19057	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1216

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	28.00	0.11	0.20260	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	28.00	0.93	0.20260	200% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	84.00	0.93	0.20260	200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	84.00	1.03	0.20260	200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	112.00	0.93	0.20260	200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	28.00	0.11	0.21635	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	28.00	0.30	0.21635	26%-50% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	84.00	0.11	0.21635	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	84.00	0.30	0.21635	26%-50% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	84.00	0.93	0.21635	200% Above	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	84.00	0.93	0.21635	200% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	28.00	0.10	0.22182	51%-75% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	28.00	0.30	0.22182	26%-50% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	84.00	0.11	0.22182	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	84.00	0.29	0.22182	26%-50% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	84.00	0.30	0.22182	26%-50% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	28.00	0.11	0.19337	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	28.00	0.11	0.19337	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	28.00	0.29	0.19337	51%-75% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	84.00	0.00	0.19337	76%-100% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	84.00	1.21	0.19337	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.79	0.16084	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.93	0.16084	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	2	28.00	0.72	0.17027	200% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.72	0.19107	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1217

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462074635	ACYCLOVIR 5% OINTMENT	1	30.00	2.16	0.45165	200% Above	Yes	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	1	28.00	2.08	0.79458	101%-200% Above	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	2	28.00	1.90	0.83457	101%-200% Above	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	3	28.00	1.90	0.86521	101%-200% Above	No	No
68462087805	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	1	30.00	0.25	0.19971	10%-25% Above	No	No
68462087905	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	12	30.00	0.25	0.17451	26%-50% Above	No	No
68462088135	TACROLIMUS 0.03% OINTMENT	12	30.00	0.42	0.91167	51%-75% Below	No	No
68462089456	VARENICLINE 1 MG TABLET	1	56.00	0.70	0.59705	10%-25% Above	No	No
68462089456	VARENICLINE 1 MG TABLET	1	60.00	0.70	0.59705	10%-25% Above	No	No
68462089456	VARENICLINE 1 MG TABLET	2	180.00	2.58	0.59358	200% Above	No	No
68462089456	VARENICLINE 1 MG TABLET	12	56.00	0.01	0.73271	76%-100% Below	No	No
68462089456	VARENICLINE 1 MG TABLET	12	60.00	0.25	0.73271	51%-75% Below	No	No
68462089504	VARENICLINE STARTING MONTH BOX	1	53.00	1.47	0.53512	101%-200% Above	No	No
68462089504	VARENICLINE STARTING MONTH BOX	3	53.00	0.01	0.63265	76%-100% Below	No	No
68462089504	VARENICLINE STARTING MONTH BOX	3	53.00	2.55	0.63265	200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.02978	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.13	0.02978	200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	60.00	0.01	0.02978	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	60.00	0.04	0.02978	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.02978	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	14.00	0.01	0.03107	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.03107	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.03107	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	60.00	0.01	0.03107	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1218

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.03107	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.03	0.03107	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.03	0.03107	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.03216	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.15	0.03216	200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	60.00	0.01	0.03216	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.03216	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.03	0.03216	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.04	0.03134	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	60.00	0.01	0.03134	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	60.00	0.04	0.03134	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.01	0.03134	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.03134	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.03	0.03134	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.01	0.02969	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.11	0.02969	200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03084	26%-50% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03263	26%-50% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.04	0.03263	26%-50% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.22	0.03391	200% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	1	30.00	0.03	0.01919	26%-50% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	1	30.00	0.03	0.01919	51%-75% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	1	30.00	0.04	0.01919	101%-200% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	1	120.00	0.02	0.01919	10%-25% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1219

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645019059	METOPROLOL TARTRATE 50 MG TAB	2	2.00	0.24	0.02142	200% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	2	30.00	0.04	0.02142	76%-100% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	2	90.00	0.03	0.02142	10%-25% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	2	180.00	0.02	0.02142	10%-25% Below	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	2	180.00	0.03	0.02142	10%-25% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	3	30.00	0.04	0.02243	76%-100% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	3	90.00	0.01	0.02243	51%-75% Below	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	4	30.00	0.03	0.02221	26%-50% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	4	30.00	0.04	0.02221	76%-100% Above	No	No
68645019059	METOPROLOL TARTRATE 50 MG TAB	12	30.00	0.04	0.01920	101%-200% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.06	0.02548	101%-200% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	3	180.00	0.04	0.02885	26%-50% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	4	180.00	0.02	0.02786	10%-25% Below	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	12	180.00	0.05	0.02531	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01100	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01100	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	15.00	0.02	0.01217	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.02	0.01217	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.03	0.01217	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	51%-75% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01217	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.03	0.01217	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01281	51%-75% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1220

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	51%-75% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01281	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01277	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.01	0.01277	10%-25% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01277	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.03	0.01277	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	15.00	0.05	0.01079	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	51%-75% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01079	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.03	0.01079	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	30.00	0.06	0.04058	51%-75% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	30.00	0.07	0.04058	76%-100% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	45.00	0.12	0.04058	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	90.00	0.07	0.04058	76%-100% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	90.00	0.10	0.04058	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04434	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	45.00	0.12	0.04434	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	90.00	0.09	0.04434	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	3	30.00	0.12	0.04749	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	12	30.00	0.67	0.04069	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	1	30.00	0.08	0.06480	26%-50% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	1	90.00	0.08	0.06480	26%-50% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1221

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645052054	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.07321	26%-50% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	2	90.00	0.13	0.07321	51%-75% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	2	90.00	0.14	0.07321	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	3	30.00	0.06	0.07802	10%-25% Below	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	3	30.00	0.15	0.07802	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	3	90.00	0.12	0.07802	26%-50% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	3	90.00	0.13	0.07802	51%-75% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	4	30.00	0.16	0.07765	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	4	30.00	0.23	0.07765	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	4	90.00	0.23	0.07765	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	30.00	0.08	0.06471	26%-50% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	60.00	0.98	0.06471	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	90.00	0.08	0.06471	26%-50% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	90.00	0.98	0.06471	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	135.00	0.98	0.06471	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	1	30.00	0.05	0.03055	51%-75% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	1	30.00	0.06	0.03055	76%-100% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	2	30.00	0.01	0.03240	51%-75% Below	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	2	30.00	0.05	0.03240	26%-50% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	2	30.00	0.05	0.03240	51%-75% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	3	30.00	0.01	0.03260	51%-75% Below	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	3	30.00	0.05	0.03260	26%-50% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	4	30.00	0.23	0.03229	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	4	135.00	0.01	0.03229	51%-75% Below	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	12	30.00	0.06	0.03225	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1222

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645052254	SERTRALINE HCL 50 MG TABLET	1	30.00	0.03	0.03355	10%-25% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	90.00	0.03	0.03355	10%-25% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	30.00	0.03	0.03621	26%-50% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	30.00	0.06	0.03621	51%-75% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	30.00	0.07	0.03621	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	45.00	0.03	0.03621	26%-50% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	90.00	0.03	0.03621	26%-50% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	90.00	0.06	0.03621	51%-75% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	30.00	0.06	0.03731	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	30.00	0.07	0.03731	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	30.00	0.20	0.03731	200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	45.00	0.02	0.03731	26%-50% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	135.00	0.02	0.03731	26%-50% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	270.00	0.05	0.03731	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	4	30.00	0.07	0.03666	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	30.00	0.01	0.04773	76%-100% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	30.00	0.30	0.04773	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	90.00	0.03	0.04773	26%-50% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	90.00	0.06	0.04773	26%-50% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	90.00	0.07	0.04773	26%-50% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	90.00	0.07	0.04773	26%-50% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	180.00	0.07	0.04773	26%-50% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	2	30.00	0.09	0.05114	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	2	30.00	0.09	0.05114	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1223

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645052354	SERTRALINE HCL 100 MG TABLET	2	90.00	0.07	0.05114	26%-50% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	30.00	0.01	0.05282	76%-100% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	30.00	0.08	0.05282	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	30.00	0.09	0.05282	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	30.00	0.09	0.05282	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	30.00	0.10	0.05282	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	60.00	0.04	0.05282	10%-25% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	90.00	0.01	0.05282	76%-100% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	30.00	0.01	0.05223	76%-100% Below	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	30.00	0.09	0.05223	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	60.00	0.24	0.05223	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	11	30.00	0.28	0.04138	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	12	90.00	0.27	0.04769	200% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	2	30.00	0.05	0.06956	10%-25% Below	No	No
68645054154	FINASTERIDE 5 MG TABLET	4	23.00	0.13	0.06956	76%-100% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	30.00	0.04	0.02736	51%-75% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	30.00	0.03	0.02947	10%-25% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	0.01	0.02947	26%-50% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	30.00	0.03	0.03067	10%-25% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.02	0.03067	26%-50% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.02	0.03086	10%-25% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	30.00	0.04	0.02785	26%-50% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.02	0.03656	26%-50% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.05	0.03656	26%-50% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.02	0.04003	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1224

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.03	0.04003	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	180.00	0.02	0.04003	51%-75% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.02	0.04116	51%-75% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.03	0.04116	26%-50% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.03	0.04116	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	180.00	0.01	0.04116	51%-75% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.14	0.04121	200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.03	0.04121	26%-50% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.14	0.04121	200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.04	0.03740	10%-25% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.01	0.03740	51%-75% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.03	0.03740	10%-25% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.02	0.03779	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.02	0.03779	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.03779	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.02	0.04107	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.11	0.04244	101%-200% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	30.00	0.13	0.04231	200% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.03	0.04231	26%-50% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	1	21.00	0.04	0.04794	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	2	28.00	0.04	0.04873	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	3	28.00	0.01	0.04951	76%-100% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	3	30.00	0.16	0.04951	200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	3	40.00	0.02	0.04951	51%-75% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	3	60.00	0.02	0.04951	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645056259	IBUPROFEN 600 MG TABLET	4	20.00	0.04	0.05019	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	12	60.00	0.02	0.04830	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	15.00	0.03	0.05620	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	16.00	0.02	0.05620	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	18.00	0.03	0.05620	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	20.00	0.05	0.05620	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	21.00	0.03	0.05620	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	21.00	0.05	0.05620	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	30.00	0.02	0.05620	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05620	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	30.00	0.05	0.05620	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	42.00	0.04	0.05620	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05620	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05620	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	90.00	0.05	0.05620	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	270.00	0.05	0.05620	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	15.00	0.05	0.06029	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	16.00	0.03	0.06029	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	20.00	0.03	0.06029	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	24.00	0.03	0.06029	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.06029	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.06029	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	45.00	0.03	0.06029	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645056354	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.06029	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	21.00	0.03	0.06324	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	21.00	0.15	0.06324	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	24.00	0.04	0.06324	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.06324	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.06324	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	30.00	0.05	0.06324	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	42.00	0.03	0.06324	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.06324	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	60.00	0.04	0.06324	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	60.00	0.15	0.06324	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.06324	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	90.00	0.04	0.06324	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	15.00	0.05	0.06335	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	15.00	0.15	0.06335	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	21.00	0.15	0.06335	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	30.00	0.15	0.06335	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	45.00	0.15	0.06335	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	50.00	0.15	0.06335	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.06335	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	90.00	0.04	0.06335	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	90.00	0.15	0.06335	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	270.00	0.03	0.06335	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	20.00	0.05	0.05567	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645056354	IBUPROFEN 800 MG TABLET	12	21.00	0.05	0.05567	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	25.00	0.02	0.05567	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	30.00	0.01	0.05567	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	30.00	0.02	0.05567	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	30.00	0.04	0.05567	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	60.00	0.02	0.05567	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	90.00	0.01	0.05567	76%-100% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	90.00	0.02	0.05567	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05567	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	180.00	0.02	0.05567	51%-75% Below	No	No
68645056690	LOVASTATIN 20 MG TABLET	2	90.00	0.01	0.04310	76%-100% Below	No	No
68645056690	LOVASTATIN 20 MG TABLET	3	90.00	0.08	0.04875	51%-75% Above	No	No
68645056690	LOVASTATIN 20 MG TABLET	4	90.00	0.01	0.04870	76%-100% Below	No	No
68645057454	GLIPIZIDE 5 MG TABLET	1	15.00	0.07	0.02979	101%-200% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	1	180.00	0.02	0.02979	26%-50% Below	No	No
68645057454	GLIPIZIDE 5 MG TABLET	2	15.00	0.07	0.03233	101%-200% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	3	30.00	0.12	0.03365	200% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	3	180.00	0.12	0.03365	200% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	4	15.00	0.07	0.03354	101%-200% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	12	15.00	0.07	0.02968	101%-200% Above	No	No
68645057559	GLIPIZIDE 10 MG TABLET	1	60.00	0.03	0.04083	10%-25% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	1	90.00	0.03	0.04083	10%-25% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	3	60.00	0.03	0.04556	26%-50% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	4	60.00	0.14	0.04561	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.03	0.01568	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01568	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.05	0.01568	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01694	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.04	0.01694	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.05	0.01694	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01745	76%-100% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.05	0.01745	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.22	0.01745	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01745	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01745	51%-75% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01745	76%-100% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01716	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.05	0.01716	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.22	0.01716	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01716	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.22	0.01716	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.02	0.01544	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.25	0.01544	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.25	0.01544	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	30.00	0.03	0.01323	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	60.00	0.02	0.01323	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	60.00	0.03	0.01323	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	90.00	0.07	0.01323	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01323	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01323	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	180.00	0.02	0.01323	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	30.00	0.03	0.01368	101%-200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01368	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	60.00	0.03	0.01368	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	90.00	0.01	0.01368	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	270.00	0.01	0.01368	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01391	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	90.00	0.01	0.01391	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	90.00	0.02	0.01391	10%-25% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	30.00	0.12	0.01388	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	60.00	0.03	0.01388	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645058259	METFORMIN HCL 500 MG TABLET	4	180.00	0.12	0.01388	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	12	60.00	0.07	0.01304	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	12	90.00	0.01	0.01304	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	12	90.00	0.07	0.01304	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	12	180.00	0.01	0.01304	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	12	180.00	0.06	0.01304	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	12	360.00	0.06	0.01304	200% Above	No	No
68645058359	METFORMIN HCL 850 MG TABLET	12	60.00	0.07	0.02325	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.02	0.02215	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02215	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.04	0.02215	76%-100% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.07	0.02215	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.02	0.02319	26%-50% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.04	0.02319	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	90.00	0.03	0.02319	10%-25% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.01	0.02319	51%-75% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.02	0.02408	26%-50% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.04	0.02408	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.04	0.02408	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	90.00	0.02	0.02408	26%-50% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02408	26%-50% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02408	10%-25% Above	No	No

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10:58 Tuesday, March 24, 2026 1231

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645058459	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02408	10%-25% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02408	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	4	30.00	0.01	0.02401	51%-75% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.04	0.02401	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.04	0.02401	51%-75% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.11	0.02401	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.11	0.02401	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.07	0.02204	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02204	10%-25% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.06	0.02204	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	1	30.00	0.03	0.05723	26%-50% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	1	30.00	0.05	0.05723	10%-25% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	1	30.00	0.09	0.05723	51%-75% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	1	30.00	0.84	0.05723	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	1	90.00	0.08	0.05723	26%-50% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	30.00	0.01	0.06027	76%-100% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	30.00	0.05	0.06027	10%-25% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	30.00	0.08	0.06027	26%-50% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	30.00	0.09	0.06027	26%-50% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	60.00	0.05	0.06027	10%-25% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	90.00	0.05	0.06027	10%-25% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	90.00	0.08	0.06027	26%-50% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	30.00	0.01	0.06179	76%-100% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	30.00	0.05	0.06179	26%-50% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	30.00	0.09	0.06179	26%-50% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645059090	CLOPIDOGREL 75 MG TABLET	3	90.00	0.05	0.06179	26%-50% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	90.00	0.07	0.06179	10%-25% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	4	30.00	0.01	0.06092	76%-100% Below	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.06092	51%-75% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	4	30.00	0.21	0.06092	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	4	90.00	0.21	0.06092	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	12	30.00	0.84	0.05708	200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	30.00	0.05	0.02934	51%-75% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	60.00	0.02	0.02934	10%-25% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	60.00	0.04	0.02934	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	90.00	0.02	0.02934	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	90.00	0.04	0.02934	26%-50% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	2	60.00	0.02	0.03188	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	2	60.00	0.02	0.03188	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03188	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	2	90.00	0.04	0.03188	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	20.00	0.02	0.03313	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	30.00	0.02	0.03313	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	60.00	0.02	0.03313	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	90.00	0.02	0.03313	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	180.00	0.02	0.03313	26%-50% Below	No	No
68645059459	FAMOTIDINE 20 MG TABLET	4	30.00	0.17	0.03173	200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	4	60.00	0.17	0.03173	200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	12	60.00	0.04	0.02888	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.02	0.02667	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1233

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645059559	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.04	0.02667	51%-75% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.02	0.02667	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.02	0.02863	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.02	0.02863	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.03	0.02863	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.04	0.02993	26%-50% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.01	0.02993	51%-75% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.02	0.02993	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.02	0.02993	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.02	0.02993	26%-50% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	60.00	0.01	0.02980	51%-75% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.01	0.02980	51%-75% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.04	0.02980	26%-50% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.08	0.02980	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.13	0.02708	200% Above	No	No
68645060354	NIFEDIPINE ER 30 MG TABLET	12	90.00	0.13	0.10410	26%-50% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	1	60.00	0.25	0.10500	101%-200% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	2	60.00	0.25	0.10508	101%-200% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	2	90.00	0.27	0.10508	101%-200% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	3	60.00	0.25	0.10958	101%-200% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	4	60.00	0.25	0.10824	101%-200% Above	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	1	90.00	0.01	0.01329	26%-50% Below	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	1	90.00	0.01	0.01329	10%-25% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	1	30.00	0.01	0.01386	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	1	30.00	0.03	0.01386	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1234

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645060990	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01386	10%-25% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	1	90.00	0.02	0.01386	51%-75% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	2	30.00	0.01	0.01445	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	3	30.00	0.01	0.01541	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	3	30.00	0.03	0.01541	76%-100% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	3	30.00	0.18	0.01541	200% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01541	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01541	26%-50% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	4	90.00	0.01	0.01544	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	4	90.00	0.02	0.01544	10%-25% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	12	30.00	0.01	0.01375	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	12	30.00	0.03	0.01375	76%-100% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	12	30.00	0.03	0.01375	101%-200% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	12	90.00	0.01	0.01375	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	12	90.00	0.01	0.01375	10%-25% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01718	10%-25% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	1	90.00	0.10	0.01718	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01770	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01770	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01770	10%-25% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01833	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	90.00	0.18	0.01833	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	4	30.00	0.01	0.01828	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645061090	LISINOPRIL 10 MG TABLET	4	90.00	0.18	0.01828	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	12	30.00	0.10	0.01707	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01707	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	1	30.00	0.02	0.02401	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	1	30.00	0.04	0.02401	51%-75% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	1	30.00	0.05	0.02401	101%-200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02401	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	1	180.00	0.02	0.02401	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	30.00	0.02	0.02538	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	30.00	0.04	0.02538	26%-50% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	30.00	0.05	0.02538	76%-100% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02538	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	90.00	0.03	0.02538	10%-25% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	30.00	0.01	0.02621	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	30.00	0.04	0.02621	26%-50% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	30.00	0.05	0.02621	76%-100% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	51%-75% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	90.00	0.02	0.02621	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	4	30.00	0.05	0.02606	76%-100% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	4	30.00	0.19	0.02606	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	12	30.00	0.10	0.02387	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	12	90.00	0.10	0.02387	200% Above	No	No
68645061290	LISINOPRIL 30 MG TABLET	2	30.00	0.04	0.05139	26%-50% Below	No	No
68645061290	LISINOPRIL 30 MG TABLET	12	90.00	0.11	0.04783	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645061390	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04219	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	1	30.00	0.08	0.04219	76%-100% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	1	90.00	0.03	0.04219	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	1	90.00	0.03	0.04219	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	1	90.00	0.05	0.04219	10%-25% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04453	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	2	30.00	0.08	0.04453	51%-75% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04453	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04453	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	30.00	0.03	0.04653	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	30.00	0.06	0.04653	10%-25% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	30.00	0.08	0.04653	51%-75% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	90.00	0.01	0.04653	76%-100% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	90.00	0.03	0.04653	26%-50% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	90.00	0.06	0.04653	10%-25% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	12	30.00	0.03	0.04222	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	12	30.00	0.07	0.04222	76%-100% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	12	90.00	0.03	0.04222	10%-25% Below	No	No
68682000610	DILTIAZEM 30 MG TABLET	12	30.00	0.08	0.07230	10%-25% Above	No	No
68682010510	NIFEDIPINE ER 30 MG TABLET	2	90.00	0.17	0.09701	76%-100% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	1	30.00	0.26	0.13508	76%-100% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	1	30.00	0.30	0.13508	101%-200% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	2	30.00	0.26	0.14851	51%-75% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	2	90.00	0.26	0.14851	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68682010610	NIFEDIPINE ER 60 MG TABLET	3	30.00	0.23	0.15248	51%-75% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	3	90.00	0.27	0.15248	51%-75% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	4	30.00	0.27	0.15146	51%-75% Above	No	No
68682010610	NIFEDIPINE ER 60 MG TABLET	12	30.00	0.30	0.13335	101%-200% Above	No	No
68682010630	NIFEDIPINE ER 60 MG TABLET	4	30.00	0.27	0.15146	51%-75% Above	No	No
68682010910	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.37	0.12016	200% Above	No	No
68682011001	PIMECROLIMUS 1% CREAM	2	30.00	0.33	3.47942	76%-100% Below	No	No
68682011102	PIMECROLIMUS 1% CREAM	2	60.00	1.82	2.81050	26%-50% Below	No	No
68682013350	CLINDAMYC-BNZ PEROX 1.2-3.75%	3	50.00	2.25	4.91716	51%-75% Below	Yes	No
68682029905	LOTEPREDNOL ETABONATE 0.5% DRP	2	5.00	1.00	15.13861	76%-100% Below	No	No
68682029910	LOTEPREDNOL ETABONATE 0.5% DRP	12	10.00	12.95	21.77131	26%-50% Below	No	No
68682036790	DILTIAZEM 24HR ER 120 MG CAP	2	30.00	0.25	0.22314	10%-25% Above	No	No
68682036790	DILTIAZEM 24HR ER 120 MG CAP	3	30.00	0.31	0.23474	26%-50% Above	No	No
68682036890	DILTIAZEM 24HR ER 180 MG CAP	1	90.00	0.33	0.27659	10%-25% Above	No	No
68682036990	DILTIAZEM 24HR ER 240 MG CAP	3	90.00	0.01	0.42884	76%-100% Below	No	No
68682037090	DILTIAZEM 24HR ER 300 MG CAP	1	90.00	0.60	0.50360	10%-25% Above	Yes	No
68682037190	DILTIAZEM 24HR ER 360 MG CAP	3	90.00	0.51	0.57277	10%-25% Below	No	No
68682037190	DILTIAZEM 24HR ER 360 MG CAP	12	90.00	0.27	0.52384	26%-50% Below	No	No
68682065220	DIAZEPAM 10 MG RECTAL GEL (2PK)	3	1.00	203.87	254.60842	10%-25% Below	No	No
68682090146	ERYTHROMYCIN-BENZOYL GEL	3	46.60	0.32	0.99961	51%-75% Below	No	No
68682099398	DILTIAZEM 24H ER(CD) 120 MG CP	3	90.00	0.26	0.15214	51%-75% Above	No	No
68682099398	DILTIAZEM 24H ER(CD) 120 MG CP	12	90.00	0.26	0.14708	51%-75% Above	No	No
68682099498	DILTIAZEM 24H ER(CD) 180 MG CP	1	30.00	0.27	0.17351	51%-75% Above	No	No
68682099498	DILTIAZEM 24H ER(CD) 180 MG CP	1	30.00	0.28	0.17351	51%-75% Above	No	No
68682099498	DILTIAZEM 24H ER(CD) 180 MG CP	2	30.00	0.28	0.18143	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1238

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68682099498	DILTIAZEM 24H ER(CD) 180 MG CP	3	30.00	0.27	0.19378	26%-50% Above	No	No
68682099498	DILTIAZEM 24H ER(CD) 180 MG CP	3	30.00	0.28	0.19378	26%-50% Above	No	No
68682099498	DILTIAZEM 24H ER(CD) 180 MG CP	4	30.00	0.28	0.18692	51%-75% Above	No	No
68682099498	DILTIAZEM 24H ER(CD) 180 MG CP	12	30.00	0.26	0.16843	51%-75% Above	No	No
68682099498	DILTIAZEM 24H ER(CD) 180 MG CP	12	30.00	0.28	0.16843	51%-75% Above	No	No
68682099898	DILTIAZEM 24H ER(CD) 300 MG CP	1	30.00	0.33	0.29018	10%-25% Above	No	No
68682099898	DILTIAZEM 24H ER(CD) 300 MG CP	4	30.00	0.39	0.30910	10%-25% Above	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	2	8.00	2.95	6.86916	51%-75% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	2.95	7.12425	51%-75% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	4	24.00	3.21	7.28171	51%-75% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	8.00	2.50	6.78053	51%-75% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	8.00	3.78	6.90669	26%-50% Below	No	No
69076047601	GLYCOPYRROLATE 2 MG TABLET	3	60.00	0.43	0.22013	76%-100% Above	No	No
69076047601	GLYCOPYRROLATE 2 MG TABLET	12	30.00	0.50	0.17415	101%-200% Above	No	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08988	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.79	0.08988	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	60.00	0.25	0.08988	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.20	0.08988	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.21	0.08988	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.23	0.08988	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	180.00	0.17	0.08988	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	14.00	0.09	0.09969	10%-25% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.09	0.09969	10%-25% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.18	0.09969	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.33	0.09969	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097007112	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.09969	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.79	0.09969	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	60.00	0.18	0.09969	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.20	0.09969	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.33	0.09969	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.44	0.09969	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	180.00	0.25	0.09969	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.09	0.10590	10%-25% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.18	0.10590	51%-75% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.33	0.10590	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.66	0.10590	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.18	0.10590	51%-75% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.93	0.10590	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.09	0.10545	10%-25% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.10545	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.93	0.10545	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.93	0.10545	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	180.00	0.17	0.10545	51%-75% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.16	0.08952	76%-100% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.50	0.08952	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	60.00	0.23	0.08952	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.44	0.08952	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	270.00	0.19	0.08952	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.12	0.13338	10%-25% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.16	0.13338	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097007212	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.33	0.13338	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.63	0.13338	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.66	0.13338	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.25	0.13338	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.28	0.13338	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.28	0.13338	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.29	0.13338	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.33	0.13338	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.42	0.13338	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.25	0.14431	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.50	0.14431	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.80	0.14431	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.12	0.14431	10%-25% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.17	0.14431	10%-25% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.22	0.14431	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.25	0.14431	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.33	0.14431	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.12	0.15614	10%-25% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.22	0.15614	26%-50% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.33	0.15614	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.50	0.15614	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.61	0.15614	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.66	0.15614	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.80	0.15614	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.12	0.15614	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097007212	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.15614	26%-50% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.33	0.15614	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.12	0.15179	10%-25% Below	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.66	0.15179	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.82	0.15179	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	60.00	0.82	0.15179	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.22	0.15179	26%-50% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.50	0.15179	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.82	0.15179	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.50	0.13055	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.22	0.13055	51%-75% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.26	0.13055	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.29	0.13055	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.50	0.13055	200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	1	30.00	0.05	0.02517	76%-100% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	1	90.00	0.02	0.02517	10%-25% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	30.00	0.02	0.02672	26%-50% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	70.00	0.03	0.02672	10%-25% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	90.00	0.04	0.02672	51%-75% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	2	180.00	0.05	0.02672	76%-100% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	3	30.00	0.02	0.02806	26%-50% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	3	60.00	0.04	0.02806	51%-75% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	3	180.00	0.02	0.02806	26%-50% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	12	60.00	0.02	0.02572	26%-50% Below	Yes	No
69097012212	TOPIRAMATE 25 MG TABLET	1	60.00	0.05	0.02517	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097012215	TOPIRAMATE 25 MG TABLET	1	270.00	0.01	0.02517	51%-75% Below	No	No
69097012215	TOPIRAMATE 25 MG TABLET	2	30.00	0.05	0.02672	76%-100% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	2	90.00	0.05	0.02672	76%-100% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	3	30.00	0.04	0.02806	51%-75% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	3	90.00	0.04	0.02806	51%-75% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	4	90.00	0.15	0.02783	200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	12	30.00	0.01	0.02572	51%-75% Below	No	No
69097012215	TOPIRAMATE 25 MG TABLET	12	90.00	0.01	0.02572	51%-75% Below	No	No
69097012303	TOPIRAMATE 50 MG TABLET	1	180.00	0.06	0.03608	51%-75% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	90.00	0.05	0.03883	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	180.00	0.05	0.03883	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	3	60.00	0.03	0.04015	10%-25% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	3	60.00	0.05	0.04015	10%-25% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	3	90.00	0.05	0.04015	10%-25% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	3	180.00	0.05	0.04015	10%-25% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	3	180.00	0.17	0.04015	200% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	3	270.00	0.05	0.04015	10%-25% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	12	60.00	0.06	0.03634	51%-75% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	12	270.00	0.05	0.03634	26%-50% Above	Yes	No
69097012312	TOPIRAMATE 50 MG TABLET	2	60.00	0.05	0.03883	10%-25% Above	No	No
69097012315	TOPIRAMATE 50 MG TABLET	1	90.00	0.06	0.03608	51%-75% Above	No	No
69097012315	TOPIRAMATE 50 MG TABLET	3	8.00	0.05	0.04015	10%-25% Above	No	No
69097012403	TOPIRAMATE 100 MG TABLET	1	180.00	0.08	0.05608	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	2	270.00	0.08	0.06171	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	3	180.00	0.16	0.06422	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097012403	TOPIRAMATE 100 MG TABLET	4	90.00	0.08	0.06370	26%-50% Above	Yes	No
69097012415	TOPIRAMATE 100 MG TABLET	3	90.00	0.09	0.06422	26%-50% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	12	90.00	0.09	0.05653	51%-75% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.04	0.01003	200% Above	Yes	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	0.04	0.01110	200% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.03	0.01110	101%-200% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.26	0.01109	200% Above	Yes	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.00	0.00985	51%-75% Below	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	26%-50% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	1	180.00	0.02	0.01037	51%-75% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.02	0.01111	26%-50% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	26%-50% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.03	0.01111	101%-200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01111	26%-50% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	4	180.00	0.23	0.01111	200% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	10%-25% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	26%-50% Below	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01037	10%-25% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01037	10%-25% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01037	51%-75% Above	Yes	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	26%-50% Below	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01082	10%-25% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01082	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.04	0.01082	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	10%-25% Below	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01082	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01082	51%-75% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01111	10%-25% Below	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01111	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	10%-25% Below	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01111	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01111	76%-100% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.03	0.01111	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.01	0.01111	10%-25% Below	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01111	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.23	0.01111	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	60.00	0.02	0.01111	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01111	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.03	0.01111	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.23	0.01111	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01040	10%-25% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01040	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	26%-50% Below	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01040	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	51%-75% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	76%-100% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01040	101%-200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	10%-25% Below	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.22	0.01745	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.22	0.01716	200% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.02	0.01544	10%-25% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.01	0.01568	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01568	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01568	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01694	10%-25% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01694	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01694	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01694	10%-25% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01694	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1246

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01745	10%-25% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.02	0.01745	10%-25% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01745	76%-100% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01745	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01745	10%-25% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.22	0.01745	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	10.00	0.22	0.01716	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.01	0.01716	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.03	0.01716	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01716	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.22	0.01716	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01716	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01716	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.01	0.01544	51%-75% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.01	0.01544	51%-75% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	12	60.00	0.02	0.01544	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01544	26%-50% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.75	2.22350	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.80	2.22350	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.80	2.22350	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.13	2.22350	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1247

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.14	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.14	2.22350	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.20	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.22	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.28	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.31	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.39	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.43	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.50	2.22350	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.77	2.22350	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.77	2.22350	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	13.40	1.77	2.22350	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	20.10	0.85	2.22350	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	20.10	1.77	2.22350	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.01	2.30126	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.74	2.30126	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.74	2.30126	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.75	2.30126	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.80	2.30126	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.80	2.30126	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.13	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.20	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.22	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.31	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.39	2.30126	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1248

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.43	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.49	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.53	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.77	2.30126	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.77	2.30126	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	13.40	0.74	2.30126	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	13.40	0.80	2.30126	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.27	2.30126	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.77	2.30126	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	20.10	0.74	2.30126	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	20.10	0.80	2.30126	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.01	2.24431	76%-100% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.73	2.24431	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.74	2.24431	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.74	2.24431	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.09	2.24431	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.13	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.16	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.20	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.22	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.31	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.39	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.42	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.43	2.24431	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.50	2.24431	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.77	2.24431	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.79	2.24431	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	13.40	0.74	2.24431	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	13.40	1.77	2.24431	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	20.10	1.77	2.24431	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.00	2.31039	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.04	2.31039	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.20	2.31039	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.39	2.31039	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.77	2.31039	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.79	2.31039	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.79	2.31039	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.14	2.36448	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.14	2.36448	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.16	2.36448	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.22	2.36448	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.30	2.36448	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.43	2.36448	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.77	2.36448	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.77	2.36448	10%-25% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	30.00	0.02	0.01541	10%-25% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	1	30.00	0.03	0.01541	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	30.00	0.04	0.01541	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	30.00	0.04	0.01541	101%-200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	1	30.00	0.05	0.01541	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1250

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015807	MELOXICAM 7.5 MG TABLET	1	30.00	0.06	0.01541	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	60.00	0.05	0.01541	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	60.00	0.06	0.01541	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	90.00	0.05	0.01541	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	180.00	0.06	0.01541	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	0.03	0.01655	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	0.04	0.01655	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	0.04	0.01655	101%-200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	0.04	0.01655	101%-200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	0.04	0.01655	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	0.05	0.01655	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	60.00	0.04	0.01655	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	90.00	0.01	0.01655	26%-50% Below	No	No
69097015807	MELOXICAM 7.5 MG TABLET	2	90.00	0.03	0.01655	51%-75% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	90.00	0.05	0.01655	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	14.00	0.04	0.01729	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	30.00	0.03	0.01729	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01729	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01729	101%-200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01729	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	60.00	0.04	0.01729	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	90.00	0.02	0.01729	10%-25% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	90.00	0.04	0.01729	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	30.00	0.03	0.01690	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	30.00	0.03	0.01690	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1251

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015807	MELOXICAM 7.5 MG TABLET	4	30.00	0.14	0.01690	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.00	0.04	0.01557	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.00	0.04	0.01557	101%-200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.00	0.05	0.01557	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	60.00	0.06	0.01557	200% Above	Yes	No
69097015812	MELOXICAM 7.5 MG TABLET	1	30.00	0.04	0.01541	101%-200% Above	No	No
69097015812	MELOXICAM 7.5 MG TABLET	1	60.00	0.06	0.01541	200% Above	No	No
69097015812	MELOXICAM 7.5 MG TABLET	2	60.00	0.05	0.01655	101%-200% Above	No	No
69097015812	MELOXICAM 7.5 MG TABLET	3	60.00	0.04	0.01729	101%-200% Above	No	No
69097015812	MELOXICAM 7.5 MG TABLET	4	30.00	0.03	0.01690	76%-100% Above	No	No
69097015812	MELOXICAM 7.5 MG TABLET	12	30.00	0.04	0.01557	101%-200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	1	7.00	0.07	0.01812	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	14.00	0.02	0.01812	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.02	0.01812	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.01812	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.01812	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.01812	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	90.00	0.03	0.01812	26%-50% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1252

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015907	MELOXICAM 15 MG TABLET	2	15.00	0.04	0.01913	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.02	0.01913	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.02	0.01913	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	60.00	0.02	0.01913	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.12	0.02018	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	45.00	0.03	0.02018	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	90.00	0.12	0.02018	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	7.00	0.12	0.02022	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.02022	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.02022	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.02022	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.04	0.02022	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.04	0.02022	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.12	0.02022	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	90.00	0.02	0.02022	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	15.00	0.04	0.01840	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	20.00	0.04	0.01840	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.04	0.01840	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.04	0.01840	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.04	0.01840	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	60.00	0.03	0.01840	26%-50% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	12	90.00	0.02	0.01840	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	90.00	0.03	0.01840	26%-50% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	1	30.00	0.02	0.01812	10%-25% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.01812	101%-200% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	1	90.00	0.03	0.01812	26%-50% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01913	101%-200% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.02018	76%-100% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	12	30.00	0.04	0.01840	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015915	MELOXICAM 15 MG TABLET	1	30.00	0.02	0.01812	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.01812	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.01812	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	2	30.00	0.02	0.01913	10%-25% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01913	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01913	10%-25% Below	No	No
69097015915	MELOXICAM 15 MG TABLET	3	14.00	0.05	0.02018	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	3	15.00	0.12	0.02018	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.02018	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	3	30.00	0.12	0.02018	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	4	30.00	0.12	0.02022	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	26%-50% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.01840	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	90.00	0.03	0.01840	26%-50% Above	No	No
69097017353	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.07	0.09732	26%-50% Below	Yes	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.53	0.24394	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.07	0.24394	51%-75% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.67	0.24394	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.11	0.25705	51%-75% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.14	0.25705	26%-50% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.53	0.25705	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.61	0.25705	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.67	0.25705	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.53	0.26024	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.61	0.26024	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097022416	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.04	0.26024	76%-100% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.44	0.26024	51%-75% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.61	0.26024	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	4	4.00	0.23	0.25954	10%-25% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	4	4.00	0.53	0.25954	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.52	0.25954	76%-100% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	4	12.00	1.46	0.25954	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	12	4.00	0.11	0.24598	51%-75% Below	No	No
69097022476	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.67	0.24394	101%-200% Above	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.00	0.82371	76%-100% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.40	0.82371	51%-75% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.40	0.82371	51%-75% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	2	360.00	0.53	0.91101	26%-50% Below	Yes	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	3	120.00	0.40	0.97783	51%-75% Below	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	12	360.00	0.37	0.73176	26%-50% Below	Yes	No
69097042107	CELECOXIB 200 MG CAPSULE	1	2.00	1.79	0.09097	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.09097	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	2	30.00	0.50	0.09685	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	2	90.00	0.37	0.09685	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	3	60.00	0.33	0.10020	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	4	60.00	0.46	0.09319	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	12	30.00	0.00	0.08533	76%-100% Below	No	No
69097042112	CELECOXIB 200 MG CAPSULE	1	60.00	0.37	0.09097	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	1	60.00	0.43	0.09097	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	30.00	0.37	0.09685	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097042112	CELECOXIB 200 MG CAPSULE	2	60.00	0.17	0.09685	51%-75% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	60.00	0.37	0.09685	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	30.00	0.33	0.10020	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	90.00	0.20	0.10020	76%-100% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	1	60.00	0.17	0.06795	101%-200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	1	60.00	0.29	0.06795	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	2	60.00	0.23	0.07439	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	3	60.00	0.25	0.07869	200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	1	30.00	0.26	0.12478	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	1	30.00	0.33	0.12478	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	2	30.00	0.24	0.13525	76%-100% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	2	30.00	0.33	0.13525	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	3	30.00	0.24	0.13841	51%-75% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	12	30.00	0.33	0.12293	101%-200% Above	No	No
69097045905	FENOFIBRATE 48 MG TABLET	2	90.00	0.78	0.09590	200% Above	No	No
69097052444	DICLOFENAC SODIUM 1% GEL	4	300.00	0.29	0.11509	101%-200% Above	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	1	2.00	6.67	12.23459	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.67	13.03302	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.08	13.01273	51%-75% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.07	13.01273	51%-75% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	12	2.00	7.85	12.37528	26%-50% Below	No	No
69097072044	DICLOFENAC SODIUM 1% GEL	2	100.00	0.04	0.09035	51%-75% Below	Yes	No
69097078905	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.26	0.06658	200% Above	No	No
69097078912	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.03	0.06658	51%-75% Below	No	No
69097079105	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.04	0.07702	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097079112	PRAVASTATIN SODIUM 40 MG TAB	1	30.00	0.13	0.07702	51%-75% Above	No	No
69097079112	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	0.13	0.08403	51%-75% Above	No	No
69097079112	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	0.04	0.08818	51%-75% Below	No	No
69097079112	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	0.12	0.08818	26%-50% Above	No	No
69097079112	PRAVASTATIN SODIUM 40 MG TAB	4	30.00	0.29	0.08709	200% Above	No	No
69097079205	PRAVASTATIN SODIUM 80 MG TAB	1	30.00	0.16	0.14162	10%-25% Above	No	No
69097079205	PRAVASTATIN SODIUM 80 MG TAB	3	90.00	0.74	0.16524	200% Above	Yes	No
69097079212	PRAVASTATIN SODIUM 80 MG TAB	1	30.00	0.16	0.14162	10%-25% Above	No	No
69097079212	PRAVASTATIN SODIUM 80 MG TAB	3	30.00	0.14	0.16524	10%-25% Below	No	No
69097079212	PRAVASTATIN SODIUM 80 MG TAB	3	30.00	0.74	0.16524	200% Above	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	1	1.00	9.98	12.23459	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	1	2.00	9.95	12.23459	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	1	3.00	9.36	12.23459	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	2	1.00	9.98	13.03302	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	2	2.00	9.95	13.03302	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	2	6.00	6.65	13.03302	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	3	3.00	5.93	13.01273	51%-75% Below	Yes	No
69097080232	TESTOSTERONE CYP 200 MG/ML	3	10.00	5.01	13.01273	51%-75% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	4	1.00	9.98	12.99474	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	12	2.00	9.95	12.37528	10%-25% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	12	3.00	9.36	12.37528	10%-25% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	1	60.00	0.01	0.02079	51%-75% Below	Yes	No
69097081312	GABAPENTIN 100 MG CAPSULE	1	90.00	0.02	0.02079	10%-25% Below	No	No
69097081312	GABAPENTIN 100 MG CAPSULE	12	30.00	0.00	0.02070	76%-100% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	1	60.00	0.07	0.09552	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097082103	GEMFIBROZIL 600 MG TABLET	2	60.00	0.06	0.10067	26%-50% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	3	60.00	0.05	0.10611	26%-50% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	4	60.00	0.12	0.10637	10%-25% Above	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	1	60.00	0.06	0.09552	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	1	60.00	0.07	0.09552	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	1	90.00	0.05	0.09552	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	2	60.00	0.06	0.10067	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	2	180.00	0.05	0.10067	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	3	60.00	0.05	0.10611	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	3	180.00	0.05	0.10611	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	4	60.00	0.12	0.10637	10%-25% Above	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	12	60.00	0.07	0.09561	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.02	0.02773	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.01	0.02773	51%-75% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.02	0.03013	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.02	0.03196	26%-50% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.22	0.03173	200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.02	0.02718	10%-25% Below	No	No
69097082407	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.02	0.03957	26%-50% Below	No	No
69097082407	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.02	0.04272	26%-50% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.00	0.03957	76%-100% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.05	0.03957	10%-25% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.06	0.03957	26%-50% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.06	0.03957	26%-50% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.03	0.04272	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097082412	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.02	0.04433	51%-75% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.23	0.04425	200% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	12	30.00	0.06	0.04004	26%-50% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	12	30.00	0.50	0.04004	200% Above	No	No
69097082502	RALOXIFENE HCL 60 MG TABLET	2	90.00	0.13	0.26481	51%-75% Below	No	No
69097083302	SERTRALINE HCL 25 MG TABLET	4	90.00	0.07	0.03229	101%-200% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	30.00	0.05	0.03055	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	32.00	0.06	0.03055	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	45.00	0.06	0.03055	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	90.00	0.05	0.03055	51%-75% Above	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	90.00	0.05	0.03055	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	30.00	0.05	0.03240	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	90.00	0.02	0.03240	26%-50% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	90.00	0.05	0.03240	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	90.00	0.05	0.03240	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	30.00	0.05	0.03260	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	30.00	0.06	0.03260	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	30.00	0.23	0.03260	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	90.00	0.05	0.03260	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	90.00	0.05	0.03260	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	90.00	0.06	0.03260	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	4	30.00	0.23	0.03229	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	12	42.00	0.06	0.03225	76%-100% Above	Yes	No
69097083312	SERTRALINE HCL 25 MG TABLET	1	30.00	0.06	0.03055	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	1	30.00	0.07	0.03055	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083312	SERTRALINE HCL 25 MG TABLET	2	30.00	0.05	0.03240	51%-75% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	2	30.00	0.06	0.03240	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	2	30.00	0.07	0.03240	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	2	30.00	0.07	0.03240	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	2	90.00	0.06	0.03240	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	3	30.00	0.05	0.03260	26%-50% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	3	30.00	0.06	0.03260	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	3	30.00	0.07	0.03260	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	3	30.00	0.07	0.03260	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	3	30.00	0.08	0.03260	101%-200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	4	30.00	0.23	0.03229	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	12	30.00	0.00	0.03225	76%-100% Below	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	12	30.00	0.07	0.03225	101%-200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.02	0.03355	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.05	0.03355	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.06	0.03355	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.06	0.03355	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.06	0.03355	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.06	0.03355	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.07	0.03355	101%-200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.01	0.03355	51%-75% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.02	0.03355	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.03	0.03355	10%-25% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.04	0.03355	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.04	0.03355	10%-25% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.04	0.03355	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.05	0.03355	26%-50% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.05	0.03355	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.02	0.03621	51%-75% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.02	0.03621	26%-50% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.03	0.03621	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.05	0.03621	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.06	0.03621	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.06	0.03621	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.06	0.03621	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.07	0.03621	101%-200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	45.00	0.02	0.03621	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	45.00	0.03	0.03621	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	0.02	0.03621	51%-75% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	0.03	0.03621	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	0.04	0.03621	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	0.04	0.03621	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	0.05	0.03621	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	0.05	0.03621	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	135.00	0.03	0.03621	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	51%-75% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.05	0.03731	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.06	0.03731	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.06	0.03731	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.06	0.03731	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.07	0.03731	76%-100% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.20	0.03731	200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.20	0.03731	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	90.00	0.02	0.03731	51%-75% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	90.00	0.02	0.03731	26%-50% Below	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	90.00	0.02	0.03731	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	90.00	0.05	0.03731	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	90.00	0.06	0.03731	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	135.00	0.20	0.03731	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.02	0.03666	51%-75% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.05	0.03666	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.05	0.03666	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.06	0.03666	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.06	0.03666	51%-75% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.07	0.03666	101%-200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	30.00	0.20	0.03666	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	45.00	0.20	0.03666	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	90.00	0.05	0.03666	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	90.00	0.20	0.03666	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	4	135.00	0.02	0.03666	51%-75% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	30.00	0.05	0.03381	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	30.00	0.06	0.03381	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	30.00	0.06	0.03381	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083412	SERTRALINE HCL 50 MG TABLET	12	30.00	0.07	0.03381	76%-100% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	31.00	0.05	0.03381	51%-75% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	60.00	0.04	0.03381	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	90.00	0.02	0.03381	26%-50% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	90.00	0.04	0.03381	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	90.00	0.04	0.03381	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	90.00	0.05	0.03381	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	135.00	0.05	0.03381	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	30.00	0.05	0.04773	10%-25% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.04773	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.04773	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	30.00	0.11	0.04773	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	90.00	0.02	0.04773	26%-50% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	90.00	0.06	0.04773	26%-50% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	135.00	0.08	0.04773	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	180.00	0.05	0.04773	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.05	0.05114	10%-25% Below	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.05	0.05114	10%-25% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.08	0.05114	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.08	0.05114	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.10	0.05114	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.10	0.05114	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	45.00	0.07	0.05114	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	60.00	0.09	0.05114	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.02	0.05114	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.04	0.05114	10%-25% Below	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.04	0.05114	10%-25% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05114	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.07	0.05114	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.07	0.05114	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.08	0.05114	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.08	0.05114	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.09	0.05114	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.04	0.05282	10%-25% Below	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.04	0.05282	10%-25% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.08	0.05282	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.08	0.05282	26%-50% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.10	0.05282	76%-100% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.10	0.05282	76%-100% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	60.00	0.09	0.05282	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.02	0.05282	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.06	0.05282	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.07	0.05282	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.08	0.05282	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	180.00	0.04	0.05282	10%-25% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	180.00	0.07	0.05282	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	225.00	0.07	0.05282	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	30.00	0.02	0.05223	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083512	SERTRALINE HCL 100 MG TABLET	4	30.00	0.08	0.05223	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	30.00	0.24	0.05223	200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	30.00	0.24	0.05223	200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	45.00	0.07	0.05223	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	90.00	0.02	0.05223	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	90.00	0.07	0.05223	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	90.00	0.24	0.05223	200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	4	180.00	0.24	0.05223	200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	30.00	0.02	0.04769	26%-50% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	30.00	0.08	0.04769	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	30.00	0.11	0.04769	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	60.00	0.06	0.04769	26%-50% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	90.00	0.05	0.04769	10%-25% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	90.00	0.05	0.04769	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	180.00	0.07	0.04769	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	180.00	0.07	0.04769	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.01	0.01854	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	1	63.00	0.01	0.01854	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	10.00	0.04	0.02055	76%-100% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	15.00	0.01	0.02055	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	20.00	0.01	0.02055	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	20.00	0.03	0.02055	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	40.00	0.04	0.02055	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	10.00	0.06	0.02186	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	56.00	0.01	0.02186	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097084507	CYCLOBENZAPRINE 5 MG TABLET	12	7.00	0.10	0.01908	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	12	15.00	0.06	0.01908	101%-200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.03	0.01908	51%-75% Above	Yes	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	4	21.00	0.03	0.01758	51%-75% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01624	10%-25% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01757	10%-25% Below	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	3	15.00	0.03	0.01774	76%-100% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.01	0.01774	10%-25% Below	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	4	21.00	0.03	0.01758	26%-50% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.01	0.01758	10%-25% Below	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.18	0.01758	200% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.02	0.01633	10%-25% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	1	90.00	0.06	0.04058	51%-75% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	3	30.00	0.12	0.04749	101%-200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	4	30.00	0.07	0.04625	26%-50% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	1	90.00	0.13	0.06480	101%-200% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	2	90.00	0.13	0.07321	51%-75% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	3	90.00	0.06	0.07802	10%-25% Below	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	3	90.00	0.06	0.07802	10%-25% Below	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	4	90.00	0.23	0.07765	101%-200% Above	No	No
69097085902	TERBINAFINE HCL 250 MG TABLET	1	30.00	0.15	0.13249	10%-25% Above	Yes	No
69097085902	TERBINAFINE HCL 250 MG TABLET	2	30.00	0.11	0.14465	10%-25% Below	Yes	No
69097085902	TERBINAFINE HCL 250 MG TABLET	2	30.00	0.11	0.14465	10%-25% Below	Yes	No
69097085902	TERBINAFINE HCL 250 MG TABLET	3	30.00	0.11	0.15050	26%-50% Below	Yes	No
69097085902	TERBINAFINE HCL 250 MG TABLET	4	30.00	0.11	0.15127	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097085902	TERBINAFINE HCL 250 MG TABLET	12	30.00	0.11	0.13157	10%-25% Below	Yes	No
69097096507	NABUMETONE 500 MG TABLET	3	60.00	0.06	0.12991	51%-75% Below	No	No
69097096512	NABUMETONE 500 MG TABLET	1	60.00	0.06	0.11773	26%-50% Below	No	No
69097096512	NABUMETONE 500 MG TABLET	3	60.00	0.06	0.12991	51%-75% Below	No	No
69097096512	NABUMETONE 500 MG TABLET	12	60.00	0.06	0.11735	26%-50% Below	No	No
69097096607	NABUMETONE 750 MG TABLET	3	60.00	0.10	0.14767	26%-50% Below	Yes	No
69097096612	NABUMETONE 750 MG TABLET	4	180.00	0.25	0.15044	51%-75% Above	Yes	No
69230030001	ALLERGY RELIEF 180 MG TABLET	1	30.00	0.15	0.22930	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	2	90.00	0.15	0.24884	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	3	60.00	0.15	0.27225	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	4	30.00	0.16	0.27180	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	1	30.00	0.15	0.22930	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	1	90.00	0.15	0.22930	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	3	30.00	0.06	0.27225	76%-100% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	4	90.00	0.16	0.27180	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	4	90.00	0.16	0.27180	26%-50% Below	No	No
69230032436	POLYETHYLENE GLYCOL 3350 POWD	2	510.00	0.02	0.02055	10%-25% Above	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	1	225.00	1.13	0.42086	101%-200% Above	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	3	75.00	0.23	0.50189	51%-75% Below	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	12	75.00	0.30	0.43299	26%-50% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	1	30.00	0.50	0.07396	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	1	90.00	0.50	0.07396	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	1	90.00	1.13	0.07396	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	2	30.00	0.17	0.07466	101%-200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	2	30.00	1.13	0.07466	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238115403	EZETIMIBE 10 MG TABLET	2	90.00	0.02	0.07466	51%-75% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	2	90.00	0.56	0.07466	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	30.00	0.50	0.07731	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	90.00	0.44	0.07731	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	90.00	0.50	0.07731	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	90.00	1.03	0.07731	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	30.00	0.61	0.07594	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	12	30.00	0.50	0.07518	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	12	90.00	1.33	0.07518	200% Above	No	No
69238117503	ISOTRETINOIN 20 MG CAPSULE	12	30.00	1.15	2.02749	26%-50% Below	No	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	1	30.00	1.20	2.15755	26%-50% Below	Yes	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	12	30.00	1.42	2.17390	26%-50% Below	No	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	2	4.00	34.56	51.75184	26%-50% Below	No	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	3	4.00	26.63	58.16033	51%-75% Below	No	No
69238126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	Yes	No
69238131009	PREGABALIN 25 MG CAPSULE	1	60.00	0.02	0.04432	51%-75% Below	No	No
69238131009	PREGABALIN 25 MG CAPSULE	1	120.00	0.04	0.04432	10%-25% Below	No	No
69238131009	PREGABALIN 25 MG CAPSULE	2	120.00	0.04	0.05170	26%-50% Below	No	No
69238131009	PREGABALIN 25 MG CAPSULE	4	120.00	0.04	0.05413	10%-25% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	1	14.00	0.03	0.04929	26%-50% Below	Yes	No
69238131109	PREGABALIN 50 MG CAPSULE	1	60.00	0.03	0.04929	26%-50% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	1	90.00	0.02	0.04929	51%-75% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	2	180.00	0.03	0.05352	26%-50% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	12	90.00	0.90	0.05101	200% Above	No	No
69238131209	PREGABALIN 75 MG CAPSULE	1	60.00	0.04	0.05403	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238131209	PREGABALIN 75 MG CAPSULE	1	90.00	0.04	0.05403	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	2	180.00	0.01	0.06045	76%-100% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	3	30.00	0.03	0.06446	51%-75% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	4	30.00	0.63	0.06435	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	1	60.00	0.03	0.05297	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	1	90.00	0.03	0.05297	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	1	90.00	0.04	0.05297	26%-50% Below	Yes	No
69238131309	PREGABALIN 100 MG CAPSULE	2	60.00	0.03	0.06095	51%-75% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	2	90.00	0.03	0.06095	51%-75% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	3	60.00	0.02	0.06693	51%-75% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	3	180.00	0.62	0.06693	200% Above	Yes	No
69238131309	PREGABALIN 100 MG CAPSULE	4	60.00	0.62	0.06914	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	12	60.00	0.04	0.05338	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	12	90.00	0.03	0.05338	26%-50% Below	No	No
69238131409	PREGABALIN 150 MG CAPSULE	2	60.00	0.01	0.06407	76%-100% Below	No	No
69238131409	PREGABALIN 150 MG CAPSULE	4	60.00	0.66	0.06938	200% Above	No	No
69238131509	PREGABALIN 200 MG CAPSULE	2	60.00	0.04	0.06613	26%-50% Below	No	No
69238131509	PREGABALIN 200 MG CAPSULE	12	60.00	0.90	0.06311	200% Above	No	No
69238134201	ETODOLAC 400 MG TABLET	3	60.00	0.21	0.26728	10%-25% Below	Yes	No
69238138003	DIFLUPREDNATE 0.05% EYE DROP	4	5.00	16.01	13.44516	10%-25% Above	Yes	No
69238142103	SILODOSIN 4 MG CAPSULE	1	90.00	0.17	0.39083	51%-75% Below	No	No
69238147103	ERYTHROMYCIN DR 250 MG TABLET	2	6.00	3.12	2.31222	26%-50% Above	Yes	No
69238148901	BUMETANIDE 0.5 MG TABLET	3	30.00	0.49	0.16142	200% Above	No	No
69238148901	BUMETANIDE 0.5 MG TABLET	4	90.00	0.84	0.15786	200% Above	No	No
69238149001	BUMETANIDE 1 MG TABLET	3	30.00	0.23	0.17447	26%-50% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238149001	BUMETANIDE 1 MG TABLET	3	30.00	0.50	0.17447	101%-200% Above	No	No
69238153203	CLOBETASOL 0.05% CREAM	3	60.00	0.25	0.16338	51%-75% Above	No	No
69238153909	FROVATRIPTAN SUCC 2.5 MG TAB	1	9.00	26.58	4.24092	200% Above	No	No
69238153909	FROVATRIPTAN SUCC 2.5 MG TAB	2	9.00	22.57	3.80001	200% Above	No	No
69238153909	FROVATRIPTAN SUCC 2.5 MG TAB	3	9.00	20.56	3.74639	200% Above	No	No
69238153909	FROVATRIPTAN SUCC 2.5 MG TAB	4	9.00	17.09	3.32222	200% Above	No	No
69238154405	HYDROXYCHLOROQUINE 200 MG TAB	4	180.00	0.95	0.16435	200% Above	Yes	No
69238161503	OFLOXACIN 0.3% EAR DROPS	1	10.00	1.00	1.32002	10%-25% Below	No	No
69238161606	OFLOXACIN 0.3% EAR DROPS	2	10.00	1.00	1.31868	10%-25% Below	No	No
69238161606	OFLOXACIN 0.3% EAR DROPS	2	10.00	1.50	1.31868	10%-25% Above	No	No
69238161606	OFLOXACIN 0.3% EAR DROPS	4	10.00	7.08	1.33871	200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.03	0.04300	26%-50% Below	Yes	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.02	0.04300	26%-50% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.03	0.04300	10%-25% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.02	0.04343	26%-50% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.02	0.04513	26%-50% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.03	0.04513	26%-50% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.03	0.04342	26%-50% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	12	90.00	0.03	0.04342	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.03	0.05075	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	60.00	0.03	0.05075	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.02	0.05075	51%-75% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.02	0.05075	51%-75% Below	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.05075	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	135.00	0.03	0.05075	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.03	0.05398	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.02	0.05398	51%-75% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.05398	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.05398	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.04	0.05398	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.04	0.05398	10%-25% Below	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.03	0.05750	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.04	0.05750	10%-25% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.04	0.05750	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.28	0.05881	200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.03	0.05881	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	12	22.00	0.04	0.05170	10%-25% Below	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.03	0.05170	26%-50% Below	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.04	0.05170	10%-25% Below	Yes	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	1	34.00	0.03	0.05079	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.05079	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.05079	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	45.00	0.03	0.05432	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	60.00	0.03	0.05432	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.02	0.05432	51%-75% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.05432	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.04	0.05432	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238183207	LEVOTHYROXINE 75 MCG TABLET	3	13.00	0.03	0.05769	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.04	0.05769	10%-25% Below	Yes	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.05769	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.04	0.05769	10%-25% Below	Yes	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.05779	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.04	0.05334	10%-25% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.03	0.06733	51%-75% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.05	0.06733	10%-25% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	12	90.00	0.04	0.05732	26%-50% Below	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.03	0.05802	26%-50% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.04	0.05802	26%-50% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.05	0.05802	10%-25% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.03	0.06194	51%-75% Below	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.03	0.06194	51%-75% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.04	0.06194	26%-50% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.03	0.06733	51%-75% Below	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.03	0.06733	51%-75% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.04	0.06733	26%-50% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.36	0.06733	200% Above	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.06	0.06719	10%-25% Below	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	12	90.00	0.04	0.05732	26%-50% Below	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	12	90.00	0.13	0.05732	101%-200% Above	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.03	0.05386	26%-50% Below	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05386	51%-75% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05386	26%-50% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238183407	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05386	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05519	26%-50% Below	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.05	0.05519	10%-25% Below	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05854	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.05	0.05854	10%-25% Below	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.39	0.05929	200% Above	Yes	No
69238183501	LEVOTHYROXINE 112 MCG TABLET	1	30.00	0.06	0.06852	10%-25% Below	No	No
69238183501	LEVOTHYROXINE 112 MCG TABLET	2	26.00	0.06	0.07192	10%-25% Below	No	No
69238183501	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.05	0.07192	10%-25% Below	No	No
69238183501	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.05	0.07192	26%-50% Below	No	No
69238183501	LEVOTHYROXINE 112 MCG TABLET	3	26.00	0.06	0.07351	10%-25% Below	No	No
69238183501	LEVOTHYROXINE 112 MCG TABLET	4	26.00	0.06	0.07308	10%-25% Below	No	No
69238183501	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.04	0.06916	26%-50% Below	No	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.03	0.06852	51%-75% Below	No	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.03	0.07192	51%-75% Below	Yes	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.04	0.07351	26%-50% Below	No	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.04	0.07351	26%-50% Below	Yes	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.06	0.07351	10%-25% Below	Yes	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.37	0.07308	200% Above	Yes	No
69238183507	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.04	0.06916	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238183601	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.04	0.07133	26%-50% Below	Yes	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.04	0.07216	26%-50% Below	Yes	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.06	0.07216	10%-25% Below	Yes	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	2	45.00	0.04	0.07216	26%-50% Below	Yes	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.06	0.07216	10%-25% Below	Yes	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	3	30.00	0.06	0.07712	10%-25% Below	Yes	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.04	0.07712	26%-50% Below	Yes	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.06	0.07177	10%-25% Below	Yes	No
69238183601	LEVOTHYROXINE 125 MCG TABLET	12	90.00	0.05	0.07177	26%-50% Below	Yes	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.04	0.07133	26%-50% Below	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	1	180.00	0.05	0.07133	26%-50% Below	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.04	0.07216	26%-50% Below	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.05	0.07712	26%-50% Below	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.05	0.07712	26%-50% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.04	0.07306	26%-50% Below	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.05	0.07306	26%-50% Below	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.22	0.12476	76%-100% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	2	30.00	0.04	0.07827	26%-50% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.04	0.07827	26%-50% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.04	0.07827	26%-50% Below	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	30.00	0.04	0.08487	51%-75% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	45.00	0.08	0.08487	10%-25% Below	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.03	0.08487	51%-75% Below	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.04	0.08487	51%-75% Below	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.05	0.08487	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.07	0.08487	10%-25% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.08	0.08487	10%-25% Below	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	4	90.00	0.29	0.08472	200% Above	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.04	0.07359	26%-50% Below	Yes	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.05	0.07359	26%-50% Below	No	No
69238183707	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.04	0.07306	26%-50% Below	No	No
69238183707	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.05	0.07827	26%-50% Below	No	No
69238183707	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.05	0.07827	26%-50% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.05	0.07130	10%-25% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	2	30.00	0.07	0.07890	10%-25% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.04	0.08267	51%-75% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.07	0.08267	10%-25% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.05	0.08036	26%-50% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	12	30.00	0.06	0.07092	10%-25% Below	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.08267	51%-75% Below	Yes	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	1	30.00	0.04	0.08637	26%-50% Below	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.07	0.08637	10%-25% Below	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	2	30.00	0.04	0.09185	51%-75% Below	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	2	90.00	0.05	0.09185	26%-50% Below	No	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.05	0.09462	26%-50% Below	No	No
69238183907	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.07	0.09462	10%-25% Below	No	No
69238183907	LEVOTHYROXINE 175 MCG TABLET	12	90.00	0.19	0.09137	101%-200% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	1	90.00	0.06	0.08973	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.05	0.09532	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.06	0.09532	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238184001	LEVOTHYROXINE 200 MCG TABLET	12	30.00	0.06	0.09085	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	12	30.00	0.07	0.09085	10%-25% Below	No	No
69238184007	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.05	0.09532	26%-50% Below	No	No
69238199107	DIGOXIN 125 MCG TABLET	3	90.00	0.53	0.14355	200% Above	Yes	No
69238199207	DIGOXIN 250 MCG TABLET	1	90.00	0.62	0.14211	200% Above	Yes	No
69238201603	IPRATROPIUM 0.03% SPRAY	2	30.00	0.33	0.55062	26%-50% Below	No	No
69238201702	IPRATROPIUM 0.06% SPRAY	4	15.00	0.89	1.15508	10%-25% Below	No	No
69238201702	IPRATROPIUM 0.06% SPRAY	12	15.00	1.23	0.97944	10%-25% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	30.00	0.17	0.05420	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	60.00	0.13	0.05420	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	60.00	0.15	0.05420	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	60.00	0.19	0.05420	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	270.00	0.13	0.05420	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	30.00	0.13	0.05492	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	30.00	0.17	0.05492	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	60.00	0.13	0.05492	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	60.00	0.19	0.05492	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	90.00	0.00	0.05492	76%-100% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	30.00	0.01	0.05499	76%-100% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	30.00	0.11	0.05499	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	30.00	0.17	0.05499	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	30.00	0.17	0.05499	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	30.00	0.17	0.05499	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	60.00	0.11	0.05499	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	60.00	0.16	0.05499	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238207701	PROPRANOLOL 10 MG TABLET	3	60.00	0.17	0.05499	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	90.00	0.11	0.05499	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	30.00	0.16	0.05382	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	30.00	0.17	0.05382	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	60.00	0.16	0.05382	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	60.00	0.17	0.05382	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	180.00	0.17	0.05382	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	12	60.00	0.15	0.05529	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	12	90.00	0.15	0.05529	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	1	30.00	0.13	0.05420	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	1	60.00	0.13	0.05420	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	60.00	0.15	0.05420	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	180.00	0.13	0.05420	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	180.00	0.16	0.05420	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	30.00	0.11	0.05492	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	2	30.00	0.17	0.05492	200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	2	30.00	0.20	0.05492	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	60.00	0.11	0.05492	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	60.00	0.13	0.05492	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	2	60.00	0.13	0.05492	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	60.00	0.17	0.05492	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	90.00	0.18	0.05492	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	120.00	0.11	0.05492	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	180.00	0.13	0.05492	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	30.00	0.16	0.05499	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238207707	PROPRANOLOL 10 MG TABLET	3	30.00	0.17	0.05499	200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	3	60.00	0.11	0.05499	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	60.00	0.16	0.05499	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	120.00	0.11	0.05499	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	180.00	0.11	0.05499	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	270.00	0.16	0.05499	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	10.00	0.16	0.05382	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	4	60.00	0.16	0.05382	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	90.00	0.17	0.05382	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	180.00	0.16	0.05382	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	12	30.00	0.15	0.05529	101%-200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	12	30.00	0.20	0.05529	200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	12	60.00	0.17	0.05529	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	12	180.00	0.11	0.05529	76%-100% Above	Yes	No
69238207801	PROPRANOLOL 20 MG TABLET	1	60.00	0.16	0.05829	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	1	60.00	0.17	0.05829	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	2	30.00	0.24	0.06001	200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	2	60.00	0.16	0.06001	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	2	90.00	0.14	0.06001	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	3	60.00	0.14	0.06153	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	3	180.00	0.15	0.06153	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	4	90.00	0.16	0.06229	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	12	60.00	0.19	0.05935	200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	12	90.00	0.17	0.05935	101%-200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	2	30.00	0.22	0.06001	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238207807	PROPRANOLOL 20 MG TABLET	2	180.00	0.16	0.06001	101%-200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	3	60.00	0.14	0.06153	101%-200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	3	270.00	0.14	0.06153	101%-200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	4	180.00	0.16	0.06229	101%-200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	12	30.00	0.23	0.05935	200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	1	60.00	0.26	0.08701	101%-200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	3	30.00	0.17	0.08916	76%-100% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	3	60.00	0.25	0.08916	101%-200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	4	30.00	0.17	0.08696	76%-100% Above	No	No
69238207907	PROPRANOLOL 40 MG TABLET	1	180.00	0.24	0.08701	101%-200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	4	180.00	0.21	0.08696	101%-200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	12	60.00	0.25	0.08843	101%-200% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	2	30.00	0.30	0.18008	51%-75% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	3	30.00	0.27	0.17758	51%-75% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	4	30.00	0.25	0.17296	26%-50% Above	No	No
69238208105	PROPRANOLOL 80 MG TABLET	3	30.00	0.27	0.17758	51%-75% Above	Yes	No
69238208105	PROPRANOLOL 80 MG TABLET	4	90.00	0.25	0.17296	26%-50% Above	Yes	No
69238210407	NALOXONE HCL 4 MG NASAL SPRAY	4	2.00	35.05	28.26338	10%-25% Above	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	1	140.00	0.07	0.10628	26%-50% Below	No	No
69238244803	ESTRADIOL 0.1% (1.25 MG) GEL PK	4	112.50	0.54	1.61030	51%-75% Below	No	No
69238245103	ESTRADIOL 0.1% (0.5 MG) GEL PKT	2	90.00	0.33	1.83293	76%-100% Below	No	No
69238259808	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	360.00	0.00	0.65519	76%-100% Below	No	No
69238259808	ICOSAPENT ETHYL 1 GRAM CAPSULE	1	360.00	0.10	0.65519	76%-100% Below	No	No
69292053010	PROPRANOLOL 10 MG TABLET	1	60.00	0.13	0.05420	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	1	360.00	0.13	0.05420	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69292053010	PROPRANOLOL 10 MG TABLET	2	60.00	0.11	0.05492	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	2	180.00	0.11	0.05492	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	3	24.00	0.11	0.05499	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	3	90.00	0.11	0.05499	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	3	180.00	0.11	0.05499	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	4	30.00	0.03	0.05382	26%-50% Below	No	No
69292053010	PROPRANOLOL 10 MG TABLET	4	30.00	0.16	0.05382	101%-200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	4	60.00	0.08	0.05382	51%-75% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	4	60.00	0.18	0.05382	200% Above	No	No
69292053010	PROPRANOLOL 10 MG TABLET	12	10.00	0.21	0.05529	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	1	45.00	0.22	0.05829	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	1	60.00	0.25	0.05829	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	2	45.00	0.22	0.06001	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	2	60.00	0.25	0.06001	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	3	45.00	0.22	0.06153	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	3	90.00	0.16	0.06153	101%-200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	4	45.00	0.22	0.06229	200% Above	No	No
69292053210	PROPRANOLOL 20 MG TABLET	12	45.00	0.22	0.05935	200% Above	No	No
69292053410	PROPRANOLOL 40 MG TABLET	2	90.00	0.22	0.08591	101%-200% Above	No	No
69292053410	PROPRANOLOL 40 MG TABLET	3	30.00	0.20	0.08916	101%-200% Above	No	No
69292053801	PROPRANOLOL 80 MG TABLET	4	60.00	0.25	0.17296	26%-50% Above	No	No
69292056401	METOLAZONE 5 MG TABLET	3	7.00	0.50	0.29049	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	1	3.00	0.02	0.02252	10%-25% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	1	30.00	0.02	0.02252	10%-25% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	1	30.00	0.03	0.02252	51%-75% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315011610	FUROSEMIDE 20 MG TABLET	1	30.00	0.04	0.02252	76%-100% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	1	60.00	0.02	0.02252	10%-25% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	1	90.00	0.02	0.02252	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	30.00	0.02	0.02485	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02485	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02485	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02485	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	180.00	0.01	0.02485	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	30.00	0.01	0.02649	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02649	26%-50% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	30.00	0.04	0.02649	51%-75% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	60.00	0.01	0.02649	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	90.00	0.01	0.02649	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	90.00	0.02	0.02649	26%-50% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	90.00	0.02	0.02649	10%-25% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	11.00	0.07	0.02632	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02632	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02632	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	30.00	0.07	0.02632	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	90.00	0.07	0.02632	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	12	30.00	0.01	0.02280	51%-75% Below	No	No
69315011610	FUROSEMIDE 20 MG TABLET	12	30.00	0.04	0.02280	76%-100% Above	No	No
69315011701	FUROSEMIDE 40 MG TABLET	1	180.00	0.03	0.02862	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	1	30.00	0.02	0.02862	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	1	30.00	0.02	0.02862	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315011710	FUROSEMIDE 40 MG TABLET	1	30.00	0.04	0.02862	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	1	45.00	0.02	0.02862	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	2	30.00	0.02	0.03121	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	2	30.00	0.02	0.03121	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	2	30.00	0.04	0.03121	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	2	30.00	0.04	0.03121	26%-50% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	2	30.00	0.05	0.03121	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	30.00	0.02	0.03299	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	30.00	0.04	0.03299	10%-25% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	30.00	0.05	0.03299	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	30.00	0.08	0.03299	101%-200% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	90.00	0.02	0.03299	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	90.00	0.02	0.03299	26%-50% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	3	180.00	0.03	0.03299	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	4	30.00	0.05	0.03304	51%-75% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	4	30.00	0.08	0.03304	101%-200% Above	No	No
69315011710	FUROSEMIDE 40 MG TABLET	12	14.00	0.02	0.02872	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	12	30.00	0.02	0.02872	10%-25% Below	No	No
69315011710	FUROSEMIDE 40 MG TABLET	12	90.00	0.02	0.02872	10%-25% Below	No	No
69315011805	FUROSEMIDE 80 MG TABLET	4	60.00	0.03	0.05422	51%-75% Below	No	No
69315012701	FOLIC ACID 1 MG TABLET	1	30.00	0.01	0.02086	51%-75% Below	No	No
69315012701	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	51%-75% Below	No	No
69315012701	FOLIC ACID 1 MG TABLET	2	90.00	0.02	0.02251	26%-50% Below	No	No
69315012701	FOLIC ACID 1 MG TABLET	12	90.00	0.01	0.02077	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	1	60.00	0.01	0.02086	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.02	0.02086	10%-25% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	2	30.00	0.01	0.02251	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02251	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02251	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02251	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02251	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02251	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	2	90.00	0.02	0.02251	10%-25% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	3	30.00	0.01	0.02320	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.02	0.02320	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	4	90.00	0.02	0.02265	10%-25% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	4	90.00	0.02	0.02265	10%-25% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	4	90.00	0.05	0.02265	76%-100% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	4	90.00	0.05	0.02265	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315012710	FOLIC ACID 1 MG TABLET	12	30.00	0.01	0.02077	26%-50% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.00	0.02077	76%-100% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.01	0.02077	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.01	0.02077	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.02	0.02077	10%-25% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.02	0.02077	10%-25% Below	Yes	No
69315013701	BENZTROPINE MES 1 MG TABLET	2	60.00	0.05	0.07818	26%-50% Below	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	3	60.00	0.05	0.08182	26%-50% Below	No	No
69315013701	BENZTROPINE MES 1 MG TABLET	4	60.00	0.05	0.08215	26%-50% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.09	0.04258	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.15	0.04258	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.16	0.04258	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.04	0.04258	10%-25% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.05	0.04258	26%-50% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.09	0.04258	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.10	0.04258	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.10	0.04258	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.11	0.04258	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.12	0.04258	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.13	0.04258	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.13	0.04258	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.15	0.04813	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.15	0.04813	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.16	0.04813	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	37.00	0.13	0.04813	101%-200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.02	0.04813	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.09	0.04813	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.10	0.04813	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.11	0.04813	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.12	0.04813	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.15	0.05030	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.16	0.05030	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.16	0.05030	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.02	0.05030	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.04	0.05030	26%-50% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.08	0.05030	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.09	0.05030	76%-100% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.09	0.05030	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.10	0.05030	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.11	0.05030	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.12	0.05030	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.13	0.05030	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.04	0.05053	26%-50% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.09	0.05053	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.10	0.05053	76%-100% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	0.16	0.04193	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	0.16	0.04193	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	69.00	0.10	0.04193	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.08	0.04193	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.10	0.04193	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.11	0.04193	101%-200% Above	Yes	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.09	0.04258	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.10	0.04258	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.09	0.04813	76%-100% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.09	0.04813	76%-100% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.09	0.05030	76%-100% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.02	0.05053	51%-75% Below	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.09	0.05053	76%-100% Above	No	No
69315021101	NIFEDIPINE 10 MG CAPSULE	4	8.00	0.49	0.28545	51%-75% Above	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	2	60.00	0.38	0.52494	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	3	60.00	0.34	0.58274	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	4	60.00	0.77	0.67579	10%-25% Above	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	12	60.00	0.44	0.50904	10%-25% Below	No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	2	30.00	2.01	.		No	No
69315029105	ALLOPURINOL 100 MG TABLET	1	90.00	0.08	0.03813	76%-100% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	4	90.00	0.02	0.04294	26%-50% Below	No	No
69315029105	ALLOPURINOL 100 MG TABLET	4	90.00	0.12	0.04294	101%-200% Above	No	No
69315029205	ALLOPURINOL 300 MG TABLET	4	30.00	0.14	0.06676	101%-200% Above	No	No
69315030660	NYSTATIN 100,000 UNIT/GM POWD	3	60.00	0.14	0.27910	26%-50% Below	No	No
69315030802	CIPROFLOXACIN 0.3% EYE DROP	12	2.50	2.11	2.71253	10%-25% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2	5.00	1.03	1.57752	26%-50% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2	5.00	1.95	1.57752	10%-25% Above	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	2	20.00	1.03	1.57752	26%-50% Below	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	3	5.00	0.94	1.61235	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	3	5.00	0.94	1.61235	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315030805	CIPROFLOXACIN 0.3% EYE DROP	3	5.00	2.03	1.61235	10%-25% Above	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	4	5.00	1.88	1.66454	10%-25% Above	Yes	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	12	5.00	1.22	1.50086	10%-25% Below	No	No
69315030810	CIPROFLOXACIN 0.3% EYE DROP	2	10.00	1.50	1.15658	26%-50% Above	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	2	28.00	0.07	0.25472	51%-75% Below	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	3	28.00	0.13	0.26695	51%-75% Below	No	No
69315032005	OFLOXACIN 0.3% EAR DROPS	1	5.00	2.02	1.32002	51%-75% Above	No	No
69315032005	OFLOXACIN 0.3% EAR DROPS	2	5.00	2.96	1.39675	101%-200% Above	No	No
69315032005	OFLOXACIN 0.3% EAR DROPS	3	5.00	2.02	1.39262	26%-50% Above	No	No
69315032010	OFLOXACIN 0.3% EAR DROPS	2	10.00	2.02	1.31868	51%-75% Above	No	No
69315032010	OFLOXACIN 0.3% EAR DROPS	3	10.00	2.02	1.32290	51%-75% Above	No	No
69315032010	OFLOXACIN 0.3% EAR DROPS	4	10.00	2.92	1.33871	101%-200% Above	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	1	60.00	0.03	0.06087	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	1	140.00	0.03	0.06087	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	1	240.00	0.03	0.06087	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	1	240.00	0.03	0.06087	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2	140.00	0.03	0.06694	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2	224.00	0.03	0.06694	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	28.00	0.04	0.06967	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	60.00	0.03	0.06967	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	140.00	0.03	0.06967	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	200.00	0.03	0.06967	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	240.00	0.03	0.06967	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	4	400.00	0.05	0.06368	26%-50% Below	No	No
69315050460	NYSTATIN 100,000 UNIT/ML SUSP	2	200.00	0.03	0.14095	76%-100% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315050460	NYSTATIN 100,000 UNIT/ML SUSP	3	120.00	0.03	0.14642	76%-100% Below	No	No
69315050460	NYSTATIN 100,000 UNIT/ML SUSP	3	140.00	0.04	0.14642	51%-75% Below	No	No
69315050460	NYSTATIN 100,000 UNIT/ML SUSP	3	473.00	0.04	0.14642	51%-75% Below	Yes	No
69315050460	NYSTATIN 100,000 UNIT/ML SUSP	4	200.00	0.03	0.14098	76%-100% Below	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	1	2.00	0.03	0.03737	26%-50% Below	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	3	4.00	0.02	0.04287	51%-75% Below	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	3	15.00	0.07	0.04287	51%-75% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	4	30.00	0.09	0.04385	76%-100% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	4	60.00	0.09	0.04385	76%-100% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	4	90.00	0.09	0.04385	76%-100% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	12	15.00	0.00	0.03769	76%-100% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	2.00	0.19	0.04110	200% Above	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	15.00	0.05	0.04110	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	30.00	0.02	0.04110	51%-75% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	45.00	0.03	0.04110	26%-50% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	3	30.00	0.09	0.04287	101%-200% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	4	20.00	0.03	0.04385	10%-25% Below	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	12	30.00	0.03	0.03769	10%-25% Below	Yes	No
69315090410	LORAZEPAM 0.5 MG TABLET	1	30.00	0.01	0.03737	76%-100% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	1	30.00	0.03	0.03737	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	1	60.00	0.03	0.03737	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	2	30.00	0.01	0.04110	76%-100% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	2	30.00	0.02	0.04110	51%-75% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	2	90.00	0.02	0.04110	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	3	20.00	0.04	0.04287	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315090410	LORAZEPAM 0.5 MG TABLET	3	30.00	0.02	0.04287	51%-75% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	3	30.00	0.09	0.04287	101%-200% Above	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	3	60.00	0.03	0.04287	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	3	90.00	0.02	0.04287	26%-50% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	4	30.00	0.09	0.04385	76%-100% Above	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	12	60.00	0.02	0.03769	51%-75% Below	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	12	90.00	0.02	0.03769	26%-50% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	1	30.00	0.02	0.04209	26%-50% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	1	60.00	0.02	0.04209	26%-50% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	2	30.00	0.01	0.04658	76%-100% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	2	60.00	0.01	0.04658	76%-100% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	3	30.00	0.01	0.04949	76%-100% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	3	60.00	0.01	0.04949	76%-100% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	3	90.00	0.02	0.04949	26%-50% Below	No	No
69315090501	LORAZEPAM 1 MG TABLET	4	30.00	0.13	0.04960	101%-200% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	12	60.00	0.03	0.04211	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	1	30.00	0.02	0.04209	51%-75% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	1	60.00	0.01	0.04209	51%-75% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	2	2.00	0.19	0.04658	200% Above	Yes	No
69315090505	LORAZEPAM 1 MG TABLET	2	48.00	0.02	0.04658	51%-75% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	2	90.00	0.07	0.04658	26%-50% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	3	20.00	0.07	0.04949	26%-50% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	3	48.00	0.13	0.04949	101%-200% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	12	48.00	0.02	0.04211	26%-50% Below	No	No
69315090505	LORAZEPAM 1 MG TABLET	12	60.00	0.02	0.04211	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315090510	LORAZEPAM 1 MG TABLET	1	14.00	0.05	0.04209	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	20.00	0.03	0.04209	10%-25% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	30.00	0.02	0.04209	51%-75% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	30.00	0.03	0.04209	10%-25% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	30.00	0.04	0.04209	10%-25% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	60.00	0.02	0.04209	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	60.00	0.03	0.04209	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	60.00	0.11	0.04209	101%-200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	90.00	0.02	0.04209	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	120.00	0.02	0.04209	51%-75% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	5.00	0.11	0.04658	101%-200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	20.00	0.03	0.04658	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	26.00	0.02	0.04658	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	30.00	0.02	0.04658	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	30.00	0.03	0.04658	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	30.00	0.04	0.04658	10%-25% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	45.00	0.03	0.04658	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	60.00	0.03	0.04658	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	3	2.00	0.24	0.04949	200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	3	20.00	0.03	0.04949	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	3	30.00	0.02	0.04949	51%-75% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	3	30.00	0.03	0.04949	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	3	30.00	0.04	0.04949	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	3	60.00	0.03	0.04949	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	4	2.00	0.24	0.04960	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315090510	LORAZEPAM 1 MG TABLET	12	13.00	0.05	0.04211	10%-25% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	12	20.00	0.02	0.04211	51%-75% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	12	20.00	0.03	0.04211	10%-25% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	12	30.00	0.04	0.04211	10%-25% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	12	44.00	0.03	0.04211	10%-25% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	12	120.00	0.03	0.04211	26%-50% Below	No	No
69315090601	LORAZEPAM 2 MG TABLET	2	2.00	0.26	0.06746	200% Above	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	4	30.00	0.28	0.17358	51%-75% Above	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	4	30.00	0.29	0.17358	51%-75% Above	No	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	1	30.00	0.33	0.15690	101%-200% Above	Yes	No
69355051601	VISBIOME GI PAK 900B EXS	2	30.00	4.80	.		No	No
69367013206	GABAPENTIN 300 MG CAPSULE	4	30.00	0.13	0.03509	200% Above	No	No
69367013206	GABAPENTIN 300 MG CAPSULE	12	90.00	0.04	0.03474	10%-25% Above	No	No
69367013705	ACYCLOVIR 400 MG TABLET	1	15.00	0.17	0.07973	101%-200% Above	No	No
69367013705	ACYCLOVIR 400 MG TABLET	1	90.00	0.10	0.07973	26%-50% Above	No	No
69367013705	ACYCLOVIR 400 MG TABLET	3	30.00	0.13	0.09406	26%-50% Above	No	No
69367013705	ACYCLOVIR 400 MG TABLET	4	90.00	0.10	0.09291	10%-25% Above	No	No
69367013801	ACYCLOVIR 800 MG TABLET	3	30.00	0.11	0.15158	10%-25% Below	No	No
69367013801	ACYCLOVIR 800 MG TABLET	12	30.00	0.15	0.13005	10%-25% Above	No	No
69367016204	PHENAZOPYRIDINE 100 MG TAB	3	9.00	1.51	0.17712	200% Above	No	No
69367016504	FERROUS GLUC TAB 324MG	1	30.00	0.22	.		No	No
69367016504	FERROUS GLUC TAB 324MG	2	30.00	0.22	.		No	No
69367016504	FERROUS GLUC TAB 324MG	3	30.00	0.22	.		No	No
69367016504	FERROUS GLUC TAB 324MG	4	30.00	0.22	.		No	No
69367016504	FERROUS GLUC TAB 324MG	12	30.00	0.22	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367017401	HYDROQUINONE 4% CREAM	2	28.35	0.87	0.62064	26%-50% Above	Yes	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	54.00	0.08	0.14389	26%-50% Below	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.07	0.15433	51%-75% Below	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	20.00	0.01	0.13180	76%-100% Below	No	No
69367020301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	30.00	0.08	0.13180	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	0.07	0.14389	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	21.00	0.29	0.15433	76%-100% Above	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	12.00	0.30	0.15039	76%-100% Above	No	No
69367021901	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.06	0.02806	101%-200% Above	No	No
69367021910	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.05	0.02806	76%-100% Above	No	No
69367021910	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.04	0.02926	26%-50% Above	No	No
69367021910	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.04	0.03012	26%-50% Above	No	No
69367021910	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.00	0.05	0.02881	51%-75% Above	No	No
69367022001	SOD CHLORIDE TAB 1GM	3	180.00	0.11	.		No	No
69367023701	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.16	0.05872	101%-200% Above	No	No
69367023701	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.16	0.06602	101%-200% Above	No	No
69367023701	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.16	0.06815	101%-200% Above	No	No
69367024324	HYDROCORT AC SUP 25MG	1	12.00	10.24	.		No	No
69367024324	HYDROCORT AC SUP 25MG	12	30.00	0.58	.		No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	6.00	0.53	0.23463	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	6.00	0.68	0.23463	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.17	0.23463	26%-50% Below	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.18	0.23463	10%-25% Below	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.50	0.23463	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.42	0.23463	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	6.00	0.53	0.24930	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	20.00	0.44	0.24930	51%-75% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.18	0.24930	26%-50% Below	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.50	0.24930	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	40.00	0.43	0.24930	51%-75% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.16	0.24832	26%-50% Below	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.50	0.24832	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.50	0.24832	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	12.00	0.56	0.24564	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.56	0.24564	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	12	6.00	0.65	0.23739	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.65	0.23739	101%-200% Above	No	No
69367026230	VALACYCLOVIR HCL 500 MG TABLET	3	12.00	0.16	0.24832	26%-50% Below	No	No
69367026230	VALACYCLOVIR HCL 500 MG TABLET	3	20.00	0.59	0.24832	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	5.00	0.93	0.42457	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	5.00	1.18	0.42457	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	21.00	1.10	0.42457	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.17	0.42457	51%-75% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.50	0.42457	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	60.00	0.47	0.42457	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	14.00	0.40	0.44748	10%-25% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	15.00	1.11	0.44748	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	20.00	0.40	0.44748	10%-25% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	20.00	0.50	0.44748	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.50	0.44748	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	60.00	0.40	0.44748	10%-25% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	180.00	0.36	0.44748	10%-25% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	5.00	0.93	0.44069	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	5.00	0.96	0.44069	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	14.00	0.37	0.44069	10%-25% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	20.00	0.37	0.44069	10%-25% Below	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.50	0.44069	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	12.00	1.05	0.43151	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	14.00	1.05	0.43151	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.50	0.43151	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.67	0.43151	51%-75% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	1.18	0.43060	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	12	5.00	1.18	0.43060	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	12	14.00	1.18	0.43060	101%-200% Above	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	1	118.00	0.03	0.05221	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	1	118.00	0.04	0.05221	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	1	120.00	0.04	0.05221	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	1	200.00	0.04	0.05221	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	2	140.00	0.04	0.05820	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	2	180.00	0.04	0.05820	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	3	420.00	0.03	0.06236	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	70.00	0.03	0.03274	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	120.00	0.03	0.03274	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	180.00	0.03	0.03274	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	200.00	0.02	0.03274	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	200.00	0.02	0.03274	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	3	180.00	0.06	0.03332	51%-75% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	4	180.00	0.06	0.03336	51%-75% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	4	280.00	0.06	0.03336	51%-75% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	12	120.00	0.01	0.03283	51%-75% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	12	180.00	0.02	0.03283	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	12	240.00	0.04	0.03283	10%-25% Above	No	No
69367028705	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.23	0.05461	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	30.00	0.37	0.09097	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	30.00	0.43	0.09097	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.09685	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	30.00	0.37	0.09685	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	60.00	0.37	0.09685	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	3	30.00	0.00	0.10020	76%-100% Below	No	No
69367030205	CELECOXIB 200 MG CAPSULE	3	30.00	0.17	0.10020	51%-75% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	3	30.00	0.33	0.10020	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	12	30.00	0.05	0.08533	26%-50% Below	No	No
69367030205	CELECOXIB 200 MG CAPSULE	12	30.00	0.43	0.08533	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	12	60.00	0.43	0.08533	200% Above	No	No
69367031101	SODIUM FLUORIDE 5000 PPM PASTE	1	100.00	0.13	0.09372	26%-50% Above	No	No
69367031101	SODIUM FLUORIDE 5000 PPM PASTE	4	100.00	0.13	0.09418	26%-50% Above	No	No
69367034405	GABAPENTIN 300 MG CAPSULE	2	60.00	0.01	0.03674	51%-75% Below	No	No
69367034405	GABAPENTIN 300 MG CAPSULE	12	30.00	0.05	0.03474	26%-50% Above	Yes	No
69367034605	GABAPENTIN 600 MG TABLET	1	90.00	0.02	0.06691	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	1	270.00	0.02	0.06691	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367034605	GABAPENTIN 600 MG TABLET	3	180.00	0.02	0.07464	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	4	30.00	0.04	0.07592	26%-50% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	4	270.00	0.02	0.07592	51%-75% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	2	90.00	0.05	0.10043	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	3	90.00	0.05	0.10493	51%-75% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	4	90.00	0.05	0.10534	51%-75% Below	No	No
69367039101	AMITRIPTYLINE HCL 75 MG TAB	1	30.00	0.42	0.10231	200% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	20.00	0.03	0.05620	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05620	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	18.00	0.15	0.06335	101%-200% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	21.00	0.05	0.06335	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.06335	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	32.00	0.04	0.06335	26%-50% Below	No	No
69367061101	PHENAZOPYRIDINE 100 MG TAB	1	14.00	1.07	0.13587	200% Above	No	No
69367061101	PHENAZOPYRIDINE 100 MG TAB	3	6.00	2.25	0.17712	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	1	6.00	3.29	0.16486	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	1	30.00	0.50	0.16486	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	2	6.00	2.24	0.18322	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	2	15.00	2.24	0.18322	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	4	9.00	1.67	0.20234	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	12	9.00	1.67	0.16924	200% Above	No	No
69452012550	OXCARBAZEPINE 300 MG/5 ML SUSP	3	1750.00	0.15	0.21993	26%-50% Below	No	No
69452014320	BENZONATATE 100 MG CAPSULE	1	21.00	0.21	0.06210	200% Above	No	No
69452014320	BENZONATATE 100 MG CAPSULE	2	15.00	0.22	0.06951	200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	1	10.00	0.13	0.06210	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452014330	BENZONATATE 100 MG CAPSULE	1	30.00	0.13	0.06210	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	1	30.00	0.17	0.06210	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	1	60.00	0.15	0.06210	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	2	10.00	0.13	0.06951	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	2	20.00	0.13	0.06951	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	2	21.00	0.21	0.06951	200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	2	30.00	0.13	0.06951	76%-100% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	3	20.00	0.11	0.07447	51%-75% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	3	30.00	0.11	0.07447	51%-75% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	3	42.00	0.19	0.07447	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	4	20.00	0.31	0.07446	200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	12	20.00	0.22	0.06223	200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	12	30.00	0.17	0.06223	101%-200% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	12	30.00	0.28	0.09845	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	1	30.00	0.33	0.09755	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	3	20.00	0.05	0.11069	51%-75% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	12.00	0.30	0.09845	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	15.00	0.29	0.09845	101%-200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	15.00	0.37	0.09845	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	30.00	0.06	0.09845	26%-50% Below	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	30.00	0.29	0.09845	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	1.00	0.06	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.06	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.06	0.10587	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.07	0.10587	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.14	0.10587	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.14	0.10587	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.15	0.10587	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.16	0.10587	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.17	0.10587	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.17	0.10587	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.18	0.10587	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.19	0.10587	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	6.00	0.07	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	7.00	0.06	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.04	0.10587	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10587	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.06	0.10587	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.06	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.06	0.10587	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.07	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.07	0.10587	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.09	0.10587	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.05	0.10587	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.06	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.07	0.10587	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	15.00	0.05	0.10587	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	24.00	0.09	0.10587	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	1.00	0.06	0.11721	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	2.00	0.44	0.11721	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	3.00	0.17	0.11721	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.06	0.11721	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.06	0.11721	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.14	0.11721	10%-25% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.14	0.11721	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.15	0.11721	10%-25% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.15	0.11721	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.15	0.11721	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.16	0.11721	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.17	0.11721	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.19	0.11721	51%-75% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.21	0.11721	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.23	0.11721	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.34	0.11721	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.37	0.11721	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	6.00	0.06	0.11721	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.06	0.11721	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.04	0.11721	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.04	0.11721	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11721	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11721	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11721	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.06	0.11721	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.06	0.11721	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1300

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.09	0.11721	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.10	0.11721	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.10	0.11721	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	13.00	0.10	0.11721	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	2.00	0.44	0.12229	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	3.00	0.10	0.12229	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.06	0.12229	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.06	0.12229	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.14	0.12229	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.15	0.12229	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.16	0.12229	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.17	0.12229	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.18	0.12229	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.23	0.12229	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.37	0.12229	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.40	0.12229	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.40	0.12229	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.06	0.12229	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.06	0.12229	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.14	0.12229	10%-25% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	7.00	0.06	0.12229	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.03	0.12229	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.05	0.12229	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.05	0.12229	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.06	0.12229	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.06	0.12229	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.06	0.12229	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.06	0.12229	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.07	0.12229	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.09	0.12229	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.09	0.12229	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.10	0.12229	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.10	0.12229	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.40	0.12229	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.03	0.12229	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.10	0.12229	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.16	0.12215	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.17	0.12215	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.23	0.12215	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.34	0.12215	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.40	0.12215	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	8.00	0.40	0.12215	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.06	0.12215	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.08	0.12215	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.10	0.12215	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.10	0.12215	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.31	0.12215	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.40	0.12215	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.40	0.12215	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.41	0.12215	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.50	0.12215	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	13.00	0.10	0.12215	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	13.00	0.40	0.12215	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	26.00	0.40	0.12215	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	1.00	0.07	0.10563	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	2.00	0.29	0.10563	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.03	0.10563	76%-100% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.07	0.10563	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.07	0.10563	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.15	0.10563	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.15	0.10563	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.19	0.10563	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.21	0.10563	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.23	0.10563	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.25	0.10563	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.38	0.10563	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	6.00	0.34	0.10563	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.06	0.10563	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.07	0.10563	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.07	0.10563	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.14	0.10563	26%-50% Above	No	No
69452015673	RIZATRIPTAN 5 MG ODT	1	9.00	1.10	0.53626	101%-200% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	1	9.00	0.76	0.46416	51%-75% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	1	9.00	0.76	0.46416	51%-75% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	1	9.00	0.89	0.46416	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452015773	RIZATRIPTAN 10 MG ODT	1	10.00	0.89	0.46416	76%-100% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	2	9.00	0.76	0.51205	26%-50% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	2	9.00	1.11	0.51205	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	2	9.00	1.48	0.51205	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	2	10.00	0.76	0.51205	26%-50% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	3	9.00	0.69	0.55777	10%-25% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	3	10.00	0.86	0.55777	51%-75% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	4	10.00	1.27	0.57373	101%-200% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	12	9.00	0.89	0.48675	76%-100% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	12	9.00	0.89	0.48675	76%-100% Above	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	12	9.00	1.31	0.48675	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	12	9.00	1.36	0.48675	101%-200% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	4	540.00	0.23	0.29879	10%-25% Below	No	No
69452015825	COLESEVELAM 625 MG TABLET	12	180.00	0.62	0.21673	101%-200% Above	No	No
69452017104	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
69452017104	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
69452017104	AZITHROMYCIN 250 MG TABLET	2	6.00	0.22	0.36217	26%-50% Below	No	No
69452017104	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
69452017104	AZITHROMYCIN 250 MG TABLET	3	6.00	0.55	0.37667	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	1	6.00	0.18	0.32126	26%-50% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	1	6.00	0.21	0.32126	26%-50% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	1	6.00	0.42	0.32126	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	1	6.00	0.43	0.32126	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	1	6.00	0.44	0.32126	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	1	6.00	0.47	0.32126	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452017173	AZITHROMYCIN 250 MG TABLET	1	6.00	0.61	0.32126	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	2	6.00	0.17	0.36217	51%-75% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	2	6.00	0.18	0.36217	51%-75% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.36217	10%-25% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	2	6.00	0.50	0.36217	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	2	6.00	0.58	0.36217	51%-75% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	2	10.00	0.18	0.36217	51%-75% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	3	6.00	0.16	0.37667	51%-75% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.37667	51%-75% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	3	6.00	0.50	0.37667	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	3	6.00	1.38	0.37667	200% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	3	10.00	0.17	0.37667	51%-75% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	12	6.00	0.21	0.32433	26%-50% Below	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	12	6.00	0.43	0.32433	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	12	6.00	0.47	0.32433	26%-50% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	12	6.00	0.55	0.32433	51%-75% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	12	6.00	0.58	0.32433	76%-100% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	12	6.00	0.65	0.32433	76%-100% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	2	3.00	0.89	0.61913	26%-50% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	3	5.00	0.88	0.67281	26%-50% Above	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	1	100.00	2.65	1.11776	101%-200% Above	Yes	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	3	60.00	2.05	1.14850	76%-100% Above	No	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	12	90.00	0.11	0.14952	10%-25% Below	Yes	No
69452020820	CALCITRIOL 0.5 MCG CAPSULE	3	90.00	0.19	0.23872	10%-25% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	1	45.00	0.52	0.21680	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452023320	PROGESTERONE 100 MG CAPSULE	3	30.00	0.33	0.25973	26%-50% Above	Yes	No
69452023320	PROGESTERONE 100 MG CAPSULE	3	90.00	0.10	0.25973	51%-75% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	4	30.00	0.33	0.25476	26%-50% Above	Yes	No
69452023420	PROGESTERONE 200 MG CAPSULE	1	30.00	0.50	0.35713	26%-50% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	1	30.00	0.79	0.35713	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	1	180.00	0.17	0.35713	51%-75% Below	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	2	30.00	0.50	0.40063	10%-25% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	2	90.00	0.79	0.40063	76%-100% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	3	30.00	0.72	0.43261	51%-75% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	3	60.00	0.37	0.43261	10%-25% Below	Yes	No
69452023420	PROGESTERONE 200 MG CAPSULE	3	90.00	0.16	0.43261	51%-75% Below	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	3	90.00	0.72	0.43261	51%-75% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	4	30.00	0.50	0.43330	10%-25% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	4	60.00	0.37	0.43330	10%-25% Below	Yes	No
69452023420	PROGESTERONE 200 MG CAPSULE	4	90.00	0.56	0.43330	26%-50% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	4	180.00	0.17	0.43330	51%-75% Below	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	12	90.00	0.93	0.34434	101%-200% Above	No	No
69452027120	LOPERAMIDE 2 MG CAPSULE	2	16.00	0.15	0.12545	10%-25% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	9.00	0.75	0.25936	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	12.00	0.84	0.25936	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	20.00	0.69	0.25936	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	20.00	0.83	0.25936	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	20.00	0.84	0.25936	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	10.00	0.23	0.25658	10%-25% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	2	12.00	0.73	0.25658	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452027520	KETOROLAC 10 MG TABLET	2	15.00	0.73	0.25658	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	20.00	0.50	0.25658	76%-100% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	20.00	0.67	0.25658	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	20.00	0.72	0.25658	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	20.00	0.75	0.25658	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	20.00	0.83	0.25658	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	21.00	0.68	0.25658	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	10.00	0.71	0.29265	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	16.00	0.64	0.29265	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	20.00	0.23	0.29265	10%-25% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	3	20.00	0.50	0.29265	51%-75% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	20.00	0.64	0.29265	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	20.00	0.67	0.29265	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	20.00	0.72	0.29265	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	4	10.00	0.64	0.29173	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	4	12.00	0.64	0.29173	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	4	20.00	0.14	0.29173	51%-75% Below	No	No
69452027520	KETOROLAC 10 MG TABLET	4	20.00	0.64	0.29173	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	4	20.00	0.75	0.29173	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	16.00	0.76	0.29587	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	20.00	0.75	0.29587	101%-200% Above	No	No
69452027620	DEXAMETHASONE 2 MG TABLET	1	10.00	0.21	0.29350	26%-50% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	1	5.00	0.20	0.27120	26%-50% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	2	5.00	0.22	0.28058	10%-25% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	2	9.00	0.24	0.28058	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452027720	DEXAMETHASONE 4 MG TABLET	3	8.00	0.20	0.30478	26%-50% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	4	5.00	0.61	0.29048	101%-200% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	4	7.00	0.21	0.29048	26%-50% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	12	1.00	0.76	0.28001	101%-200% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	12	1.00	0.91	0.28001	200% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	12	3.00	0.42	0.28001	26%-50% Above	No	No
69452027820	DEXAMETHASONE 6 MG TABLET	4	3.00	0.58	0.72015	10%-25% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	1	30.00	0.11	0.07973	26%-50% Above	No	No
69452029020	ACYCLOVIR 400 MG TABLET	3	40.00	0.11	0.09406	10%-25% Above	No	No
69452029030	ACYCLOVIR 400 MG TABLET	3	20.00	0.06	0.09406	26%-50% Below	No	No
69452029120	ACYCLOVIR 800 MG TABLET	1	20.00	0.27	0.13078	101%-200% Above	No	No
69452029120	ACYCLOVIR 800 MG TABLET	2	90.00	0.17	0.14342	10%-25% Above	No	No
69452029120	ACYCLOVIR 800 MG TABLET	3	30.00	0.19	0.15158	10%-25% Above	No	No
69452029120	ACYCLOVIR 800 MG TABLET	4	20.00	0.36	0.15302	101%-200% Above	No	No
69452029130	ACYCLOVIR 800 MG TABLET	1	180.00	0.22	0.13078	51%-75% Above	No	No
69452031020	PROCHLORPERAZINE 10 MG TAB	1	30.00	0.11	0.19046	26%-50% Below	No	No
69452031020	PROCHLORPERAZINE 10 MG TAB	2	30.00	0.10	0.21092	26%-50% Below	No	No
69452031020	PROCHLORPERAZINE 10 MG TAB	4	30.00	0.31	0.21726	26%-50% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	1	20.00	0.16	0.08916	76%-100% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	1	20.00	0.17	0.08916	76%-100% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	2	90.00	0.15	0.08997	51%-75% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	3	12.00	0.22	0.08697	101%-200% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	3	20.00	0.19	0.08697	101%-200% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	3	20.00	0.19	0.08697	101%-200% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	3	90.00	0.15	0.08697	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452031132	DICYCLOMINE 20 MG TABLET	1	20.00	0.16	0.08916	76%-100% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	4	30.00	0.18	0.08330	101%-200% Above	No	No
69452031220	CARBAMAZEPINE 200 MG TABLET	1	60.00	0.25	0.12772	76%-100% Above	No	No
69452031220	CARBAMAZEPINE 200 MG TABLET	12	60.00	0.25	0.11885	101%-200% Above	No	No
69452033120	TERAZOSIN 2 MG CAPSULE	1	30.00	0.06	0.13854	51%-75% Below	No	No
69452033120	TERAZOSIN 2 MG CAPSULE	2	90.00	0.06	0.13814	51%-75% Below	No	No
69452033120	TERAZOSIN 2 MG CAPSULE	3	180.00	0.08	0.13596	26%-50% Below	No	No
69452033320	TERAZOSIN 10 MG CAPSULE	2	90.00	0.07	0.16070	51%-75% Below	No	No
69452033711	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.17	0.34183	26%-50% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	3	60.00	0.33	0.37490	10%-25% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	4	30.00	0.62	0.37871	51%-75% Above	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	1	6.00	0.41	0.28620	26%-50% Above	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	1	6.00	0.48	0.28620	51%-75% Above	Yes	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	4	9.00	0.56	0.34019	51%-75% Above	No	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.65	0.33379	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.31	0.36066	10%-25% Below	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.67	0.36066	76%-100% Above	No	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.90	0.37464	101%-200% Above	No	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	3	30.00	0.90	0.37464	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	0.67	0.36345	76%-100% Above	No	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.54	0.33399	51%-75% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.81	0.33399	101%-200% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.37	0.40836	10%-25% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.64	0.40836	51%-75% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.74	0.40836	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.79	0.40836	76%-100% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	10.00	0.65	0.40836	51%-75% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	6.00	0.68	0.43698	51%-75% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.33	0.43698	10%-25% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.37	0.43698	10%-25% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.64	0.43698	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.74	0.43698	51%-75% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.79	0.43698	76%-100% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	10.00	0.68	0.43698	51%-75% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	6.00	0.68	0.46031	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.33	0.46031	26%-50% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.62	0.46031	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.74	0.46031	51%-75% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.79	0.46031	51%-75% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.87	0.46031	76%-100% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	10.00	0.33	0.46031	26%-50% Below	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	10.00	0.33	0.46031	26%-50% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	10.00	0.68	0.46031	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	12.00	0.41	0.46031	10%-25% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.79	0.45412	51%-75% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.87	0.45412	76%-100% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	18.00	0.87	0.45412	76%-100% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	27.00	0.87	0.45412	76%-100% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.79	0.41351	76%-100% Above	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.81	0.41351	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	12.00	0.78	0.41351	76%-100% Above	Yes	No
69452035113	TERBINAFINE HCL 250 MG TABLET	2	30.00	0.07	0.14465	26%-50% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	2	90.00	0.03	0.04522	26%-50% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	2	270.00	0.02	0.04522	51%-75% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	3	90.00	0.03	0.04815	26%-50% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	12	90.00	0.02	0.04082	26%-50% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	1	90.00	0.03	0.04017	26%-50% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	2	90.00	0.02	0.04433	51%-75% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	2	180.00	0.02	0.04433	51%-75% Below	No	No
69452035820	ROPINIROLE HCL 1 MG TABLET	2	90.00	0.02	0.05250	51%-75% Below	No	No
69452035820	ROPINIROLE HCL 1 MG TABLET	2	270.00	0.02	0.05250	51%-75% Below	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	3	30.00	0.03	0.06680	51%-75% Below	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	12	270.00	0.03	0.05503	26%-50% Below	No	No
69452036020	ROPINIROLE HCL 3 MG TABLET	1	90.00	0.03	0.06482	26%-50% Below	No	No
69452036220	ROPINIROLE HCL 5 MG TABLET	3	60.00	0.23	0.07638	200% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	1	30.00	0.31	0.28433	10%-25% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	1	30.00	0.49	0.28433	51%-75% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	2	30.00	0.27	0.30321	10%-25% Below	No	No
69452036320	DES Loratadine 5 MG TABLET	2	30.00	0.49	0.30321	51%-75% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	3	30.00	0.24	0.30737	10%-25% Below	No	No
69452036320	DES Loratadine 5 MG TABLET	3	30.00	0.49	0.30737	51%-75% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	3	90.00	0.17	0.30737	26%-50% Below	No	No
69452036320	DES Loratadine 5 MG TABLET	4	30.00	0.39	0.29565	26%-50% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	12	20.00	0.77	0.28094	101%-200% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	12	30.00	0.31	0.28094	10%-25% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452036320	DES Loratadine 5 MG Tablet	12	30.00	0.49	0.28094	51%-75% Above	No	No
69489041130	Qbrexza Pad 2.4%	3	30.00	20.42	.		No	No
69489041130	Qbrexza Pad 2.4%	12	30.00	19.37	.		No	No
69584009210	Buspirone HCL 10 MG Tablet	1	60.00	0.08	0.02845	101%-200% Above	No	No
69584009210	Buspirone HCL 10 MG Tablet	1	90.00	0.07	0.02845	101%-200% Above	No	No
69584009250	Buspirone HCL 10 MG Tablet	2	90.00	0.07	0.03079	101%-200% Above	No	No
69584009250	Buspirone HCL 10 MG Tablet	12	90.00	0.14	0.02862	200% Above	No	No
69584011150	Carisoprodol 350 MG Tablet	3	90.00	0.03	0.06959	51%-75% Below	No	No
69584011150	Carisoprodol 350 MG Tablet	12	90.00	0.04	0.06145	26%-50% Below	No	No
69584011190	Carisoprodol 350 MG Tablet	1	180.00	0.04	0.06098	26%-50% Below	No	No
69584011190	Carisoprodol 350 MG Tablet	2	180.00	0.04	0.06663	26%-50% Below	No	No
69584011190	Carisoprodol 350 MG Tablet	3	180.00	0.03	0.06959	51%-75% Below	No	No
69584011190	Carisoprodol 350 MG Tablet	4	180.00	0.17	0.07027	101%-200% Above	No	No
69584011190	Carisoprodol 350 MG Tablet	12	180.00	0.04	0.06145	26%-50% Below	No	No
69584036195	Hydrochlorothiazide 25 MG Tablet	1	30.00	0.02	0.01100	101%-200% Above	No	No
69584036195	Hydrochlorothiazide 25 MG Tablet	2	30.00	0.02	0.01217	51%-75% Above	No	No
69584036195	Hydrochlorothiazide 25 MG Tablet	12	30.00	0.03	0.01079	101%-200% Above	No	No
69584061150	Methocarbamol 500 MG Tablet	2	60.00	0.07	0.03582	101%-200% Above	Yes	No
69584061150	Methocarbamol 500 MG Tablet	4	60.00	0.07	0.03676	76%-100% Above	No	No
69584061210	Methocarbamol 750 MG Tablet	2	24.00	0.05	0.03991	10%-25% Above	No	No
69584061210	Methocarbamol 750 MG Tablet	12	90.00	0.03	0.03852	10%-25% Below	No	No
69584068410	Primidone 50 MG Tablet	12	180.00	0.15	0.11462	26%-50% Above	No	No
69584068510	Primidone 250 MG Tablet	3	180.00	0.08	0.25368	51%-75% Below	No	No
69584084210	Sotalol 120 MG Tablet	1	60.00	0.25	0.07685	200% Above	No	No
69584084210	Sotalol 120 MG Tablet	2	60.00	0.25	0.08434	101%-200% Above	No	No

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10:58 Tuesday, March 24, 2026 1312

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69584084210	SOTALOL 120 MG TABLET	3	60.00	0.25	0.09295	101%-200% Above	No	No
69584084210	SOTALOL 120 MG TABLET	12	60.00	0.25	0.07684	200% Above	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	1	15.00	0.14	0.04612	200% Above	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.03	0.04940	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.04	0.04612	10%-25% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.10	0.04612	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.11	0.04612	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	45.00	0.03	0.04612	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	60.00	0.03	0.04612	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.03	0.04612	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.09	0.04940	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.10	0.04940	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.11	0.04940	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.03	0.04940	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.09	0.04940	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.03	0.05175	51%-75% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.04	0.05175	10%-25% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.09	0.05175	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.10	0.05175	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.11	0.05175	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.03	0.05175	51%-75% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.04	0.05103	10%-25% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.10	0.05103	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.16	0.05103	200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	4	45.00	0.16	0.05103	200% Above	No	No

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10:58 Tuesday, March 24, 2026 1313

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69584085250	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.15	0.05103	200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.04	0.04561	10%-25% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	12	60.00	0.08	0.04561	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.03	0.04561	26%-50% Below	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.08	0.04561	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	1	60.00	0.03	0.04612	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	1	60.00	0.09	0.04612	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.03	0.04612	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.10	0.04612	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.11	0.04940	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	2	60.00	0.09	0.04940	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	2	70.00	0.03	0.04940	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.03	0.04940	26%-50% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.08	0.04940	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	3	60.00	0.09	0.05175	76%-100% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.03	0.05175	51%-75% Below	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.08	0.05103	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	12	60.00	0.13	0.04561	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.13	0.04561	101%-200% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.11	0.08835	10%-25% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	2	60.00	0.18	0.09621	76%-100% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	2	90.00	0.17	0.09621	51%-75% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.18	0.10166	51%-75% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.15	0.10166	26%-50% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	4	30.00	0.19	0.10015	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1314

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69584085310	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.17	0.08824	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.21	0.08835	101%-200% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	3	30.00	0.08	0.10166	10%-25% Below	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	3	30.00	0.19	0.10166	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.08	0.10166	10%-25% Below	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.19	0.08824	101%-200% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.21	0.16851	10%-25% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.28	0.16851	51%-75% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	60.00	0.25	0.16851	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	2	30.00	0.28	0.18716	51%-75% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	2	30.00	0.33	0.18716	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	2	60.00	0.25	0.18716	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.16	0.18716	10%-25% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.16	0.19798	10%-25% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.28	0.19798	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	60.00	0.25	0.19798	10%-25% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	90.00	0.16	0.19798	10%-25% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	180.00	0.25	0.19798	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	4	30.00	0.23	0.19404	10%-25% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	4	60.00	0.25	0.19404	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.23	0.19404	10%-25% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	12	30.00	0.29	0.16436	76%-100% Above	No	No
69618002801	MECLIZINE CHW 25MG	2	30.00	0.02	.		No	No
69618003701	VITAMIN B-12 TAB 1000MCG	2	180.00	0.03	.		No	No
69618006401	SENNA TAB 8.6MG	4	30.00	0.19	.		No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1315

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	1	2.00	1.15	3.10646	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	1.15	3.10646	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.15	3.10646	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	2	2.00	0.98	3.05028	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.97	3.05028	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	0.97	1.60351	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	1.15	1.60351	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	0.98	1.60351	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.89	1.73711	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.97	1.73711	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	2.00	0.98	1.73711	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.89	1.73711	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.89	1.73711	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.98	1.73711	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	10.00	0.97	1.73711	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.89	1.84641	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	0.89	1.84641	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.89	1.84641	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.89	1.84641	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	1.15	1.84641	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.00	1.15	1.65534	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	1.15	1.65534	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	1.43	1.65534	10%-25% Below	No	No
69680011310	CYANOCOBALAMIN 10,000 MCG/10 ML	1	10.00	0.50	3.10646	76%-100% Below	No	No
69680011310	CYANOCOBALAMIN 10,000 MCG/10 ML	12	10.00	0.50	3.28541	76%-100% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1316

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	2	10.00	0.53	0.89344	26%-50% Below	No	No
69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	2	10.00	0.53	0.89344	26%-50% Below	No	No
69842021744	CVS NICOTINE GUM 4MG	2	100.00	0.17	.		Yes	No
69842087651	CVS ACETAMIN TAB 325MG	1	20.00	0.06	.		Yes	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	2	30.00	0.50	1.15002	51%-75% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	12	12.00	2.03	1.08892	76%-100% Above	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	12	30.00	2.03	1.08892	76%-100% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	1	3.00	3.30	0.17873	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	1	20.00	2.37	0.17873	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	1	30.00	0.50	0.17873	101%-200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	1	30.00	0.50	0.17873	101%-200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	1	180.00	2.37	0.17873	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	2	6.00	2.01	0.18049	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	2	15.00	0.66	0.18049	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	2	30.00	0.50	0.18049	101%-200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	12	3.00	3.30	0.19012	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	12	15.00	0.66	0.19012	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	12	15.00	1.00	0.19012	200% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	12	30.00	0.50	0.19012	101%-200% Above	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	1	30.00	0.58	1.24769	51%-75% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	0.58	1.25135	51%-75% Below	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	1	30.00	0.62	0.76503	10%-25% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	1	30.00	2.16	0.76503	101%-200% Above	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	2	30.00	0.62	0.81959	10%-25% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	2	30.00	1.97	0.81959	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1317

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	2	30.00	2.16	0.81959	101%-200% Above	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	2	90.00	2.16	0.81959	101%-200% Above	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	2	90.00	2.16	0.81959	101%-200% Above	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	3	30.00	0.62	0.87551	26%-50% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	4	30.00	0.62	0.91188	26%-50% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	4	30.00	1.78	0.91188	76%-100% Above	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	12	30.00	0.62	0.85973	26%-50% Below	Yes	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	12	30.00	2.55	0.85973	101%-200% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	2.62	1.40740	76%-100% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	2	30.00	2.22	1.43439	51%-75% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	2.03	1.57856	26%-50% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	2.31	1.58059	26%-50% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.00	2.62	1.32412	76%-100% Above	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	1	30.00	0.61	1.23393	26%-50% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	2	30.00	0.70	1.38890	26%-50% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	2	30.00	0.92	1.38890	26%-50% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	3	30.00	0.63	1.52036	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	12	30.00	0.61	1.55425	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	12	30.00	0.92	1.55425	26%-50% Below	Yes	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	1	30.00	0.67	1.18710	26%-50% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	1	30.00	4.04	1.18710	200% Above	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	2	20.00	4.04	1.15948	200% Above	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	2	30.00	0.67	1.15948	26%-50% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	2	30.00	4.04	1.15948	200% Above	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	3	30.00	0.67	1.27289	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1318

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	3	30.00	4.04	1.27289	200% Above	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	4	30.00	0.67	1.44886	51%-75% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	4	30.00	1.99	1.44886	26%-50% Above	Yes	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	1	90.00	0.42	2.43291	76%-100% Below	No	No
70010001301	METHYLPHENIDATE LA 20 MG CAP	12	30.00	2.79	2.33254	10%-25% Above	No	No
70010001501	METHYLPHENIDATE ER(LA) 40 MG CP	4	30.00	0.50	2.63618	76%-100% Below	No	No
70010001501	METHYLPHENIDATE LA 40 MG CAP	2	30.00	0.50	2.12943	76%-100% Below	No	No
70010001603	METHYLPHENIDATE ER(LA) 60 MG CP	3	30.00	4.97	9.35509	26%-50% Below	No	No
70010001603	METHYLPHENIDATE ER(LA) 60 MG CP	4	30.00	7.81	10.63780	26%-50% Below	No	No
70010002901	DEXTROAMP-AMPHET ER 5 MG CAP	1	30.00	0.50	0.65737	10%-25% Below	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.50	0.66278	10%-25% Below	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.50	0.69411	26%-50% Below	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	5.75	0.69411	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	4.03	0.68971	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	5.75	0.68971	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	5.75	0.63922	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	12	14.00	1.06	0.65046	51%-75% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	4.10	0.65046	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	4.10	0.65046	200% Above	Yes	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	4.03	0.67969	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	4.03	0.67969	200% Above	Yes	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	5.79	0.71123	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	4.03	0.69996	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	4	60.00	4.03	0.68677	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.92	0.61752	26%-50% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1319

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	4.03	0.73253	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	4.10	0.73253	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	4.03	0.75366	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	4.03	0.70525	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	4.10	0.70525	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.87	0.59466	26%-50% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	4.03	0.59466	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.50	0.58820	10%-25% Below	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.87	0.58820	26%-50% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.97	0.58820	51%-75% Above	Yes	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	4.03	0.58820	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.87	0.58801	26%-50% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.50	0.59149	10%-25% Below	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	4.10	0.59149	200% Above	No	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	2	30.00	2.14	0.49934	200% Above	Yes	No
70010004301	METHYLPHENIDATE ER 20 MG TAB	3	30.00	1.97	0.51953	200% Above	Yes	No
70010006305	METFORMIN HCL 500 MG TABLET	1	30.00	0.01	0.01323	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	60.00	0.02	0.01323	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	60.00	0.03	0.01323	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	60.00	0.03	0.01323	101%-200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	90.00	0.00	0.01323	76%-100% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	90.00	0.01	0.01323	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	360.00	0.01	0.01323	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01368	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	60.00	0.03	0.01368	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1320

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006305	METFORMIN HCL 500 MG TABLET	2	60.00	0.07	0.01368	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	180.00	0.02	0.01368	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	30.00	0.01	0.01391	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01391	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	60.00	0.03	0.01391	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	60.00	0.07	0.01391	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	90.00	0.07	0.01391	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	90.00	0.12	0.01391	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	180.00	0.02	0.01391	10%-25% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	180.00	0.07	0.01391	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	60.00	0.12	0.01388	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	90.00	0.12	0.01388	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	90.00	0.08	0.01304	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.00	0.01	0.01304	51%-75% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.00	0.01	0.01304	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.00	0.02	0.01304	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.00	0.02	0.01304	51%-75% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.00	0.07	0.01304	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.00	0.08	0.01304	200% Above	No	No
70010006309	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	26%-50% Below	No	No
70010006309	METFORMIN HCL 500 MG TABLET	1	360.00	0.01	0.01323	10%-25% Below	No	No
70010006309	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006310	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01323	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	1	180.00	0.02	0.01323	51%-75% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	30.00	0.01	0.01368	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	30.00	0.01	0.01368	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	45.00	0.02	0.01368	51%-75% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01368	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01368	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01368	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01368	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01391	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	135.00	0.02	0.01391	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01391	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	180.00	0.12	0.01391	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	4	60.00	0.01	0.01388	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	4	60.00	0.12	0.01388	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	60.00	0.01	0.01304	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	60.00	0.02	0.01304	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	180.00	0.01	0.01304	10%-25% Below	No	No
70010006401	METFORMIN HCL 850 MG TABLET	3	60.00	0.11	0.02372	200% Above	No	No
70010006405	METFORMIN HCL 850 MG TABLET	1	180.00	0.00	0.02290	76%-100% Below	No	No
70010006405	METFORMIN HCL 850 MG TABLET	1	180.00	0.02	0.02290	10%-25% Below	No	No
70010006405	METFORMIN HCL 850 MG TABLET	2	60.00	0.02	0.02356	26%-50% Below	No	No
70010006405	METFORMIN HCL 850 MG TABLET	3	180.00	0.01	0.02372	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006499	METFORMIN HCL 850 MG TABLET	2	60.00	0.03	0.02356	10%-25% Above	No	No
70010006499	METFORMIN HCL 850 MG TABLET	3	60.00	0.03	0.02372	10%-25% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	1	120.00	0.02	0.02215	10%-25% Below	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.11	0.02401	200% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.02	0.02204	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.02	0.02215	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02215	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02215	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	90.00	0.03	0.02215	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02215	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.15	0.02215	200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.02	0.02319	26%-50% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.02	0.02319	26%-50% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.03	0.02319	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.00	0.02319	76%-100% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.01	0.02319	26%-50% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.03	0.02319	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.03	0.02319	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.02	0.02408	26%-50% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.03	0.02408	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	90.00	0.04	0.02408	51%-75% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02408	26%-50% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02408	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.11	0.02408	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006505	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.11	0.02401	200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.11	0.02401	200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.01	0.02204	26%-50% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02204	10%-25% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.03	0.02204	26%-50% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.01	0.02215	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.02	0.02215	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.02	0.02215	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	90.00	0.01	0.02215	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02215	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.01	0.02319	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.02	0.02319	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.03	0.02319	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.02	0.02319	26%-50% Below	Yes	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	30.00	0.02	0.02408	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.01	0.02408	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.02	0.02408	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.03	0.02408	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.11	0.02408	200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02408	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02408	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.01	0.02401	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.11	0.02401	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010006599	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.01	0.02204	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.02	0.02204	10%-25% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.03	0.02204	26%-50% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02204	10%-25% Below	No	No
70010011601	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.12	0.33907	51%-75% Below	No	No
70010011601	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.12	0.33601	51%-75% Below	No	No
70010011601	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.18	0.33601	26%-50% Below	No	No
70010011601	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.22	0.34027	26%-50% Below	No	No
70010011701	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	0.17	0.29474	26%-50% Below	No	No
70010013409	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.50	0.14027	200% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	1	30.00	0.17	0.14775	10%-25% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	1	60.00	0.10	0.14775	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	1	60.00	0.11	0.14775	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.25	0.14775	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	0.10	0.13778	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	2	56.00	0.10	0.13778	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	2	60.00	0.10	0.13778	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	3	14.00	0.22	0.13671	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	3	30.00	0.09	0.13671	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	3	56.00	0.09	0.13671	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	3	60.00	0.09	0.13671	26%-50% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	4	60.00	0.22	0.13532	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	12	30.00	0.11	0.14755	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	12	56.00	0.11	0.14755	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	0.22	0.14755	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010013601	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.06	0.11142	26%-50% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	1	180.00	0.13	0.11142	10%-25% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	0.06	0.12267	26%-50% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	3	270.00	0.07	0.12738	26%-50% Below	No	No
70010013901	NAPROXEN 500 MG TABLET	1	30.00	0.01	0.05472	76%-100% Below	No	No
70010013901	NAPROXEN 500 MG TABLET	4	10.00	0.02	0.06459	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	1	20.00	0.02	0.05472	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	1	20.00	0.07	0.05472	10%-25% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	1	60.00	0.02	0.05472	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	2	20.00	0.02	0.05828	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	2	30.00	0.02	0.05828	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	3	14.00	0.02	0.06272	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	3	20.00	0.04	0.06272	26%-50% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	3	20.00	0.17	0.06272	101%-200% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	3	60.00	0.04	0.06272	26%-50% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	4	20.00	0.17	0.06459	101%-200% Above	No	No
70010013910	NAPROXEN 500 MG TABLET	2	30.00	0.02	0.05828	51%-75% Below	No	No
70010013910	NAPROXEN 500 MG TABLET	2	180.00	0.02	0.05828	51%-75% Below	No	No
70010013910	NAPROXEN 500 MG TABLET	4	14.00	0.05	0.06459	26%-50% Below	No	No
70010014701	POTASSIUM CL ER 8 MEQ CAPSULE	3	90.00	0.26	0.14534	76%-100% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	1	30.00	0.40	0.12594	200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	2	30.00	0.40	0.13505	101%-200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	3	60.00	0.36	0.13975	101%-200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	4	30.00	0.40	0.13898	101%-200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	12	30.00	0.40	0.12031	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	20.00	0.04	0.14389	51%-75% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	120.00	0.08	0.14389	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.09	0.15433	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	20.00	0.30	0.15039	76%-100% Above	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	30.00	0.29	0.15039	76%-100% Above	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	60.00	0.08	0.15039	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	20.00	0.08	0.12950	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	30.00	0.08	0.12950	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	20.00	0.07	0.14389	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	0.07	0.14389	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	20.00	0.07	0.15433	51%-75% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.07	0.15433	51%-75% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.29	0.15433	76%-100% Above	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	48.00	0.10	0.15433	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	48.00	0.10	0.15039	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	1	10.00	0.03	0.05194	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	1	30.00	0.03	0.05194	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	1	90.00	0.02	0.05194	51%-75% Below	No	No
70010016234	LORATADINE 10 MG TABLET	1	90.00	0.03	0.05194	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	2	30.00	0.03	0.05618	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	2	30.00	0.04	0.05618	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	3	10.00	0.03	0.05832	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05832	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	3	30.00	0.04	0.05832	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	3	30.00	0.04	0.05832	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010016234	LORATADINE 10 MG TABLET	3	30.00	0.05	0.05832	10%-25% Below	No	No
70010016234	LORATADINE 10 MG TABLET	3	90.00	0.03	0.05832	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	4	15.00	0.05	0.05851	10%-25% Below	No	No
70010016234	LORATADINE 10 MG TABLET	4	30.00	0.04	0.05851	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	4	30.00	0.05	0.05851	10%-25% Below	No	No
70010016234	LORATADINE 10 MG TABLET	4	90.00	0.12	0.05851	101%-200% Above	No	No
70010016234	LORATADINE 10 MG TABLET	12	30.00	0.03	0.05176	26%-50% Below	No	No
70010016305	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.05	0.06134	10%-25% Below	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06211	10%-25% Below	Yes	No
70010016305	CETIRIZINE HCL 10 MG TABLET	4	10.00	0.07	0.06110	10%-25% Above	Yes	No
70010016309	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06134	26%-50% Below	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.14	0.09140	51%-75% Above	Yes	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.14	0.09563	26%-50% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.18	0.09563	76%-100% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.07	0.09563	26%-50% Below	Yes	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09563	10%-25% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.12	0.09563	26%-50% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.16	0.09399	51%-75% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.15	0.09399	51%-75% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	1	30.00	0.05	0.03055	51%-75% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	2	30.00	0.05	0.03240	26%-50% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	2	30.00	0.05	0.03240	51%-75% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	3	30.00	0.06	0.03260	76%-100% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	12	30.00	0.01	0.03225	51%-75% Below	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	12	30.00	0.02	0.03225	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010020405	SERTRALINE HCL 50 MG TABLET	1	90.00	0.03	0.03355	10%-25% Below	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	2	30.00	0.05	0.03621	26%-50% Above	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	3	45.00	0.05	0.03731	10%-25% Above	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	3	45.00	0.20	0.03731	200% Above	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	3	90.00	0.02	0.03731	26%-50% Below	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	4	30.00	0.06	0.03666	51%-75% Above	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	4	30.00	0.07	0.03666	76%-100% Above	No	No
70010020405	SERTRALINE HCL 50 MG TABLET	4	90.00	0.04	0.03666	10%-25% Above	No	No
70010020410	SERTRALINE HCL 50 MG TABLET	1	30.00	0.06	0.03355	51%-75% Above	Yes	No
70010020410	SERTRALINE HCL 50 MG TABLET	2	30.00	0.06	0.03621	51%-75% Above	Yes	No
70010020410	SERTRALINE HCL 50 MG TABLET	2	270.00	0.02	0.03621	51%-75% Below	Yes	No
70010020410	SERTRALINE HCL 50 MG TABLET	3	90.00	0.06	0.03731	51%-75% Above	Yes	No
70010020410	SERTRALINE HCL 50 MG TABLET	4	90.00	0.20	0.03666	200% Above	Yes	No
70010020505	SERTRALINE HCL 100 MG TABLET	2	90.00	0.04	0.05114	10%-25% Below	No	No
70010020505	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05114	10%-25% Above	No	No
70010020505	SERTRALINE HCL 100 MG TABLET	3	90.00	0.04	0.05282	10%-25% Below	No	No
70010020505	SERTRALINE HCL 100 MG TABLET	4	90.00	0.24	0.05223	200% Above	No	No
70010020505	SERTRALINE HCL 100 MG TABLET	12	90.00	0.02	0.04769	51%-75% Below	No	No
70010020510	SERTRALINE HCL 100 MG TABLET	1	62.00	0.09	0.04773	76%-100% Above	Yes	No
70010020510	SERTRALINE HCL 100 MG TABLET	2	135.00	0.02	0.05114	51%-75% Below	Yes	No
70010020510	SERTRALINE HCL 100 MG TABLET	3	180.00	0.08	0.05282	26%-50% Above	Yes	No
70010020701	LISDEXAMFETA CAP 20MG	3	30.00	2.70	.		No	No
70010020701	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	7.44	4.13384	76%-100% Above	Yes	No
70010020801	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	7.44	4.23122	51%-75% Above	Yes	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	1.79	4.38959	51%-75% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	7.44	4.38959	51%-75% Above	Yes	No
70010021001	LISDEXAMFETA CAP 50MG	2	30.00	1.79	.		Yes	No
70010021001	LISDEXAMFETA CAP 50MG	3	30.00	1.79	.		Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	1.79	4.52741	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	1	60.00	0.02	0.06691	51%-75% Below	No	No
70010022705	GABAPENTIN 600 MG TABLET	2	30.00	0.04	0.07091	26%-50% Below	No	No
70010022705	GABAPENTIN 600 MG TABLET	2	60.00	0.02	0.07091	51%-75% Below	No	No
70010022705	GABAPENTIN 600 MG TABLET	2	90.00	0.02	0.07091	51%-75% Below	No	No
70010022705	GABAPENTIN 600 MG TABLET	2	90.00	0.05	0.07091	26%-50% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	2	450.00	0.02	0.07091	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	3	60.00	0.02	0.07464	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	3	90.00	0.02	0.07464	51%-75% Below	No	No
70010022705	GABAPENTIN 600 MG TABLET	3	90.00	0.02	0.07464	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	3	180.00	0.02	0.07464	51%-75% Below	No	No
70010023101	TRAZODONE 50 MG TABLET	1	30.00	0.02	0.03179	10%-25% Below	No	No
70010023101	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03346	26%-50% Below	No	No
70010023101	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03346	26%-50% Below	No	No
70010023101	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03571	26%-50% Below	No	No
70010023101	TRAZODONE 50 MG TABLET	3	30.00	0.16	0.03571	200% Above	No	No
70010023101	TRAZODONE TAB 50MG	12	30.00	0.03	.		No	No
70010023105	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03571	26%-50% Below	No	No
70010023105	TRAZODONE 50 MG TABLET	3	30.00	0.16	0.03571	200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	3	90.00	0.02	0.03571	26%-50% Below	No	No
70010023105	TRAZODONE 50 MG TABLET	4	30.00	0.16	0.03524	200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	2	90.00	0.06	0.03346	51%-75% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1330

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010023110	TRAZODONE 50 MG TABLET	2	135.00	0.02	0.03346	26%-50% Below	No	No
70010023110	TRAZODONE 50 MG TABLET	4	30.00	0.16	0.03524	200% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	4	12.00	0.19	0.05961	200% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	4	28.00	0.19	0.05961	200% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	4	60.00	0.19	0.05961	200% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	2	90.00	0.10	0.05685	51%-75% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	3	30.00	0.14	0.11925	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.02	0.02667	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.06	0.02667	101%-200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.02	0.02667	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.03	0.02667	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.04	0.02667	51%-75% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	120.00	0.02	0.02667	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.02	0.02667	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.08	0.02667	101%-200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.02	0.02863	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.02	0.02863	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.02	0.02863	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.02	0.02863	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.02	0.02863	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	120.00	0.02	0.02863	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.02	0.02863	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.03	0.02863	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	270.00	0.02	0.02863	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.02	0.02863	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010049105	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.02	0.02993	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.02	0.02993	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.07	0.02993	101%-200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	120.00	0.02	0.02993	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.02	0.02993	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.07	0.02993	101%-200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.02	0.02993	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	60.00	0.11	0.02980	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.11	0.02980	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.04	0.02708	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.02	0.02708	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.08	0.02708	101%-200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	120.00	0.03	0.02708	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.00	0.02708	76%-100% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.08	0.02708	101%-200% Above	No	No
70010049109	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.02	0.02667	10%-25% Below	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.03	0.02667	10%-25% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.03	0.02863	10%-25% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.03	0.02993	10%-25% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.11	0.02993	200% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.03	0.02993	10%-25% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	4	270.00	0.11	0.02980	200% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.02	0.02667	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.02	0.02667	10%-25% Below	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.04	0.02667	26%-50% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1332

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010049110	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.05	0.02667	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.02	0.02863	26%-50% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.02	0.02863	26%-50% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.03	0.02863	10%-25% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.02	0.02863	26%-50% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.05	0.02993	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.11	0.02993	200% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.02	0.02993	26%-50% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.04	0.02993	10%-25% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.02	0.02708	10%-25% Below	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.04	0.02708	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.04	0.02708	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.05	0.02708	51%-75% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	120.00	0.04	0.02708	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.04	0.02708	26%-50% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	360.00	0.04	0.02708	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	1	30.00	0.07	0.05745	10%-25% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	1	60.00	0.11	0.05745	76%-100% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.07	0.05745	10%-25% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	3	135.00	0.07	0.05633	10%-25% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	4	90.00	0.17	0.05450	200% Above	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	4	180.00	0.17	0.05450	200% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	90.00	0.07	0.06044	10%-25% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	180.00	0.12	0.06044	101%-200% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	180.00	0.13	0.06044	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1333

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010067301	HYDROCO/APAP TAB 7.5-325	4	24.00	0.24	.		Yes	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	10%-25% Above	No	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.10	0.03867	101%-200% Above	No	No
70010074310	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.08	0.04729	51%-75% Above	No	No
70010074310	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.09	0.04729	76%-100% Above	No	No
70010074310	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.07	0.05123	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	1	30.00	0.07	0.03283	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	1	40.00	0.10	0.03283	200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	5.00	0.11	0.03582	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	10.00	0.07	0.03582	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	14.00	0.07	0.03582	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	20.00	0.07	0.03582	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	21.00	0.07	0.03582	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	56.00	0.05	0.03582	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	60.00	0.03	0.03582	26%-50% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	20.00	0.04	0.03806	10%-25% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	21.00	0.12	0.03806	200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	30.00	0.03	0.03806	10%-25% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	30.00	0.05	0.03806	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	40.00	0.07	0.03806	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	60.00	0.07	0.03806	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	60.00	0.10	0.03806	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	90.00	0.02	0.03806	26%-50% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	4	20.00	0.07	0.03676	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	4	28.00	0.03	0.03676	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1334

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010075401	METHOCARBAMOL 500 MG TABLET	4	30.00	0.07	0.03676	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	12	60.00	0.03	0.03199	10%-25% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	12	60.00	0.07	0.03199	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	12	60.00	0.10	0.03199	200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	1	20.00	0.07	0.03283	101%-200% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	1	20.00	0.11	0.03283	200% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	1	60.00	0.07	0.03283	101%-200% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	2	180.00	0.07	0.03582	101%-200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	3	15.00	0.07	0.03806	76%-100% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	3	28.00	0.07	0.03806	76%-100% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	3	30.00	0.11	0.03806	101%-200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	4	30.00	0.03	0.03676	10%-25% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	12	20.00	0.09	0.03199	101%-200% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	12	20.00	0.12	0.03199	200% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	12	60.00	0.04	0.03199	10%-25% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	12	90.00	0.04	0.03199	10%-25% Above	Yes	No
70010075405	METHOCARBAMOL 500 MG TABLET	12	90.00	0.07	0.03199	101%-200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	12	180.00	0.03	0.03199	10%-25% Below	Yes	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	20.00	0.06	0.03745	51%-75% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	30.00	0.02	0.03745	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	30.00	0.02	0.03745	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	30.00	0.03	0.03745	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	40.00	0.04	0.03745	10%-25% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	90.00	0.02	0.03745	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	15.00	0.07	0.03991	51%-75% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010077001	METHOCARBAMOL 750 MG TABLET	2	40.00	0.02	0.03991	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	40.00	0.03	0.03991	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	60.00	0.03	0.03991	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	60.00	0.03	0.03991	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	90.00	0.02	0.03991	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	90.00	0.02	0.03991	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	180.00	0.00	0.03991	76%-100% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	30.00	0.02	0.04251	51%-75% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	30.00	0.07	0.04251	51%-75% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	45.00	0.02	0.04251	51%-75% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	60.00	0.02	0.04251	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	90.00	0.02	0.04251	51%-75% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	90.00	0.07	0.04251	51%-75% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	30.00	0.07	0.04261	51%-75% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	60.00	0.03	0.04261	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	12	15.00	0.02	0.03852	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	1	60.00	0.03	0.03745	10%-25% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	1	90.00	0.02	0.03745	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	2	30.00	0.03	0.03991	10%-25% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	2	60.00	0.03	0.03991	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	2	60.00	0.03	0.03991	10%-25% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	2	90.00	0.02	0.03991	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	40.00	0.03	0.04251	10%-25% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	45.00	0.02	0.04251	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	60.00	0.03	0.04251	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1336

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010077005	METHOCARBAMOL 750 MG TABLET	3	90.00	0.02	0.04251	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	180.00	0.02	0.04251	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	4	14.00	0.05	0.04261	10%-25% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	4	90.00	0.02	0.04261	26%-50% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	30.00	0.03	0.03852	10%-25% Below	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.13	0.05304	101%-200% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05936	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	1	15.00	0.27	0.05304	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.13	0.05304	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	3	15.00	0.27	0.05896	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	4	15.00	0.27	0.05936	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05936	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.24	0.05936	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.13	0.05304	101%-200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.13	0.05304	101%-200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.25	0.05453	200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05936	200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.02	0.06482	51%-75% Below	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.23	0.06482	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.11	0.05821	76%-100% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010078105	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.03	0.05821	26%-50% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.05821	76%-100% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.03	0.05925	26%-50% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.10	0.06388	51%-75% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.10	0.06388	51%-75% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.05	0.06482	26%-50% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.23	0.06482	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.04	0.06482	26%-50% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.13	0.05663	101%-200% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.11	0.05821	76%-100% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.22	0.05925	200% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.23	0.05925	200% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	12	14.00	0.29	0.05663	200% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.22	0.05663	200% Above	No	No
70010078110	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.23	0.05663	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.20	0.08988	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	270.00	0.17	0.09969	51%-75% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.17	0.10545	51%-75% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.25	0.13338	76%-100% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	0.97	1.60351	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	1.97	1.60351	10%-25% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	2.00	0.98	1.60351	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	0.97	1.60351	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	0.98	1.60351	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.15	1.60351	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.97	1.73711	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.97	1.73711	10%-25% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	1.52	1.73711	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.89	1.73711	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2	6.00	1.34	1.73711	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.89	1.84641	51%-75% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	0.89	1.84641	51%-75% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.89	1.84641	51%-75% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.69	1.90023	10%-25% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	1.15	1.65534	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	1.15	1.65534	26%-50% Below	No	No
70069000701	OLOPATADINE SOL 0.1% RX	3	5.00	2.17	.		Yes	No
70069000801	EPINASTINE HCL 0.05% EYE DROPS	3	5.00	6.39	14.42696	51%-75% Below	Yes	No
70069000801	EPINASTINE HCL 0.05% EYE DROPS	4	5.00	7.18	14.47830	26%-50% Below	No	No
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	1	20.00	1.31	1.06230	10%-25% Above	No	No
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	3	10.00	1.01	1.18201	10%-25% Below	No	No
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	4	10.00	0.97	1.16981	10%-25% Below	No	No
70069005101	DORZOLAMIDE-TIMOLOL EYE DROPS	4	20.00	0.97	1.16981	10%-25% Below	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	1	6.00	4.22	0.90880	200% Above	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	4	6.00	2.50	1.03127	101%-200% Above	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	2	5.00	0.70	1.05297	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	3	5.00	0.73	1.07444	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	4	5.00	0.70	1.08040	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	12	5.00	0.71	1.01287	26%-50% Below	No	No
70069017201	CYANOCOBALAMIN 10,000 MCG/10 ML	4	10.00	0.95	2.98458	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	1	10.00	0.53	0.92914	26%-50% Below	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	2	10.00	0.53	0.89344	26%-50% Below	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	3	4.00	0.53	0.88719	26%-50% Below	No	No
70069018101	PILOCARPINE 1% EYE DROPS	3	15.00	1.69	3.63283	51%-75% Below	No	No
70069023101	BRIMONIDINE 0.2% EYE DROP	2	15.00	0.74	0.83895	10%-25% Below	No	No
70069023101	BRIMONIDINE 0.2% EYE DROP	12	15.00	0.01	0.76497	76%-100% Below	No	No
70069023201	BRIMONIDINE 0.2% EYE DROP	1	10.00	0.36	0.47197	10%-25% Below	No	No
70069031101	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.88	0.46083	76%-100% Above	No	No
70069031101	POLYMYXIN B-TMP EYE DROPS	4	1.00	0.67	0.48097	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	1	2.50	1.19	1.66742	26%-50% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	1	2.50	1.41	1.66742	10%-25% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	1	2.50	2.99	1.66742	76%-100% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	2	2.50	1.09	1.79597	26%-50% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	2	2.50	3.03	1.79597	51%-75% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	3	2.50	1.09	1.86544	26%-50% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	3	2.50	2.56	1.86544	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	3	2.50	3.03	1.86544	51%-75% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	4	2.50	3.03	1.81881	51%-75% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	12	2.50	0.01	1.63828	76%-100% Below	No	No
70069065101	BRIMO/TIMOLO SOL 0.2/0.5%	3	5.00	18.29	.		No	No
70069082001	HYDROXYUREA 500 MG CAPSULE	1	60.00	0.19	0.25648	26%-50% Below	No	No
70069082001	HYDROXYUREA 500 MG CAPSULE	2	60.00	0.17	0.23537	26%-50% Below	No	No
70069082001	HYDROXYUREA 500 MG CAPSULE	3	60.00	0.17	0.21087	10%-25% Below	No	No
70095002002	BISOPROLOL FUMARATE 5 MG TAB	2	90.00	0.19	0.17058	10%-25% Above	Yes	No
70121146702	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	10.40	23.07346	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1340

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70121146702	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	11.44	23.07346	26%-50% Below	No	No
70121146702	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	14.97	23.07346	26%-50% Below	No	No
70121146702	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	34.25	20.79526	51%-75% Above	No	No
70121148001	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	12.38	34.08693	51%-75% Below	No	No
70156010601	HYOSCYAMINE TAB 0.125MG	3	10.00	0.33	.		No	No
70377000114	SIMVASTATIN 5 MG TABLET	2	90.00	0.05	0.04037	26%-50% Above	Yes	No
70377000214	SIMVASTATIN 10 MG TABLET	1	90.00	0.06	0.02701	101%-200% Above	No	No
70377000214	SIMVASTATIN 10 MG TABLET	2	90.00	0.01	0.02839	51%-75% Below	No	No
70377000214	SIMVASTATIN 10 MG TABLET	3	45.00	0.01	0.02970	51%-75% Below	No	No
70377000215	SIMVASTATIN 10 MG TABLET	2	90.00	0.06	0.02839	76%-100% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	4	90.00	0.26	0.02943	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	30.00	0.01	0.02882	51%-75% Below	No	No
70377000315	SIMVASTATIN 20 MG TABLET	1	30.00	0.02	0.02882	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	30.00	0.02	0.02882	10%-25% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.01	0.02882	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.01	0.02882	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.02	0.02882	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.02	0.02882	10%-25% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	30.00	0.01	0.02993	51%-75% Below	No	No
70377000315	SIMVASTATIN 20 MG TABLET	2	30.00	0.01	0.02993	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	90.00	0.01	0.02993	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	90.00	0.01	0.02993	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	90.00	0.01	0.02993	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	90.00	0.02	0.02993	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	3	30.00	0.02	0.03074	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1341

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000315	SIMVASTATIN 20 MG TABLET	3	90.00	0.01	0.03074	51%-75% Below	No	No
70377000315	SIMVASTATIN 20 MG TABLET	3	90.00	0.01	0.03074	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	3	90.00	0.01	0.03074	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	3	90.00	0.02	0.03074	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	4	30.00	0.02	0.03072	26%-50% Below	No	No
70377000315	SIMVASTATIN 20 MG TABLET	4	90.00	0.02	0.03072	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	4	90.00	0.45	0.03072	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	90.00	0.01	0.02917	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	90.00	0.02	0.02917	10%-25% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	90.00	0.02	0.02917	10%-25% Below	Yes	No
70377000414	SIMVASTATIN 40 MG TABLET	3	90.00	0.02	0.05713	51%-75% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	2	15.00	0.03	0.05512	51%-75% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	2	90.00	0.03	0.05512	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	2	90.00	0.03	0.05512	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	2	90.00	0.03	0.05512	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	3	30.00	0.03	0.05713	26%-50% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	3	90.00	0.03	0.05713	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	4	15.00	0.44	0.05626	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	4	90.00	0.03	0.05626	26%-50% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	12	90.00	0.03	0.05128	26%-50% Below	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.46	0.03661	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.56	0.03661	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.46	0.03905	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.52	0.04135	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	1.33	0.04135	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.52	0.04208	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	1.72	0.03661	200% Above	No	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	1.72	0.03661	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.46	0.03661	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.56	0.03661	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	1.46	0.03905	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	39.00	0.51	0.03905	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.33	0.03905	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.46	0.03905	200% Above	No	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.46	0.03905	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	1.33	0.04135	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.33	0.04135	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.52	0.04135	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	1.33	0.04135	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.52	0.04208	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.52	0.04208	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	1.72	0.03621	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	1.56	0.03621	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	1.72	0.03621	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.46	0.03875	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.56	0.03875	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.46	0.04242	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.46	0.03875	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.72	0.03875	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.46	0.03875	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.56	0.03875	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.65	0.03875	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.72	0.03875	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.33	0.04089	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.46	0.04089	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.33	0.04089	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.46	0.04089	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.46	0.04246	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.04246	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.46	0.04246	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	1.33	0.04246	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.46	0.04242	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	1.72	0.03956	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.56	0.03956	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.72	0.03956	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.50	0.05528	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	1.21	0.05528	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	1.30	0.05528	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.08	0.05528	26%-50% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.50	0.05528	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	1.30	0.05857	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.01	0.05857	76%-100% Below	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.17	0.05857	101%-200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.21	0.05857	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.32	0.05857	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.45	0.05857	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.17	0.05912	101%-200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.50	0.05912	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	1.30	0.05912	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.01	0.05912	76%-100% Below	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.50	0.05912	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	1.21	0.05912	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.45	0.05897	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.45	0.05897	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.45	0.05897	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.01	0.05663	76%-100% Below	No	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	1.71	0.05528	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.08	0.05528	26%-50% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05528	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	1.56	0.05528	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05857	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.42	0.05857	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.32	0.05857	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.45	0.05857	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.05912	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.45	0.05912	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	1.32	0.05912	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.08	0.05897	26%-50% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.05897	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.45	0.05897	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.22	0.05663	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.33	0.05663	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	1.56	0.05663	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	1.71	0.05663	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	1.45	0.09008	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	1.56	0.09008	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	1.45	0.09464	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.75	0.09207	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	1.32	0.09207	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.75	0.08888	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.16	0.09008	76%-100% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	1.45	0.09008	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.16	0.09464	51%-75% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.42	0.09464	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	1.32	0.09464	200% Above	No	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	1.32	0.09464	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.16	0.09207	76%-100% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	1.32	0.09207	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	1.56	0.09086	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	1.71	0.09086	200% Above	Yes	No
70377002813	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.03400	51%-75% Below	No	No
70377002911	ATORVASTATIN 40 MG TABLET	12	90.00	0.14	0.06367	101%-200% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	1	90.00	0.09	0.05016	76%-100% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	3	90.00	0.08	0.06193	10%-25% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377004612	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.09	0.06083	51%-75% Above	No	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.08	0.06502	26%-50% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	3	180.00	0.12	0.08818	26%-50% Above	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	2	90.00	0.13	0.15693	10%-25% Below	Yes	No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	1	30.00	0.16	0.14162	10%-25% Above	No	No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	3	30.00	0.14	0.16524	10%-25% Below	No	No
70377004813	PRAVASTATIN SODIUM 80 MG TAB	12	30.00	0.19	0.14265	26%-50% Above	No	No
70377005511	ESOMEPRAZOLE MAG DR 20 MG CAP	1	30.00	0.03	0.14790	76%-100% Below	No	No
70377005511	ESOMEPRAZOLE MAG DR 20 MG CAP	12	30.00	0.04	0.15390	51%-75% Below	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	1.11	0.14027	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.16	0.12959	26%-50% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.33	0.12959	101%-200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.22	0.12959	51%-75% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	1.22	0.12959	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	23.00	0.21	0.14027	51%-75% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.28	0.14027	76%-100% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	1.11	0.14027	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	1.11	0.14027	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.33	0.14509	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	1.11	0.14509	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	1.11	0.14509	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.22	0.14621	51%-75% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.90	0.14621	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.22	0.13123	51%-75% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.50	0.13123	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.50	0.13123	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	1.30	0.13123	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	1.43	0.13123	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	1.43	0.13123	200% Above	Yes	No
70377006012	LABETALOL HCL 100 MG TABLET	2	60.00	0.25	0.08108	200% Above	Yes	No
70377006012	LABETALOL HCL 100 MG TABLET	3	90.00	0.25	0.08306	101%-200% Above	Yes	No
70377006012	LABETALOL HCL 100 MG TABLET	3	180.00	0.17	0.08306	76%-100% Above	Yes	No
70377006013	LABETALOL HCL 100 MG TABLET	1	60.00	0.18	0.08449	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	1	90.00	0.18	0.08449	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	2	60.00	0.17	0.08108	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	2	270.00	0.18	0.08108	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	12	90.00	0.11	0.09123	10%-25% Above	No	No
70377006112	LABETALOL HCL 200 MG TABLET	3	60.00	0.19	0.14658	26%-50% Above	No	No
70377006113	LABETALOL HCL 200 MG TABLET	1	90.00	0.17	0.13714	10%-25% Above	No	No
70377006113	LABETALOL HCL 200 MG TABLET	3	90.00	0.17	0.14658	10%-25% Above	No	No
70377006113	LABETALOL HCL 200 MG TABLET	12	180.00	0.23	0.13719	51%-75% Above	Yes	No
70377006213	LABETALOL HCL 300 MG TABLET	4	90.00	0.17	0.20036	10%-25% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	1	30.00	0.07	0.02562	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	1	30.00	0.08	0.02562	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	1	30.00	0.15	0.02562	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	1	90.00	0.07	0.02562	101%-200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	1	90.00	0.07	0.02562	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	1	90.00	0.08	0.02562	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	1	90.00	0.08	0.02562	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	2	30.00	0.07	0.02726	101%-200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007713	ATORVASTATIN 10 MG TABLET	2	62.00	0.07	0.02726	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	2	90.00	0.06	0.02726	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	2	90.00	0.07	0.02726	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	3	30.00	0.06	0.02830	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	3	30.00	0.15	0.02830	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	3	50.00	0.06	0.02830	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	3	90.00	0.38	0.02830	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	4	30.00	0.15	0.02791	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	4	90.00	0.12	0.02791	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	4	90.00	0.38	0.02791	200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	4	90.00	0.38	0.02791	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	12	30.00	0.15	0.02573	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	12	63.00	0.08	0.02573	200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	12	90.00	0.07	0.02573	101%-200% Above	Yes	No
70377007713	ATORVASTATIN 10 MG TABLET	12	90.00	0.08	0.02573	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	30.00	0.04	0.03178	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03178	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	45.00	0.04	0.03178	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	90.00	0.04	0.03178	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	90.00	0.09	0.03178	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	90.00	0.10	0.03178	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	1	90.00	0.15	0.03178	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007813	ATORVASTATIN 20 MG TABLET	2	30.00	0.04	0.03400	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	60.00	0.08	0.03400	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	69.00	0.08	0.03400	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	0.04	0.03400	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	0.13	0.03400	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	0.13	0.03400	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	3	90.00	0.15	0.03496	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	3	90.00	0.55	0.03496	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	30.00	0.04	0.03419	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	30.00	0.16	0.03419	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	30.00	0.55	0.03419	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	45.00	0.04	0.03419	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	90.00	0.04	0.03419	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	12	30.00	0.04	0.03166	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	12	90.00	0.04	0.03166	10%-25% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	12	90.00	0.04	0.03166	10%-25% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	12	90.00	0.09	0.03166	101%-200% Above	Yes	No
70377007813	ATORVASTATIN 20 MG TABLET	12	90.00	0.10	0.03166	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007913	ATORVASTATIN 40 MG TABLET	1	15.00	0.19	0.04591	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	30.00	0.10	0.04591	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	30.00	0.18	0.04591	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	80.00	0.13	0.04591	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	90.00	0.10	0.04591	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	90.00	0.10	0.04591	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	90.00	0.11	0.04591	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04591	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04591	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	90.00	0.14	0.04591	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	1	90.00	0.15	0.04591	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	15.00	0.19	0.04677	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	51%-75% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	30.00	0.13	0.04677	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	51%-75% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.11	0.04677	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04677	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04677	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.13	0.04677	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04677	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.15	0.04677	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.15	0.04677	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007913	ATORVASTATIN 40 MG TABLET	3	15.00	0.19	0.04768	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	30.00	0.08	0.04768	51%-75% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	30.00	0.14	0.04768	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	30.00	0.18	0.04768	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	30.00	0.24	0.04768	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.11	0.04768	101%-200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.11	0.04768	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.04768	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.04768	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.13	0.04768	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.14	0.04768	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.14	0.04768	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.15	0.04768	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	3	90.00	0.24	0.04768	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	4	30.00	0.24	0.04653	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	4	75.00	0.14	0.04653	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.04653	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	4	90.00	0.13	0.04653	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	4	90.00	0.15	0.04653	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	12	14.00	0.16	0.04678	200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	12	30.00	0.13	0.04678	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	12	90.00	0.10	0.04678	101%-200% Above	Yes	No
70377007913	ATORVASTATIN 40 MG TABLET	12	90.00	0.11	0.04678	101%-200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377007913	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04678	101%-200% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	1	30.00	0.10	0.07532	26%-50% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.10	0.07532	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.10	0.07532	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.11	0.07532	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.11	0.07532	51%-75% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.16	0.07532	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.17	0.07532	101%-200% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	2	30.00	0.10	0.08222	10%-25% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.11	0.08222	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.14	0.08222	51%-75% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.16	0.08222	76%-100% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	3	30.00	0.16	0.08492	76%-100% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	0.02	0.08492	51%-75% Below	No	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	0.11	0.08492	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	0.16	0.08492	76%-100% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	0.26	0.08492	200% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	4	30.00	0.15	0.08502	51%-75% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	4	90.00	0.26	0.08502	200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	4	90.00	0.26	0.08502	200% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	12	90.00	0.10	0.07506	26%-50% Above	Yes	No
70377008013	ATORVASTATIN 80 MG TABLET	12	90.00	0.11	0.07506	51%-75% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	12	90.00	0.18	0.07506	101%-200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377011412	LIOTHYRONINE SOD 5 MCG TAB	12	30.00	0.36	0.21641	51%-75% Above	No	No
70377013812	TRIAMTERENE 50 MG CAPSULE	4	30.00	2.70	6.38180	51%-75% Below	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.17	0.13338	10%-25% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.29	0.13338	101%-200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.00	0.13338	76%-100% Below	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.22	0.14431	51%-75% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.33	0.14431	101%-200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.33	0.15179	101%-200% Above	No	No
70436001102	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.03	0.13055	76%-100% Below	No	No
70436001204	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.22	0.40692	26%-50% Below	No	No
70436001204	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	0.22	0.40071	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	1.72	0.40692	200% Above	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.50	0.44426	10%-25% Above	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	1.46	0.44426	200% Above	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	1	90.00	1.46	0.42073	200% Above	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	1	30.00	0.27	0.16994	51%-75% Above	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	3	30.00	0.25	0.18823	26%-50% Above	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	3	90.00	0.25	0.18823	26%-50% Above	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	12	30.00	0.32	0.17464	76%-100% Above	No	No
70436004201	GUANFACINE HCL ER 4 MG TABLET	1	90.00	0.36	0.17438	101%-200% Above	No	No
70436004201	GUANFACINE HCL ER 4 MG TABLET	4	30.00	1.95	0.19543	200% Above	No	No
70436005902	BUPROPION HCL SR 150 MG TABLET	3	60.00	0.07	0.08298	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	100.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	100.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.03	0.03440	10%-25% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1354

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	118.00	0.03	0.03440	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.04	0.03440	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.04	0.03440	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.04	0.03440	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.04	0.03440	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	51%-75% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	118.00	0.05	0.03440	51%-75% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.03	0.03440	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.03	0.03440	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.04	0.03440	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	120.00	0.06	0.03440	51%-75% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	140.00	0.03	0.03440	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	140.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	150.00	0.03	0.03440	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	150.00	0.03	0.03440	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	150.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	150.00	0.04	0.03440	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	150.00	0.05	0.03440	51%-75% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	180.00	0.03	0.03440	10%-25% Below	No	No

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10:58 Tuesday, March 24, 2026 1355

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.03	0.03440	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	180.00	0.04	0.03440	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	180.00	0.04	0.03440	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.03	0.03440	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.04	0.03440	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	200.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	240.00	0.03	0.03440	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	240.00	0.03	0.03440	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	1	240.00	0.04	0.03440	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	25.00	0.03	0.03869	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	60.00	0.03	0.03869	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	70.00	0.03	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	105.00	0.03	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.02	0.03869	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.03	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.03	0.03869	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.04	0.03869	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	118.00	0.04	0.03869	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.02	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.03	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.03	0.03869	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.04	0.03869	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.04	0.03869	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.05	0.03869	26%-50% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	120.00	0.05	0.03869	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	140.00	0.04	0.03869	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	150.00	0.02	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	150.00	0.05	0.03869	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	180.00	0.03	0.03869	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	180.00	0.05	0.03869	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	200.00	0.03	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	200.00	0.03	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	210.00	0.02	0.03869	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	210.00	0.03	0.03869	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	2	240.00	0.03	0.03869	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	70.00	0.02	0.04345	51%-75% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	0.02	0.04345	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	100.00	0.05	0.04345	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	118.00	0.02	0.04345	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	118.00	0.02	0.04345	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.02	0.04345	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.02	0.04345	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.03	0.04345	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.05	0.04345	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	120.00	0.05	0.04345	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	140.00	0.02	0.04345	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	150.00	0.02	0.04345	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	160.00	0.02	0.04345	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	175.00	0.02	0.04345	26%-50% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	180.00	0.04	0.04345	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	180.00	0.05	0.04345	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	180.00	0.05	0.04345	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	200.00	0.03	0.04345	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	200.00	0.04	0.04345	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	200.00	0.05	0.04345	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	240.00	0.02	0.04345	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	3	240.00	0.04	0.04345	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	100.00	0.05	0.04702	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	100.00	0.05	0.04702	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	120.00	0.05	0.04702	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	120.00	0.05	0.04702	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	120.00	0.05	0.04702	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	140.00	0.04	0.04702	10%-25% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	4	240.00	0.05	0.04702	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	55.00	0.04	0.03452	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.04	0.03452	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.04	0.03452	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.05	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	100.00	0.05	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.04	0.03452	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.04	0.03452	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.04	0.03452	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.04	0.03452	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.05	0.03452	26%-50% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.05	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.05	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	118.00	0.05	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.04	0.03452	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.04	0.03452	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.04	0.03452	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.04	0.03452	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.05	0.03452	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.05	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	120.00	0.05	0.03452	26%-50% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	140.00	0.04	0.03452	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	180.00	0.04	0.03452	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	180.00	0.04	0.03452	26%-50% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.00	0.04	0.03452	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.00	0.04	0.03452	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.00	0.04	0.03452	10%-25% Above	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML	12	200.00	0.05	0.03452	26%-50% Above	Yes	No
70436016104	TOLTERODINE TART ER 4 MG CAP	3	90.00	0.22	0.31948	26%-50% Below	No	No
70436016104	TOLTERODINE TART ER 4 MG CAP	12	90.00	0.22	0.33277	26%-50% Below	No	No
70436016601	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.01	0.11223	76%-100% Below	No	No
70436017323	MYCOPHENOLIC ACID DR 360 MG TB	4	120.00	1.07	0.30791	200% Above	No	No
70436017404	TROSPIMUM CHLORIDE ER 60 MG CAP	4	30.00	2.17	1.84631	10%-25% Above	Yes	No
70436018302	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.11	0.05925	76%-100% Above	No	No
70436018302	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.10	0.06388	51%-75% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.13	0.05304	101%-200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70436020201	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
70436020201	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	No	No
70461002403	FLUAD INJ 2024-25	12	0.50	131.82	.		No	No
70461002403	FLUAD INJ 2024-25	12	0.50	138.94	.		No	No
70461041910	FLUCLVX QUAD INJ 2019-20	2	0.50	45.00	.		Yes	No
70461055410	FLUCELVAX INJ 2024-25	12	0.50	58.18	.		No	No
70461065403	FLUCELVAX INJ 2024-25	1	0.50	58.18	.		No	No
70461065403	FLUCELVAX INJ 2024-25	1	0.50	61.02	.		No	No
70461065403	FLUCELVAX INJ 2024-25	1	0.50	61.02	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	1	0.50	61.32	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	2	0.50	58.18	.		No	No
70461065403	FLUCELVAX INJ 2024-25	2	0.50	61.02	.		No	No
70461065403	FLUCELVAX INJ 2024-25	2	0.50	61.02	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	2	0.50	61.32	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	3	0.50	61.02	.		No	No
70461065403	FLUCELVAX INJ 2024-25	3	0.50	61.32	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	4	0.50	61.32	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	12	0.50	58.18	.		No	No
70461065403	FLUCELVAX INJ 2024-25	12	0.50	61.10	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	12	0.50	61.32	.		Yes	No
70461065403	FLUCELVAX INJ 2024-25	12	0.50	61.56	.		No	No
70461065403	FLUCELVAX INJ 2024-25	12	0.50	61.84	.		No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	3	60.00	0.25	1.14850	76%-100% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	3	60.00	2.05	1.14850	76%-100% Above	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	4	60.00	0.25	1.15800	76%-100% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70512079305	OFLOXACIN 0.3% EYE DROPS	4	5.00	2.33	1.71249	26%-50% Above	No	No
70512084001	CYANOCOBALAM INJ 1000MCG	2	4.00	1.15	.		No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	0.97	1.60351	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	1.15	1.60351	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	1.41	1.60351	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.32	1.60351	26%-50% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	2.00	1.20	1.60351	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	2.00	1.41	1.60351	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	0.97	1.60351	26%-50% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.20	1.60351	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	10.00	1.15	1.60351	26%-50% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.97	1.73711	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	2.00	1.41	1.73711	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.97	1.73711	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	1.30	1.73711	10%-25% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	1.43	1.73711	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.98	1.73711	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	1.25	1.73711	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.89	1.84641	51%-75% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	1.41	1.84641	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	1.41	1.84641	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	1.61	1.84641	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.89	1.84641	51%-75% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	1.20	1.84641	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	1.25	1.84641	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1361

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.41	1.90023	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	2.00	1.20	1.90023	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	1.20	1.90023	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	1.25	1.90023	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	1.15	1.65534	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	1.15	1.65534	26%-50% Below	Yes	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	1.93	1.65534	10%-25% Above	No	No
70677115301	FT EAR WAX REMOVAL 6.5% KIT	2	15.00	0.00	0.15542	76%-100% Below	No	No
70700010616	CLOBETASOL 0.05% OINTMENT	1	30.00	0.50	0.15874	200% Above	Yes	No
70700010616	CLOBETASOL 0.05% OINTMENT	3	60.00	2.21	0.18619	200% Above	No	No
70700010915	CLOBETASOL 0.05% CREAM	2	60.00	2.18	0.17208	200% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	1	30.00	2.40	0.13060	200% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	2	30.00	2.40	0.15106	200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	2	60.00	0.33	0.11227	101%-200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	4	60.00	0.08	0.12423	26%-50% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	4	60.00	2.26	0.12423	200% Above	Yes	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	1	75.00	0.20	0.42086	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	1	28.00	0.00	0.12072	76%-100% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	1	28.00	0.06	0.12072	26%-50% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	1	28.00	0.28	0.12072	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	1	28.00	0.33	0.12072	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	2	28.00	0.06	0.13493	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	2	28.00	0.28	0.13493	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	2	84.00	0.07	0.13493	26%-50% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	3	28.00	0.07	0.14401	51%-75% Below	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700011385	ISIBLOOM 28 DAY TABLET	3	84.00	0.07	0.14401	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	3	84.00	0.07	0.14401	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	3	84.00	0.25	0.14401	51%-75% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	4	28.00	0.06	0.15171	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	4	28.00	0.07	0.15171	51%-75% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	12	28.00	0.33	0.12242	101%-200% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	12	84.00	0.33	0.12242	101%-200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	1	28.00	0.08	0.14233	26%-50% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	1	28.00	0.94	0.14233	200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	28.00	0.20	0.15369	26%-50% Above	Yes	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	28.00	0.73	0.15369	200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	28.00	0.80	0.15369	200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	56.00	0.08	0.15369	26%-50% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	84.00	0.01	0.15369	76%-100% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	84.00	0.73	0.15369	200% Above	Yes	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	3	28.00	0.73	0.15950	200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	4	28.00	0.27	0.15699	51%-75% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	4	84.00	0.01	0.15699	76%-100% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	11	28.00	0.01	0.12780	76%-100% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	12	84.00	0.41	0.15099	101%-200% Above	No	No
70700011585	SYEDA 28 TABLET	1	84.00	0.85	0.16084	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	2	84.00	0.79	0.17027	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	3	84.00	0.72	0.19107	200% Above	Yes	No
70700011585	SYEDA 28 TABLET	4	28.00	0.09	0.18047	26%-50% Below	No	No
70700011585	SYEDA 28 TABLET	4	28.00	0.25	0.18047	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700011585	SYEDA 28 TABLET	4	84.00	0.25	0.18047	26%-50% Above	Yes	No
70700011685	ALTAVERA-28 TABLET	2	28.00	0.14	0.10957	10%-25% Above	Yes	No
70700011685	ALTAVERA-28 TABLET	3	28.00	0.14	0.11918	10%-25% Above	Yes	No
70700011685	ALTAVERA-28 TABLET	4	28.00	0.14	0.11613	10%-25% Above	Yes	No
70700011685	ALTAVERA-28 TABLET	12	84.00	0.35	0.09682	200% Above	Yes	No
70700011884	VIENVA-28 TABLET	3	84.00	0.17	0.15091	10%-25% Above	No	No
70700011884	VIENVA-28 TABLET	12	84.00	0.21	0.14071	51%-75% Above	No	No
70700011885	VIENVA-28 TABLET	1	28.00	0.00	0.14009	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	1	84.00	0.00	0.14009	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	1	84.00	0.18	0.14009	26%-50% Above	No	No
70700011885	VIENVA-28 TABLET	1	84.00	0.21	0.14009	51%-75% Above	No	No
70700011885	VIENVA-28 TABLET	2	28.00	0.07	0.14726	51%-75% Below	No	No
70700011885	VIENVA-28 TABLET	2	84.00	0.07	0.14726	51%-75% Below	No	No
70700011885	VIENVA-28 TABLET	3	28.00	0.07	0.15091	51%-75% Below	No	No
70700011885	VIENVA-28 TABLET	3	28.00	0.08	0.15091	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	3	84.00	0.07	0.15091	51%-75% Below	No	No
70700011885	VIENVA-28 TABLET	3	84.00	0.17	0.15091	10%-25% Above	No	No
70700011885	VIENVA-28 TABLET	4	84.00	0.08	0.15159	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	4	84.00	0.11	0.15159	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	4	84.00	0.11	0.15159	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	12	84.00	0.20	0.14071	26%-50% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	1	28.00	0.06	0.11180	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	1	28.00	0.18	0.11180	51%-75% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	1	28.00	0.21	0.11180	76%-100% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	1	84.00	0.18	0.11180	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	1	84.00	0.21	0.11180	76%-100% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	1	84.00	0.24	0.11180	101%-200% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	28.00	0.00	0.12083	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	28.00	0.06	0.12083	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	28.00	0.18	0.12083	26%-50% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	84.00	0.00	0.12083	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	84.00	0.07	0.12083	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	84.00	0.16	0.12083	26%-50% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	84.00	0.16	0.12083	26%-50% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	84.00	0.18	0.12083	26%-50% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	28.00	0.06	0.12836	51%-75% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	28.00	0.07	0.12836	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	28.00	0.11	0.12836	10%-25% Below	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	28.00	0.16	0.12836	10%-25% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	84.00	0.06	0.12836	51%-75% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	84.00	0.07	0.12836	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	3	112.00	0.18	0.12836	26%-50% Above	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	4	28.00	0.07	0.13026	26%-50% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	4	28.00	0.11	0.13026	10%-25% Below	Yes	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	4	28.00	0.27	0.13026	101%-200% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	4	84.00	0.27	0.13026	101%-200% Above	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	12	28.00	0.21	0.11128	76%-100% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	1	28.00	0.47	0.09979	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	1	28.00	0.55	0.09979	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	2	28.00	0.47	0.10912	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700012085	TRI-LO-ESTARYLLA TABLET	3	28.00	0.43	0.11531	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	3	84.00	0.10	0.11531	10%-25% Below	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	3	84.00	0.43	0.11531	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	4	28.00	0.39	0.11495	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	12	28.00	0.55	0.10073	200% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	1	84.00	0.18	0.12209	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	2	28.00	0.06	0.12837	51%-75% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	2	28.00	0.17	0.12837	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	2	84.00	0.06	0.12837	51%-75% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	2	84.00	0.17	0.12837	26%-50% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	2	84.00	0.17	0.12837	26%-50% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	3	28.00	0.12	0.13969	10%-25% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	3	28.00	0.16	0.13969	10%-25% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	3	84.00	0.16	0.13969	10%-25% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	3	84.00	0.16	0.13969	10%-25% Above	Yes	No
70700012185	TRI-ESTARYLLA TABLET	4	28.00	0.12	0.14147	10%-25% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	4	84.00	0.12	0.14147	10%-25% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	12	28.00	0.37	0.12315	200% Above	No	No
70700012387	JAIMIESS 0.15-0.03-0.01 MG TAB	3	91.00	0.86	0.23162	200% Above	No	No
70700012487	LOJAIMIESS 0.1-0.02-0.01 TAB	1	91.00	0.11	0.19695	26%-50% Below	No	No
70700014435	ESTRADIOL 0.1% (0.5 MG) GEL PKT	3	90.00	1.17	1.89334	26%-50% Below	Yes	No
70700015001	OMEPRazole DR 20 MG CAPSULE	2	90.00	0.01	0.03315	51%-75% Below	No	No
70700015010	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.07	0.03069	101%-200% Above	No	No
70700015010	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.08	0.03069	101%-200% Above	No	No
70700015010	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.09	0.03069	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.04	0.03069	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.06	0.03069	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.07	0.03069	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.39	0.03069	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	14.00	0.03	0.03315	10%-25% Below	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.03	0.03315	10%-25% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.07	0.03315	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.08	0.03315	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.05	0.03315	51%-75% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.03315	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.03315	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.03	0.03379	10%-25% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.03379	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.03379	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.08	0.03379	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.09	0.03379	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.21	0.03379	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.03	0.03379	10%-25% Below	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.06	0.03379	51%-75% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.07	0.03379	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.07	0.03379	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.21	0.03379	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	14.00	0.10	0.03364	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.08	0.03364	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.21	0.03364	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.05	0.03364	51%-75% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.21	0.03364	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.04	0.03019	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.07	0.03019	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.39	0.03019	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.45	0.03019	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.04	0.03019	10%-25% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.39	0.03019	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.42	0.03019	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.45	0.03019	200% Above	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	1	28.00	2.45	0.79458	200% Above	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	2	28.00	2.08	0.83457	101%-200% Above	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	3	28.00	0.72	0.86521	10%-25% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	21.00	0.95	0.21680	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.33	0.21680	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.50	0.21680	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.52	0.21680	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.62	0.21680	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.67	0.21680	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	60.00	0.25	0.21680	10%-25% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	60.00	0.90	0.21680	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	63.00	0.52	0.21680	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.33	0.21680	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.42	0.21680	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.62	0.21680	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700016201	PROGESTERONE 100 MG CAPSULE	2	10.00	0.70	0.24029	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	21.00	0.95	0.24029	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.20	0.24029	10%-25% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.33	0.24029	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.48	0.24029	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.52	0.24029	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	65.00	0.11	0.24029	51%-75% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	90.00	0.52	0.24029	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	360.00	0.20	0.24029	10%-25% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	21.00	0.95	0.25973	200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	30.00	0.20	0.25973	10%-25% Below	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	30.00	0.48	0.25973	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	30.00	0.50	0.25973	76%-100% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	90.00	0.44	0.25973	51%-75% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	90.00	0.48	0.25973	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	10.00	0.45	0.25476	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.33	0.25476	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.44	0.25476	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.50	0.25476	76%-100% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.50	0.25476	76%-100% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	90.00	0.17	0.25476	26%-50% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	90.00	0.33	0.25476	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	30.00	0.01	0.21062	76%-100% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	30.00	0.56	0.21062	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	60.00	0.33	0.21062	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700016201	PROGESTERONE 100 MG CAPSULE	12	90.00	0.62	0.21062	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	10.00	0.79	0.35713	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	10.00	0.93	0.35713	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.50	0.35713	26%-50% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.79	0.35713	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.93	0.35713	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	45.00	0.79	0.35713	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	60.00	0.17	0.35713	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.50	0.35713	26%-50% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.79	0.35713	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.84	0.35713	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.93	0.35713	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.50	0.40063	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.72	0.40063	76%-100% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.79	0.40063	76%-100% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	60.00	0.17	0.40063	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	90.00	0.17	0.40063	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	90.00	0.79	0.40063	76%-100% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.50	0.43261	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.66	0.43261	51%-75% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.72	0.43261	51%-75% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	36.00	0.72	0.43261	51%-75% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	90.00	0.22	0.43261	26%-50% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	90.00	0.72	0.43261	51%-75% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.66	0.43330	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700016301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.88	0.43330	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.88	0.43330	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	90.00	0.17	0.43330	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	90.00	0.50	0.43330	10%-25% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	90.00	0.88	0.43330	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	90.00	0.88	0.43330	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	30.00	0.50	0.34434	26%-50% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	30.00	0.93	0.34434	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	60.00	0.93	0.34434	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	60.00	1.04	0.34434	200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	90.00	0.15	0.34434	51%-75% Below	No	No
70700016406	LEVONORGESTREL 1.5 MG TABLET	3	1.00	20.83	6.47697	200% Above	Yes	No
70700016406	LEVONORGESTREL 1.5 MG TABLET	4	1.00	20.83	6.53647	200% Above	Yes	No
70700026305	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.12	0.08920	26%-50% Above	No	No
70700026305	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	0.11	0.09748	10%-25% Above	No	No
70700026305	LANSOPRAZOLE DR 30 MG CAPSULE	2	90.00	0.12	0.09748	10%-25% Above	No	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.12	0.08920	26%-50% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	2	90.00	0.11	0.09748	10%-25% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	2	90.00	0.12	0.09748	10%-25% Above	Yes	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	1	5.00	4.00	17.81379	76%-100% Below	No	No
70700027522	ESTRADIOL VALERATE 200 MG/5 ML	1	5.00	2.00	26.04527	76%-100% Below	No	No
70700028822	TESTOSTERONE CYP 1,000 MG/10 ML	4	10.00	2.00	5.35581	51%-75% Below	Yes	No
70700028922	TESTOSTERONE CYP 200 MG/ML	1	2.00	7.85	12.23459	26%-50% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	1	4.00	7.85	12.23459	26%-50% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.67	13.03302	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700028922	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.67	13.03302	26%-50% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.77	13.03302	26%-50% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.08	13.01273	51%-75% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.78	13.01273	26%-50% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.07	13.01273	51%-75% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	12	6.00	7.85	12.37528	26%-50% Below	No	No
70700030101	GUANFACINE 1 MG TABLET	1	180.00	0.26	0.16966	51%-75% Above	No	No
70700032650	GALLIFREY TAB 5MG	2	45.00	0.75	.		No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.50	0.99337	26%-50% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.70	0.99337	26%-50% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.28	0.99337	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.47	0.99337	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.49	0.99337	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.50	0.99337	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.71	0.99337	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.50	1.15416	51%-75% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.78	1.15416	26%-50% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.85	1.15416	26%-50% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.28	1.15416	10%-25% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.47	1.15416	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.49	1.15416	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.50	1.15416	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.71	1.15416	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.90	1.15416	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	20.00	1.90	1.15416	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	0.78	1.20618	26%-50% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.00	1.20618	10%-25% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.50	1.20618	10%-25% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.90	1.20618	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	3	14.00	1.07	1.20618	10%-25% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.00	1.17706	10%-25% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	3.80	1.17706	200% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.22	0.91545	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.28	0.91545	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.47	0.91545	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.50	0.91545	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.90	0.91545	101%-200% Above	No	No
70710107103	VARDENAFIL HCL 20 MG TABLET	4	18.00	18.99	2.39060	200% Above	No	No
70710111000	CYPROHEPTADINE 4 MG TABLET	12	90.00	0.04	0.06857	26%-50% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	1	90.00	0.05	0.06869	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	2	30.00	0.04	0.07397	26%-50% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	3	30.00	0.05	0.08105	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	3	90.00	0.05	0.08105	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	4	30.00	0.05	0.08111	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	4	45.00	0.24	0.08111	101%-200% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	12	90.00	0.05	0.06857	26%-50% Below	Yes	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	1	30.00	0.88	0.12835	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	2	90.00	0.88	0.12195	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	12	30.00	1.04	0.13437	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	14.00	0.65	0.23515	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	14.00	0.76	0.23515	200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	20.00	0.60	0.23515	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	28.00	0.36	0.23515	51%-75% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	28.00	0.54	0.23515	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	2	10.00	0.36	0.26452	26%-50% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	2	14.00	0.36	0.26452	26%-50% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	2	20.00	0.60	0.26452	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	3	14.00	0.33	0.28444	10%-25% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	3	20.00	0.33	0.28444	10%-25% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	4	20.00	0.70	0.30019	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	12	20.00	0.64	0.24201	101%-200% Above	No	No
70710112801	URSODIOL 500 MG TABLET	3	180.00	1.21	0.73854	51%-75% Above	Yes	No
70710113001	CHLORPROMAZINE 25 MG TABLET	1	150.00	0.11	0.31681	51%-75% Below	No	No
70710113001	CHLORPROMAZINE 25 MG TABLET	2	150.00	0.11	0.31937	51%-75% Below	No	No
70710113001	CHLORPROMAZINE 25 MG TABLET	3	150.00	0.11	0.31558	51%-75% Below	No	No
70710113801	FLUCONAZOLE 100 MG TABLET	1	1.00	0.73	0.24962	101%-200% Above	No	No
70710113801	FLUCONAZOLE 100 MG TABLET	3	2.00	0.14	0.30981	51%-75% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	2	1.00	0.15	0.27134	26%-50% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	2	4.00	0.15	0.27134	26%-50% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	2	10.00	0.15	0.27134	26%-50% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	1.00	0.73	0.30981	101%-200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	3.00	0.37	0.30981	10%-25% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	5.00	1.37	0.30981	200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	4	3.00	1.37	0.28326	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710113803	FLUCONAZOLE 100 MG TABLET	12	2.00	0.34	0.22998	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	0.89	0.52425	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.31	0.52425	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.36	0.52425	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.39	0.52425	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.44	0.52425	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.61	0.52425	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.84	0.52425	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	0.76	0.52425	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	0.89	0.52425	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.27	0.52425	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.35	0.52425	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.67	0.52425	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	1.21	0.52425	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	1.38	0.52425	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	1.46	0.52425	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	45.00	0.76	0.52425	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	0.69	0.53979	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	0.76	0.53979	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	1.39	0.53979	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	1.53	0.53979	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	1.61	0.53979	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	0.69	0.53979	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	0.76	0.53979	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.22	0.53979	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.27	0.53979	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.35	0.53979	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	2.31	0.53979	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	3.00	0.76	0.53979	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	3.00	1.29	0.53979	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	3.00	1.46	0.53979	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	4.00	0.69	0.53979	26%-50% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	8.00	2.19	0.53979	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	1.00	1.44	0.59122	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	1.00	1.53	0.59122	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	1.00	1.84	0.59122	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	0.69	0.59122	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	1.22	0.59122	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	1.27	0.59122	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	1.56	0.59122	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	3.00	0.69	0.59122	10%-25% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	3.00	1.46	0.59122	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	4.00	4.62	0.59122	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	9.00	4.62	0.59122	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	1.44	0.57248	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	1.53	0.57248	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	4.62	0.57248	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	1.27	0.57248	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	2.31	0.57248	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	4.62	0.57248	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710113908	FLUCONAZOLE 150 MG TABLET	4	3.00	4.62	0.57248	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	1.00	0.89	0.51642	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	1.00	1.86	0.51642	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	0.89	0.51642	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	1.22	0.51642	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	1.27	0.51642	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	1.35	0.51642	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	3.00	0.89	0.51642	51%-75% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	3.00	1.21	0.51642	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	3.00	1.56	0.51642	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	24.00	0.81	0.51642	51%-75% Above	Yes	No
70710114001	FLUCONAZOLE 200 MG TABLET	1	3.00	0.31	0.38628	10%-25% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	1	1.00	0.22	0.38628	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	1	12.00	0.22	0.38628	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	1	14.00	0.32	0.38628	10%-25% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	2	1.00	0.58	0.41182	26%-50% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	2	14.00	0.32	0.41182	10%-25% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	2	28.00	0.32	0.41182	10%-25% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	3	3.00	0.22	0.43388	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	3	28.00	0.32	0.43388	10%-25% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	4	1.00	0.58	0.43600	26%-50% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	12	3.00	1.51	0.39654	200% Above	No	No
70710115001	ISOSORBIDE DINITRATE 20 MG TAB	1	270.00	0.43	0.21836	76%-100% Above	Yes	No
70710115903	MIRABEGRON ER 25 MG TABLET	2	30.00	0.33	9.98734	76%-100% Below	No	No
70710115903	MIRABEGRON ER 25 MG TABLET	2	30.00	2.68	9.98734	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710115903	MIRABEGRON ER 25 MG TABLET	3	30.00	0.33	10.05817	76%-100% Below	No	No
70710115903	MIRABEGRON ER 25 MG TABLET	3	30.00	0.50	10.05817	76%-100% Below	No	No
70710115903	MIRABEGRON ER 25 MG TABLET	4	30.00	4.94	9.99142	26%-50% Below	No	No
70710115903	MIRABEGRON ER 25 MG TABLET	4	90.00	2.68	9.99142	51%-75% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	1	30.00	2.68	10.43538	51%-75% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	1	30.00	9.28	10.43538	10%-25% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	2	30.00	2.68	10.12170	51%-75% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	2	90.00	0.50	10.12170	76%-100% Below	No	No
70710116003	MIRABEGRON ER 50 MG TABLET	3	90.00	11.60	9.90954	10%-25% Above	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	12	30.00	2.68	10.76234	51%-75% Below	Yes	No
70710116101	MECLIZINE 12.5 MG TABLET	2	60.00	0.03	0.05409	26%-50% Below	No	No
70710116200	MECLIZINE 25 MG TABLET	2	28.00	0.06	0.08105	26%-50% Below	No	No
70710116200	MECLIZINE 25 MG TABLET	12	30.00	0.04	0.07745	26%-50% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	1	12.00	0.04	0.07774	26%-50% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	1	30.00	0.04	0.07774	26%-50% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	2	30.00	0.04	0.08105	26%-50% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	4	15.00	0.10	0.08635	10%-25% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	4	25.00	0.21	0.08635	101%-200% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.29	0.17483	51%-75% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.33	0.17483	76%-100% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.13	0.17483	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.29	0.17483	51%-75% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.34	0.17483	76%-100% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	1	180.00	0.08	0.17483	51%-75% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.33	0.20046	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.08	0.20046	51%-75% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.17	0.20046	10%-25% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.29	0.20046	26%-50% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.37	0.20046	76%-100% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.29	0.20046	26%-50% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.04	0.20095	76%-100% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.13	0.20095	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.27	0.20095	26%-50% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	3	180.00	0.09	0.20095	51%-75% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	4	60.00	0.25	0.20296	10%-25% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	4	120.00	0.13	0.20296	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	4	180.00	0.09	0.20296	51%-75% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.12	0.17605	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.34	0.17605	76%-100% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.40	0.17605	101%-200% Above	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	3	90.00	0.33	0.28493	10%-25% Above	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	12	90.00	0.31	0.25401	10%-25% Above	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	14.82	37.71940	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	17.46	37.71940	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	29.01	37.71940	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	9.00	14.82	37.71940	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	12.00	14.82	37.71940	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	3.00	14.82	37.43887	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	3.00	14.82	37.43887	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	3.00	29.01	37.43887	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	12.00	14.82	37.43887	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	3.00	14.63	37.00410	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	3.00	14.63	37.00410	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	3.00	29.01	37.00410	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	9.00	13.50	37.00410	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	9.00	14.63	37.00410	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	28.50	37.17852	10%-25% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	28.50	37.17852	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	29.01	37.17852	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	9.00	28.50	37.17852	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	9.00	29.01	37.17852	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	3.00	17.46	38.03566	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	3.00	29.01	38.03566	10%-25% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	9.00	17.46	38.03566	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	9.00	29.01	38.03566	10%-25% Below	Yes	No
70710119508	ESTRADIOL 0.1 MG PATCH (2/WK)	1	24.00	2.85	6.19621	51%-75% Below	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	2	30.00	0.07	0.03750	76%-100% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	2	60.00	0.07	0.03750	76%-100% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	0.11	0.03750	101%-200% Above	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	12	90.00	0.09	0.03287	101%-200% Above	Yes	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	12	180.00	0.09	0.03287	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.22	0.04736	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.14	0.04736	101%-200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.14	0.04736	101%-200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.21	0.04736	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710122600	AMITRIPTYLINE HCL 25 MG TAB	1	180.00	0.17	0.04736	200% Above	Yes	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.17	0.05240	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	0.14	0.05240	101%-200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	4	60.00	0.21	0.05682	200% Above	Yes	No
70710122901	AMITRIPTYLINE HCL 100 MG TAB	12	90.00	0.65	0.12534	200% Above	Yes	No
70710123304	BETAMETHASONE DP 0.05% CRM	3	45.00	0.33	0.48666	26%-50% Below	No	No
70710124203	ZITUVIO TAB 100MG	1	90.00	9.98	.		Yes	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	3	60.00	0.29	0.19990	26%-50% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	1	30.00	0.02	0.03351	26%-50% Below	No	No
70710128500	BACLOFEN 10 MG TABLET	3	30.00	0.02	0.03805	51%-75% Below	No	No
70710128500	BACLOFEN 10 MG TABLET	4	30.00	0.18	0.03764	200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	1	30.00	0.02	0.03351	26%-50% Below	No	No
70710128501	BACLOFEN 10 MG TABLET	2	30.00	0.02	0.03547	51%-75% Below	No	No
70710128501	BACLOFEN 10 MG TABLET	3	30.00	0.02	0.03805	51%-75% Below	No	No
70710128501	BACLOFEN 10 MG TABLET	4	30.00	0.18	0.03764	200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	4	45.00	0.02	0.03764	51%-75% Below	No	No
70710128505	BACLOFEN 10 MG TABLET	1	45.00	0.02	0.03351	26%-50% Below	No	No
70710128505	BACLOFEN 10 MG TABLET	2	45.00	0.02	0.03547	51%-75% Below	No	No
70710128505	BACLOFEN 10 MG TABLET	3	45.00	0.02	0.03805	51%-75% Below	No	No
70710128505	BACLOFEN 10 MG TABLET	12	45.00	0.03	0.03422	10%-25% Below	No	No
70710128601	BACLOFEN 20 MG TABLET	2	60.00	0.01	0.05263	76%-100% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	1	30.00	0.04	0.04889	10%-25% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	1	120.00	0.04	0.04889	26%-50% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	2	120.00	0.02	0.05263	51%-75% Below	No	No
70710128605	BACLOFEN 20 MG TABLET	3	120.00	0.02	0.05774	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710128605	BACLOFEN 20 MG TABLET	4	120.00	0.22	0.05841	200% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	12	120.00	0.04	0.05102	26%-50% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	2	1.00	0.20	0.31906	26%-50% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	2	1.00	0.78	0.31906	101%-200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	2	2.00	0.20	0.31906	26%-50% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	3	1.00	0.18	0.37195	51%-75% Below	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	3	3.00	1.99	0.37195	200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	4	1.00	1.99	0.36898	200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	12	1.00	0.77	0.28469	101%-200% Above	No	No
70710135103	COLCHICINE 0.6 MG TABLET	4	30.00	1.93	0.19567	200% Above	No	No
70710136703	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	12	30.00	1.41	0.52267	101%-200% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	1	15.00	0.68	0.34013	76%-100% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	3	15.00	0.62	0.37709	51%-75% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	4	15.00	0.66	0.37310	76%-100% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	12	15.00	0.80	0.35458	101%-200% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	0.68	0.30075	101%-200% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	1	45.00	0.46	0.30075	51%-75% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	2	15.00	0.46	0.32488	26%-50% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	0.42	0.32488	26%-50% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	3	15.00	0.42	0.33836	10%-25% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	3	15.00	0.83	0.33836	101%-200% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	4	45.00	0.48	0.33826	26%-50% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	0.33	0.29991	10%-25% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	0.54	0.29991	76%-100% Above	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	0.54	0.29991	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	12	45.00	0.33	0.29991	10%-25% Above	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	1	22.50	0.46	0.21631	101%-200% Above	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	3	45.00	0.42	0.25040	51%-75% Above	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	4	45.00	0.48	0.25514	76%-100% Above	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	12	22.50	0.44	0.22049	101%-200% Above	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	12	22.50	0.67	0.22049	200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	1	30.00	0.50	0.19881	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	1	30.00	0.54	0.19881	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	0.46	0.21875	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	2	30.00	0.50	0.21875	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	4	30.00	0.48	0.23288	101%-200% Above	No	No
70710146002	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	0.50	0.20436	101%-200% Above	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	1	60.00	0.39	0.63142	26%-50% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	1	120.00	0.08	0.63142	76%-100% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	2	120.00	0.08	0.68394	76%-100% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	2	120.00	0.13	0.68394	76%-100% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	3	60.00	0.35	0.71660	26%-50% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	3	120.00	0.37	0.71660	26%-50% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	4	120.00	0.37	0.71909	26%-50% Below	No	No
70710146707	COLESTIPOL HCL 1 GM TABLET	12	120.00	0.08	0.64507	76%-100% Below	No	No
70710148301	URSODIOL 300 MG CAPSULE	2	60.00	1.63	0.44544	200% Above	No	No
70710148301	URSODIOL 300 MG CAPSULE	3	60.00	1.48	0.48242	200% Above	No	No
70710148301	URSODIOL 300 MG CAPSULE	4	60.00	1.60	0.47599	200% Above	No	No
70710159207	ICOSAPENT ETHYL 1 GRAM CAPSULE	2	360.00	0.39	0.67402	26%-50% Below	Yes	No
70710159207	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	360.00	0.39	0.66378	26%-50% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710160901	BACLOFEN 5 MG TABLET	3	30.00	0.05	0.09631	26%-50% Below	No	No
70710160901	BACLOFEN 5 MG TABLET	12	10.00	0.14	0.09878	26%-50% Above	No	No
70710164106	LUBIPROSTONE 8 MCG CAPSULE	2	60.00	1.36	0.75109	76%-100% Above	No	No
70710164106	LUBIPROSTONE 8 MCG CAPSULE	3	60.00	1.36	0.74983	76%-100% Above	No	No
70710164206	LUBIPROSTONE 24 MCG CAPSULE	1	60.00	0.44	0.79966	26%-50% Below	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05152	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	60.00	0.08	0.05152	26%-50% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	90.00	0.08	0.05152	26%-50% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	90.00	0.13	0.05152	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	30.00	0.07	0.05417	26%-50% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05417	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	30.00	0.13	0.05417	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	60.00	0.07	0.05417	26%-50% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	60.00	0.08	0.05417	26%-50% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05417	76%-100% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05417	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	14.00	0.15	0.05597	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05597	26%-50% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05597	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	60.00	0.07	0.05597	26%-50% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	90.00	0.07	0.05597	26%-50% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05597	76%-100% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	30.00	0.23	0.05508	200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	90.00	0.14	0.05508	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	90.00	0.23	0.05508	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710168400	FAMOTIDINE 40 MG TABLET	12	60.00	0.09	0.05230	51%-75% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	12	90.00	0.09	0.05230	51%-75% Above	No	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.08	0.08574	10%-25% Below	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	2	173.00	0.08	0.08574	10%-25% Below	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	3	90.00	0.07	0.08891	10%-25% Below	No	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	3	90.00	0.07	0.08891	10%-25% Below	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	4	30.00	0.27	0.09078	101%-200% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.08	0.08482	10%-25% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.14	0.08482	51%-75% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.07	0.09140	10%-25% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.08	0.09140	10%-25% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.07	0.09563	26%-50% Below	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09563	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.12	0.09563	26%-50% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.22	0.09563	101%-200% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.12	0.08337	26%-50% Above	Yes	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.17	0.11690	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.20	0.11690	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	2	4.00	0.38	0.12532	200% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.07	0.12532	26%-50% Below	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.17	0.12532	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.06	0.12532	26%-50% Below	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.06	0.13255	51%-75% Below	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.06	0.13255	51%-75% Below	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.17	0.13321	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710170000	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.20	0.13321	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.34	0.11715	101%-200% Above	No	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.07	0.11690	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.07	0.11690	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.19	0.11690	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.07	0.12532	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.07	0.12532	26%-50% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.18	0.12532	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.11	0.13255	10%-25% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.17	0.13255	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	180.00	0.06	0.13255	51%-75% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.42	0.13321	200% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.19	0.13321	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.42	0.13321	200% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.17	0.11715	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.18	0.11715	26%-50% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.30	0.25936	10%-25% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.30	0.25936	10%-25% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.49	0.25936	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.70	0.25936	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.72	0.25936	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.83	0.25936	200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	26.00	0.77	0.25936	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	120.00	0.49	0.25936	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	15.00	0.66	0.25658	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710171001	KETOROLAC 10 MG TABLET	2	15.00	0.70	0.25658	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	2	16.00	0.23	0.25658	10%-25% Below	No	No
70710171001	KETOROLAC 10 MG TABLET	2	20.00	0.50	0.25658	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	20.00	0.66	0.25658	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	20.00	0.75	0.25658	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	21.00	0.68	0.25658	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	120.00	0.49	0.25658	76%-100% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	3	20.00	0.23	0.29265	10%-25% Below	Yes	No
70710171001	KETOROLAC 10 MG TABLET	3	20.00	0.72	0.29265	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	4	12.00	0.86	0.29173	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	4	20.00	0.64	0.29173	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	3.00	0.87	0.29587	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	12.00	0.69	0.29587	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	15.00	0.70	0.29587	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	12	20.00	0.49	0.29587	51%-75% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	20.00	0.75	0.29587	101%-200% Above	Yes	No
70710178606	ZITUVIMET TAB 50-500MG	1	60.00	4.97	.		No	No
70710178606	ZITUVIMET TAB 50-500MG	3	60.00	4.97	.		No	No
70710178606	ZITUVIMET TAB 50-500MG	4	60.00	4.97	.		No	No
70710178706	ZITUVIMET TAB 50-1000	2	60.00	5.05	.		No	No
70710178706	ZITUVIMET TAB 50-1000	2	180.00	4.97	.		Yes	No
70710180406	ZITUVIMET XR TAB 50-500MG	1	60.00	4.95	.		Yes	No
70710180406	ZITUVIMET XR TAB 50-500MG	2	90.00	4.97	.		No	No
70710180506	ZITUVIMET XR TAB 50-1000	2	90.00	4.97	.		Yes	No
70710180506	ZITUVIMET XR TAB 50-1000	3	60.00	4.98	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710180603	ZITUVIMET XR TAB 100-1000	3	90.00	9.98	.		Yes	No
70710183201	DICLOFENAC POT 50 MG TABLET	1	30.00	0.09	0.10913	10%-25% Below	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	2	30.00	0.05	0.11960	51%-75% Below	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	3	60.00	0.06	0.13256	51%-75% Below	No	No
70710183201	DICLOFENAC POT 50 MG TABLET	4	60.00	0.18	0.12984	26%-50% Above	Yes	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	3	9.00	1.11	5.15755	76%-100% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	4	4.00	3.75	4.90707	10%-25% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	4	7.00	7.14	4.90707	26%-50% Above	No	No
70710184607	SCOPOLAMINE 1 MG/3 DAY PATCH	4	1.00	7.14	4.90707	26%-50% Above	No	No
70710198706	SITAG/METFOR TAB 50-1000	3	180.00	7.35	.		No	No
70748012849	VARENICLINE 1 MG TABLET	2	60.00	2.58	0.59358	200% Above	Yes	No
70748012849	VARENICLINE 1 MG TABLET	12	56.00	0.94	0.73271	26%-50% Above	No	No
70748013006	LEFLUNOMIDE 20 MG TABLET	2	90.00	2.44	0.31319	200% Above	No	No
70748033202	PREDNISOLONE AC 1% EYE DROP	4	5.00	3.59	5.18256	26%-50% Below	No	No
70748033202	PREDNISOLONE SUS 1% OP	2	5.00	2.38	.		No	No
70748033202	PREDNISOLONE SUS 1% OP	2	5.00	3.00	.		No	No
70748033202	PREDNISOLONE SUS 1% OP	12	5.00	2.48	.		No	No
70752010212	ALBUTEROL SULF 2 MG/5 ML SYRUP	12	150.00	0.06	0.03773	51%-75% Above	Yes	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	1	150.00	0.05	0.03452	26%-50% Above	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	2	60.00	0.06	0.03732	51%-75% Above	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	2	118.00	0.03	0.03732	10%-25% Below	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	2	150.00	0.05	0.03732	26%-50% Above	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	3	75.00	0.03	0.03737	10%-25% Below	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	3	118.00	0.04	0.03737	10%-25% Above	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	3	150.00	0.05	0.03737	26%-50% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	4	150.00	0.05	0.03675	26%-50% Above	No	No
70752010406	CHILD CETIRIZINE HCL 1 MG/ML	12	150.00	0.04	0.03525	10%-25% Above	Yes	No
70752010710	CYPROHEPTADINE 4 MG TABLET	2	90.00	0.05	0.07397	26%-50% Below	Yes	No
70752011303	LIDOCAINE 5% OINTMENT	2	35.44	0.09	0.17437	26%-50% Below	Yes	No
70752013812	PROMETHAZINE 6.25 MG/5 ML SOLN	2	300.00	0.01	0.03806	51%-75% Below	No	No
70752013912	PROMETHAZINE-CODEINE SOLUTION	2	200.00	0.03	0.04009	10%-25% Below	No	No
70752018512	CYPROHEPTADINE 2 MG/5 ML SOLN	3	450.00	0.02	0.04137	26%-50% Below	Yes	No
70752020411	FOLIC ACID 1 MG TABLET	1	30.00	0.03	0.02086	51%-75% Above	No	No
70752020411	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02086	26%-50% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	1	120.00	0.01	0.02086	26%-50% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	2	30.00	0.01	0.02251	51%-75% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02251	51%-75% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	2	90.00	0.02	0.02251	10%-25% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	51%-75% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	3	120.00	0.01	0.02320	26%-50% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	4	30.00	0.04	0.02265	76%-100% Above	No	No
70752020411	FOLIC ACID 1 MG TABLET	4	90.00	0.04	0.02265	76%-100% Above	No	No
70752020411	FOLIC ACID 1 MG TABLET	4	120.00	0.01	0.02265	26%-50% Below	No	No
70752020411	FOLIC ACID 1 MG TABLET	12	120.00	0.01	0.02077	26%-50% Below	No	No
70756001112	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.35	0.07447	200% Above	No	No
70756001112	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.32	0.07732	200% Above	No	No
70756001112	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.35	0.07732	200% Above	No	No
70756001112	CHLORTHALIDONE 25 MG TABLET	12	30.00	0.33	0.07682	200% Above	No	No
70756001402	NITROGLYCERIN 0.4 MG TABLET SL	1	25.00	0.08	0.18133	51%-75% Below	No	No
70756001402	NITROGLYCERIN 0.4 MG TABLET SL	1	100.00	0.08	0.18133	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756001411	NITROGLYCERIN 0.4 MG TABLET SL	3	100.00	0.05	0.11120	51%-75% Below	No	No
70756005212	FAMOTIDINE 40 MG TABLET	1	60.00	0.09	0.05152	76%-100% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	2	60.00	0.11	0.05417	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	2	180.00	0.07	0.05417	26%-50% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	12	30.00	0.14	0.05230	101%-200% Above	No	No
70756020111	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.09	0.03370	101%-200% Above	No	No
70756020112	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.13	0.03370	200% Above	No	No
70756020112	AMITRIPTYLINE HCL 10 MG TAB	12	30.00	0.01	0.03287	51%-75% Below	No	No
70756020211	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	0.14	0.05240	101%-200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.14	0.05240	101%-200% Above	No	No
70756020212	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	0.13	0.05728	101%-200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	1	30.00	0.04	0.07183	26%-50% Below	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	1	30.00	0.33	0.07183	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	0.04	0.07513	26%-50% Below	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	0.28	0.07513	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	0.28	0.08920	200% Above	No	No
70756020311	AMITRIPTYLINE HCL 50 MG TAB	12	30.00	0.03	0.07185	51%-75% Below	No	No
70756020312	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	0.28	0.08920	200% Above	No	No
70756020511	AMITRIPTYLINE HCL 100 MG TAB	1	90.00	0.01	0.12807	76%-100% Below	No	No
70756021490	FENOFIBRATE 54 MG TABLET	3	90.00	0.21	0.07822	101%-200% Above	No	No
70756021490	FENOFIBRATE 54 MG TABLET	4	90.00	0.27	0.08061	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	1	30.00	0.04	0.11225	51%-75% Below	No	No
70756021551	FENOFIBRATE 160 MG TABLET	1	90.00	0.17	0.11225	26%-50% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	2	30.00	0.06	0.11759	26%-50% Below	No	No
70756021551	FENOFIBRATE 160 MG TABLET	2	90.00	0.10	0.11759	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756021551	FENOFIBRATE 160 MG TABLET	2	90.00	0.97	0.11759	200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	3	30.00	0.11	0.12820	10%-25% Below	No	No
70756021551	FENOFIBRATE 160 MG TABLET	3	30.00	0.36	0.12820	101%-200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	3	90.00	0.06	0.12820	26%-50% Below	No	No
70756021551	FENOFIBRATE 160 MG TABLET	3	90.00	0.36	0.12820	101%-200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	4	90.00	0.32	0.12987	101%-200% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	12	30.00	0.04	0.11584	51%-75% Below	No	No
70756021590	FENOFIBRATE 160 MG TABLET	3	90.00	0.36	0.12820	101%-200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	4	30.00	0.55	0.03419	200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	No	No
70756025090	ATORVASTATIN 80 MG TABLET	1	30.00	0.19	0.07532	101%-200% Above	No	No
70756025090	ATORVASTATIN 80 MG TABLET	2	30.00	0.19	0.08222	101%-200% Above	No	No
70756025090	ATORVASTATIN 80 MG TABLET	3	30.00	0.19	0.08492	101%-200% Above	No	No
70756025090	ATORVASTATIN 80 MG TABLET	4	30.00	0.19	0.08502	101%-200% Above	No	No
70756028812	BACLOFEN 10 MG TABLET	2	30.00	0.03	0.03547	10%-25% Below	No	No
70756028812	BACLOFEN 10 MG TABLET	3	30.00	0.03	0.03805	10%-25% Below	No	No
70756028951	BACLOFEN 20 MG TABLET	2	90.00	0.04	0.05263	26%-50% Below	No	No
70756028951	BACLOFEN 20 MG TABLET	3	90.00	0.04	0.05774	26%-50% Below	No	No
70756028951	BACLOFEN 20 MG TABLET	12	180.00	0.03	0.05102	26%-50% Below	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.49	0.28445	51%-75% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.66	0.28445	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	20.00	0.56	0.28445	76%-100% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	20.00	0.66	0.28445	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.56	0.30818	76%-100% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.56	0.30818	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.07	0.30818	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	0.56	0.30818	76%-100% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	30.00	0.17	0.30818	26%-50% Below	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.51	0.32693	51%-75% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.51	0.32693	51%-75% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	3	30.00	0.17	0.32693	26%-50% Below	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	3	40.00	1.20	0.32693	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	0.73	0.32751	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	0.73	0.32751	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	1.07	0.32751	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	0.66	0.28685	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	0.24	0.28685	10%-25% Below	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	0.66	0.28685	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	1.07	0.28685	200% Above	No	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	1	12.00	0.09	0.18024	26%-50% Below	Yes	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	1	30.00	0.50	0.18024	101%-200% Above	Yes	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	2	15.00	0.09	0.18687	51%-75% Below	Yes	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	2	30.00	0.50	0.18687	101%-200% Above	Yes	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	3	12.00	0.10	0.19391	26%-50% Below	Yes	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	3	90.00	0.33	0.19391	51%-75% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	2	20.00	0.79	0.27184	101%-200% Above	Yes	No
70756042322	OMEGA-3 ETHYL ESTERS 1 GM CAP	1	360.00	0.05	0.17183	51%-75% Below	No	No
70756042322	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	360.00	0.05	0.17824	51%-75% Below	No	No
70756042322	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	360.00	0.06	0.17727	51%-75% Below	No	No
70756042322	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	360.00	0.05	0.17354	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756043011	PRAZOSIN 2 MG CAPSULE	2	360.00	0.23	0.08510	101%-200% Above	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	2	5.00	1.91	1.65465	10%-25% Above	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	4	5.00	1.51	1.71249	10%-25% Below	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	1	5.00	2.98	1.32002	101%-200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	1	5.00	9.09	1.32002	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	2	5.00	3.98	1.39675	101%-200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	3	5.00	8.28	1.39262	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	4	5.00	2.98	1.39963	101%-200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	4	5.00	3.98	1.39963	101%-200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	4	5.00	7.08	1.39963	200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	10	5.00	1.79	1.44915	10%-25% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	2	10.00	1.49	1.31868	10%-25% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	4	10.00	7.08	1.33871	200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	12	10.00	1.99	1.23423	51%-75% Above	Yes	No
70756061510	HALOPERIDOL DEC 50 MG/ML VIAL	2	1.00	14.94	9.34280	51%-75% Above	No	No
70756061510	HALOPERIDOL DEC 50 MG/ML VIAL	3	1.00	14.94	9.88982	51%-75% Above	No	No
70756061510	HALOPERIDOL DEC 50 MG/ML VIAL	4	1.00	14.94	10.26582	26%-50% Above	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	0.97	1.60351	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.15	1.60351	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.38	1.60351	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	6.00	1.15	1.60351	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.89	1.73711	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.89	1.73711	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.89	1.73711	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	1.41	1.73711	10%-25% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	1.52	1.73711	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.98	1.73711	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	10.00	0.97	1.73711	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	30.00	0.97	1.73711	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	0.89	1.84641	51%-75% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.89	1.84641	51%-75% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	1.43	1.84641	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	1.46	1.84641	10%-25% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	6.00	1.52	1.90023	10%-25% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	1.15	1.65534	26%-50% Below	Yes	No
70756065225	ATROPINE 1% EYE DROPS	3	5.00	3.00	7.13536	51%-75% Below	No	No
70756066199	SOD CHLORIDE NEB 0.9%	3	300.00	0.09	.		Yes	No
70756066460	SOD CHLORIDE NEB 7%	3	240.00	0.12	.		Yes	No
70756070360	RANOLAZINE ER 500 MG TABLET	1	60.00	0.33	0.18754	76%-100% Above	No	No
70756070360	RANOLAZINE ER 500 MG TABLET	2	60.00	0.33	0.19732	51%-75% Above	No	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	12	90.00	0.47	0.08882	200% Above	No	No
70954000510	OXYBUTYNIN 5 MG TABLET	1	30.00	0.23	0.04734	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	2	30.00	0.30	0.04905	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	3	90.00	0.19	0.05080	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	4	90.00	0.23	0.05011	200% Above	Yes	No
70954000530	OXYBUTYNIN 5 MG TABLET	2	22.00	0.29	0.04905	200% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	1	30.00	0.36	0.09874	200% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	4	270.00	0.26	0.11458	101%-200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	1	180.00	0.25	0.08890	101%-200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	4	180.00	0.33	0.09502	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954005810	PREDNISONE 5 MG TABLET	12	90.00	0.10	0.04351	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	1	5.00	0.09	0.04429	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	10.00	0.11	0.04429	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	12.00	0.15	0.04429	200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	21.00	0.12	0.04429	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	1	30.00	0.09	0.04429	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	30.00	0.09	0.04429	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	1	30.00	0.09	0.04429	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	30.00	0.12	0.04429	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	30.00	0.12	0.04429	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	1	40.00	0.09	0.04429	76%-100% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	1	45.00	0.10	0.04429	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	5.00	0.09	0.04743	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	30.00	0.09	0.04743	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	30.00	0.09	0.04743	76%-100% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	2	30.00	0.09	0.04743	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	30.00	0.12	0.04743	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	30.00	0.12	0.04743	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	2	45.00	0.08	0.04743	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	45.00	0.09	0.04743	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	90.00	0.08	0.04743	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	10.00	0.16	0.04819	200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	3	18.00	0.08	0.04819	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	21.00	0.11	0.04819	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	30.00	0.08	0.04819	51%-75% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954005820	PREDNISONE 5 MG TABLET	3	30.00	0.12	0.04819	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	30.00	0.12	0.04819	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	3	42.00	0.08	0.04819	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	60.00	0.10	0.04819	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	4	30.00	0.12	0.04600	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	4	30.00	0.12	0.04600	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	4	30.00	0.13	0.04600	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	4	42.00	0.13	0.04600	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	4	60.00	0.10	0.04600	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	4	90.00	0.09	0.04600	101%-200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	4	305.00	0.08	0.04600	76%-100% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	12	30.00	0.12	0.04351	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	12	120.00	0.08	0.04351	76%-100% Above	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.28	0.33191	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	0.24	0.36834	26%-50% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	0.33	0.36834	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	3	21.00	0.33	0.40583	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	3	21.00	0.33	0.40583	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	3	21.00	0.36	0.40583	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	0.16	0.30794	26%-50% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	0.34	0.30794	10%-25% Above	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	0.39	0.30794	10%-25% Above	No	No
70954005840	PREDNISONE 5 MG TAB DOSE PACK	2	48.00	0.17	0.36834	51%-75% Below	No	No
70954005910	PREDNISONE 10 MG TABLET	1	6.00	0.09	0.04773	76%-100% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	1	3.00	0.09	0.04773	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954005920	PREDNISONE 10 MG TABLET	1	5.00	0.11	0.04773	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	9.00	0.09	0.04773	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	1	10.00	0.09	0.04773	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	10.00	0.11	0.04773	101%-200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	1	10.00	0.11	0.04773	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	12.00	0.12	0.04773	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	14.00	0.12	0.04773	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	15.00	0.12	0.04773	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	21.00	0.09	0.04773	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	21.00	0.11	0.04773	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	22.00	0.11	0.04773	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	24.00	0.09	0.04773	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	30.00	0.10	0.04773	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	5.00	0.09	0.05399	51%-75% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	2	6.00	0.15	0.05399	101%-200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	2	10.00	0.09	0.05399	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	18.00	0.12	0.05399	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	20.00	0.09	0.05399	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	20.00	0.11	0.05399	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	22.00	0.11	0.05399	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	23.00	0.10	0.05399	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	60.00	0.09	0.05399	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	5.00	0.09	0.05827	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	6.00	0.09	0.05827	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954005920	PREDNISONE 10 MG TABLET	3	10.00	0.09	0.05827	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	10.00	0.13	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	10.00	0.13	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	10.00	0.14	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	14.00	0.12	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	20.00	0.14	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	21.00	0.09	0.05827	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	27.00	0.12	0.05827	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	28.00	0.10	0.05827	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	30.00	0.13	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	60.00	0.09	0.05827	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	10.00	0.13	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	15.00	0.13	0.05827	101%-200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	4	18.00	0.12	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	21.00	0.13	0.05827	101%-200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	4	39.00	0.13	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	70.00	0.13	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	90.00	0.13	0.05827	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	5.00	0.11	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	10.00	0.11	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	10.00	0.13	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	15.00	0.12	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	16.00	0.11	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	18.00	0.11	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	20.00	0.11	0.04665	101%-200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1398

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954005920	PREDNISONE 10 MG TABLET	12	21.00	0.12	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	25.00	0.13	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	30.00	0.11	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	54.00	0.12	0.04665	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	70.00	0.09	0.04665	76%-100% Above	Yes	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.48	0.42749	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.61	0.42749	26%-50% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.65	0.42749	51%-75% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.37	0.49100	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.41	0.49100	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.56	0.49100	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.61	0.49100	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.63	0.49100	26%-50% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.65	0.49100	26%-50% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.37	0.56449	26%-50% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.45	0.56449	10%-25% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.23	0.40151	26%-50% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.48	0.40151	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.48	0.40151	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.58	0.40151	26%-50% Above	No	No
70954006010	PREDNISONE 20 MG TABLET	12	20.00	0.13	0.07170	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	3.00	0.12	0.07317	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.10	0.07317	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.10	0.07317	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.12	0.07317	51%-75% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1399

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.18	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.19	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.20	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.22	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.25	0.07317	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.27	0.07317	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.29	0.07317	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.31	0.07317	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	6.00	0.12	0.07317	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	6.00	0.27	0.07317	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	7.00	0.19	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	7.00	0.20	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	8.00	0.17	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	9.00	0.19	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.10	0.07317	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.12	0.07317	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.12	0.07317	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.17	0.07317	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1400

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	1	12.00	0.15	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	12.00	0.16	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	14.00	0.12	0.07317	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	14.00	0.15	0.07317	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	15.00	0.10	0.07317	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	15.00	0.16	0.07317	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	18.00	0.10	0.07317	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	4.00	0.24	0.07911	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.09	0.07911	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.09	0.07911	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.10	0.07911	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.10	0.07911	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.19	0.07911	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.20	0.07911	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.21	0.07911	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.21	0.07911	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.22	0.07911	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.28	0.07911	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.29	0.07911	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.31	0.07911	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	6.00	0.09	0.07911	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	7.00	0.09	0.07911	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	7.00	0.09	0.07911	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	7.00	0.10	0.07911	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	7.00	0.19	0.07911	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1401

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	2	8.00	0.10	0.07911	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	9.00	0.10	0.07911	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	9.00	0.16	0.07911	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	9.00	0.21	0.07911	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.09	0.07911	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.09	0.07911	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.10	0.07911	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.10	0.07911	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07911	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07911	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.17	0.07911	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.18	0.07911	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	11.00	0.16	0.07911	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	12.00	0.10	0.07911	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	12.00	0.15	0.07911	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	12.00	0.16	0.07911	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	14.00	0.10	0.07911	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	14.00	0.10	0.07911	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	14.00	0.15	0.07911	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	15.00	0.10	0.07911	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	15.00	0.10	0.07911	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	18.00	0.13	0.07911	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	20.00	0.10	0.07911	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	21.00	0.17	0.07911	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	3.00	0.26	0.08187	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1402

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.09	0.08187	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.09	0.08187	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.14	0.08187	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.19	0.08187	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.26	0.08187	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.27	0.08187	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	7.00	0.18	0.08187	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	8.00	0.09	0.08187	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	8.00	0.18	0.08187	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	9.00	0.09	0.08187	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	9.00	0.18	0.08187	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.09	0.08187	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.14	0.08187	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.14	0.08187	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.16	0.08187	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.16	0.08187	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.16	0.08187	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.17	0.08187	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.18	0.08187	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.19	0.08187	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	14.00	0.09	0.08187	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	14.00	0.15	0.08187	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	14.00	0.15	0.08187	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	14.00	0.15	0.08187	76%-100% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1403

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	3	14.00	0.16	0.08187	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	14.00	0.18	0.08187	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	15.00	0.09	0.08187	10%-25% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	15.00	0.14	0.08187	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	18.00	0.19	0.08187	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	30.00	0.14	0.08187	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.14	0.08127	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.20	0.08127	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.23	0.08127	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.27	0.08127	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.29	0.08127	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	8.00	0.17	0.08127	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	8.00	0.18	0.08127	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.14	0.08127	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.14	0.08127	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.15	0.08127	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.16	0.08127	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.16	0.08127	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.17	0.08127	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.18	0.08127	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	12.00	0.14	0.08127	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	12.00	0.17	0.08127	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	13.00	0.14	0.08127	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	14.00	0.17	0.08127	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	15.00	0.15	0.08127	76%-100% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1404

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	4	16.00	0.16	0.08127	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	30.00	0.14	0.08127	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	3.00	0.24	0.07170	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	3.00	0.32	0.07170	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	4.00	0.21	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.12	0.07170	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.12	0.07170	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.19	0.07170	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.19	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.21	0.07170	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.22	0.07170	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.27	0.07170	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.29	0.07170	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.29	0.07170	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	7.00	0.12	0.07170	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	7.00	0.18	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	7.00	0.20	0.07170	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.12	0.07170	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.12	0.07170	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.15	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.16	0.07170	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.17	0.07170	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.17	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.21	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.22	0.07170	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954006020	PREDNISONE 20 MG TABLET	12	11.00	0.16	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	14.00	0.15	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	14.00	0.21	0.07170	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	15.00	0.12	0.07170	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	15.00	0.14	0.07170	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	15.00	0.16	0.07170	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	17.00	0.19	0.07170	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	25.00	0.12	0.07170	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	30.00	0.15	0.07170	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	42.00	0.15	0.07170	101%-200% Above	No	No
70954006110	PREDNISONE 50 MG TABLET	3	5.00	0.24	0.19505	10%-25% Above	No	No
70954006110	PREDNISONE 50 MG TABLET	12	3.00	0.24	0.17685	26%-50% Above	No	No
70954008510	CHLORZOXAZONE 500 MG TABLET	2	56.00	0.09	0.20245	51%-75% Below	No	No
70954008510	CHLORZOXAZONE 500 MG TABLET	4	56.00	0.09	0.21827	51%-75% Below	No	No
70954018810	ACYCLOVIR 200 MG/5 ML SUSP	1	200.00	0.31	0.07437	200% Above	Yes	No
70954018810	ACYCLOVIR 200 MG/5 ML SUSP	2	113.00	0.31	0.08505	200% Above	Yes	No
70954018810	ACYCLOVIR 200 MG/5 ML SUSP	2	200.00	0.28	0.08505	200% Above	Yes	No
70954018810	ACYCLOVIR 200 MG/5 ML SUSP	12	113.00	0.11	0.07725	26%-50% Above	Yes	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	1	60.00	0.25	0.35372	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	2	60.00	0.21	0.37916	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	3	45.00	0.19	0.40299	51%-75% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	3	60.00	0.19	0.40299	51%-75% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	3	180.00	0.30	0.40299	26%-50% Below	No	No
70954025220	FLUDROCORTISONE 0.1 MG TABLET	12	45.00	0.25	0.35495	26%-50% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	2	160.00	0.02	0.05664	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954025810	SULFAMETHOXAZOLE-TMP SUSP	4	400.00	0.14	0.05737	101%-200% Above	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	12	200.00	0.02	0.05213	51%-75% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.18	0.31317	26%-50% Below	No	No
70954040210	DEXAMETHASONE 2 MG TABLET	1	10.00	0.17	0.29350	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	3.00	0.32	0.27120	10%-25% Above	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	4.00	0.20	0.27120	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	4.00	0.23	0.27120	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	5.00	0.19	0.27120	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	6.00	0.20	0.27120	10%-25% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	6.00	0.21	0.27120	10%-25% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	6.00	0.22	0.27120	10%-25% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	8.00	0.19	0.27120	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	10.00	0.19	0.27120	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	2.00	0.16	0.28058	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	5.00	0.15	0.28058	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	5.00	0.20	0.28058	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	5.00	0.20	0.28058	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	5.00	0.21	0.28058	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	5.00	0.23	0.28058	10%-25% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	6.00	0.21	0.28058	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	10.00	0.15	0.28058	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	10.00	0.20	0.28058	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	5.00	0.15	0.30478	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	6.00	0.13	0.30478	51%-75% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	6.00	0.15	0.30478	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954040310	DEXAMETHASONE 4 MG TABLET	3	8.00	0.15	0.30478	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	8.00	0.20	0.30478	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	10.00	0.15	0.30478	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	16.00	0.15	0.30478	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	4	5.00	0.61	0.29048	101%-200% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	4	6.00	0.13	0.29048	51%-75% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	4	10.00	0.62	0.29048	101%-200% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	1.00	0.49	0.28001	51%-75% Above	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	5.00	0.19	0.28001	26%-50% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	6.00	0.13	0.28001	51%-75% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	6.00	0.21	0.28001	10%-25% Below	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	10.00	0.20	0.28001	26%-50% Below	Yes	No
70954040310	DEXAMETHASONE 4 MG TABLET	12	28.00	0.20	0.28001	26%-50% Below	Yes	No
70954040410	DEXAMETHASONE 6 MG TABLET	1	7.00	0.26	0.65248	51%-75% Below	No	No
70954040410	DEXAMETHASONE 6 MG TABLET	2	5.00	0.26	0.68815	51%-75% Below	Yes	No
70954040410	DEXAMETHASONE 6 MG TABLET	3	2.00	0.33	0.70251	51%-75% Below	No	No
70954040410	DEXAMETHASONE 6 MG TABLET	3	10.00	0.92	0.70251	26%-50% Above	No	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	1	90.00	0.25	0.19971	10%-25% Above	Yes	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	4	30.00	0.29	0.21810	26%-50% Above	No	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	1	90.00	0.22	0.17208	26%-50% Above	Yes	No
70954041330	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	12	90.00	0.22	0.17451	26%-50% Above	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	90.00	0.16	0.18208	10%-25% Below	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	90.00	0.25	0.18208	26%-50% Above	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	2	180.00	0.24	0.20598	10%-25% Above	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	30.00	0.31	0.22881	26%-50% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	90.00	0.14	0.22881	26%-50% Below	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	4	90.00	0.31	0.22274	26%-50% Above	Yes	No
70954044410	MISOPROSTOL 200 MCG TABLET	1	1.00	0.98	0.62449	51%-75% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	2	1.00	0.80	0.65021	10%-25% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	3	2.00	0.80	0.64322	10%-25% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	4	1.00	1.37	0.68223	76%-100% Above	No	No
70954044420	MISOPROSTOL 200 MCG TABLET	2	1.00	0.80	0.65021	10%-25% Above	No	No
70954044420	MISOPROSTOL 200 MCG TABLET	12	60.00	0.81	0.64392	26%-50% Above	No	No
70954045520	BISOPROLOL FUMARATE 5 MG TAB	1	30.00	0.08	0.17146	51%-75% Below	No	No
70954045520	BISOPROLOL FUMARATE 5 MG TAB	1	90.00	0.32	0.17146	76%-100% Above	Yes	No
70954045520	BISOPROLOL FUMARATE 5 MG TAB	2	30.00	0.10	0.17058	26%-50% Below	No	No
70954045520	BISOPROLOL FUMARATE 5 MG TAB	12	30.00	0.08	0.19392	51%-75% Below	No	No
70954049210	LEVOCARNITINE 330 MG TABLET	2	90.00	0.61	0.71774	10%-25% Below	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	30.00	0.09	0.06144	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	30.00	0.11	0.06144	76%-100% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	30.00	0.13	0.06144	101%-200% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	90.00	0.09	0.06144	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	90.00	0.09	0.06144	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	30.00	0.09	0.06622	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	30.00	0.13	0.06622	76%-100% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	90.00	0.09	0.06622	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	90.00	0.09	0.06622	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	90.00	0.11	0.06622	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	3	30.00	0.08	0.07036	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	3	30.00	0.13	0.07036	76%-100% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954056510	ESTRADIOL 1 MG TABLET	3	90.00	0.09	0.07036	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	4	30.00	0.13	0.06920	76%-100% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	4	90.00	0.09	0.06920	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	4	90.00	0.22	0.06920	200% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	12	30.00	0.10	0.06241	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	30.00	0.09	0.06144	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	30.00	0.11	0.06144	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	30.00	0.11	0.06144	76%-100% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	30.00	0.14	0.06144	101%-200% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	14.00	0.09	0.06622	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	30.00	0.09	0.06622	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	30.00	0.11	0.06622	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	30.00	0.14	0.06622	101%-200% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	90.00	0.09	0.06622	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	3	30.00	0.08	0.07036	10%-25% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	3	30.00	0.11	0.07036	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	3	30.00	0.14	0.07036	76%-100% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	3	90.00	0.08	0.07036	10%-25% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	3	90.00	0.12	0.07036	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	4	30.00	0.11	0.06920	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	4	30.00	0.22	0.06920	200% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	12	30.00	0.03	0.06241	26%-50% Below	No	No
70954056520	ESTRADIOL 1 MG TABLET	12	30.00	0.10	0.06241	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	12	30.00	0.11	0.06241	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	12	90.00	0.11	0.06241	51%-75% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954056610	ESTRADIOL 2 MG TABLET	1	30.00	0.13	0.08025	51%-75% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	1	30.00	0.15	0.08025	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	1	60.00	0.15	0.08025	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	1	90.00	0.12	0.08025	26%-50% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	1	90.00	0.14	0.08025	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	1	90.00	0.15	0.08025	76%-100% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	2	30.00	0.11	0.08802	26%-50% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	2	30.00	0.13	0.08802	26%-50% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	2	90.00	0.13	0.08802	26%-50% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	3	30.00	0.11	0.09153	10%-25% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	3	90.00	0.11	0.09153	10%-25% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	3	90.00	0.13	0.09153	26%-50% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	3	180.00	0.14	0.09153	51%-75% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	4	30.00	0.19	0.09171	101%-200% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	4	90.00	0.19	0.09171	101%-200% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	12	30.00	0.15	0.08234	76%-100% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	1	30.00	0.13	0.08025	51%-75% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	1	30.00	0.15	0.08025	76%-100% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	1	90.00	0.12	0.08025	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	2	30.00	0.13	0.08802	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	2	90.00	0.13	0.08802	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	3	30.00	0.11	0.09153	10%-25% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	4	30.00	0.19	0.09171	101%-200% Above	No	No
70954060010	FLUOXETINE 20 MG/5 ML SOLUTION	3	180.00	0.16	0.23565	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.09631	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.06	0.09631	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.09667	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.06	0.09667	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.09539	51%-75% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.09539	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.06	0.09539	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.07	0.09539	10%-25% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.05	0.09006	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.07	0.09006	10%-25% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	4	240.00	0.06	0.09006	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.09525	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.09525	26%-50% Below	No	No
70954068810	PROCHLORPERAZINE 5 MG TABLET	3	14.00	0.24	0.16884	26%-50% Above	Yes	No
70954068910	PROCHLORPERAZINE 10 MG TAB	2	30.00	0.10	0.21092	26%-50% Below	Yes	No
70954089620	MEGESTROL ACET 40 MG/ML SUSP	1	300.00	0.05	0.11091	51%-75% Below	No	No
71093011105	GABAPENTIN 600 MG TABLET	1	180.00	0.02	0.06691	51%-75% Below	No	No
71093011105	GABAPENTIN 600 MG TABLET	2	28.00	0.03	0.07091	51%-75% Below	No	No
71093011105	GABAPENTIN 600 MG TABLET	3	60.00	0.02	0.07464	51%-75% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	1	7.00	0.06	0.02332	101%-200% Above	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	1	90.00	0.02	0.02332	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1412

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71093011906	TRAMADOL HCL 50 MG TABLET	2	90.00	0.02	0.02473	26%-50% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	3	42.00	0.01	0.02594	26%-50% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	3	90.00	0.02	0.02594	26%-50% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	3	90.00	0.02	0.02594	10%-25% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	3	180.00	0.01	0.02594	26%-50% Below	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	4	16.00	0.06	0.02596	101%-200% Above	No	No
71093011906	TRAMADOL HCL 50 MG TABLET	4	60.00	0.02	0.02596	10%-25% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	1	150.00	0.02	0.03533	26%-50% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03674	51%-75% Below	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	3	60.00	0.01	0.03671	51%-75% Below	No	No
71093015504	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.02	0.03336	26%-50% Below	No	No
71093015504	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.02	0.03520	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	0.97	1.60351	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	1.79	1.60351	10%-25% Above	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.32	1.60351	26%-50% Above	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	0.97	1.60351	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	10.00	1.34	1.60351	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	12.00	1.15	1.60351	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.89	1.73711	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.97	1.73711	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.98	1.73711	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	12.00	0.89	1.73711	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	1.22	1.84641	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.89	1.84641	51%-75% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	1.20	1.84641	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1413

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	4.00	0.89	1.84641	51%-75% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.69	1.90023	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	1.22	1.90023	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	1.41	1.90023	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	1.20	1.90023	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	0.95	1.65534	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	1.15	1.65534	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	2.31	1.65534	26%-50% Above	No	No
71288043689	ENOXAPARIN 100 MG/ML SYRINGE	2	15.00	6.37	8.86686	26%-50% Below	Yes	No
71288043894	ENOXAPARIN 150 MG/ML SYRINGE	3	4.00	8.35	13.08599	26%-50% Below	No	No
71399862701	ASPIRIN LOW TAB 81MG	12	14.00	0.01	.		No	No
71610006460	ALLOPURINOL TAB 300MG	3	90.00	0.13	.		No	No
71610017742	JARDIANCE TAB 25MG	8	90.00	0.76	.		No	No
71610017742	JARDIANCE TAB 25MG	12	90.00	2.02	.		No	No
71610017745	JARDIANCE TAB 25MG	3	45.00	2.19	.		No	No
71610017745	JARDIANCE TAB 25MG	4	45.00	2.19	.		No	No
71610019460	ALLOPURINOL TAB 100MG	1	90.00	0.21	.		No	No
71610019480	ALLOPURINOL TAB 100MG	3	180.00	0.11	.		No	No
71610032053	PREGABALIN CAP 300MG	1	60.00	0.04	.		No	No
71610032053	PREGABALIN CAP 300MG	1	60.00	0.05	.		No	No
71610032053	PREGABALIN CAP 300MG	2	60.00	0.04	.		No	No
71610032053	PREGABALIN CAP 300MG	3	60.00	0.04	.		No	No
71610032053	PREGABALIN CAP 300MG	9	60.00	0.05	.		No	No
71610032053	PREGABALIN CAP 300MG	10	60.00	0.05	.		No	No
71610032053	PREGABALIN CAP 300MG	11	60.00	0.05	.		No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1414

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71610032053	PREGABALIN CAP 300MG	12	60.00	0.05	.		No	No
71610055213	VITAMIN D CAP 1.25MG	2	13.00	0.06	.		No	No
71610059780	NAPROXEN TAB 500MG	2	180.00	0.02	.		No	No
71610064260	METOPROL SUC TAB 50MG ER	3	90.00	0.10	.		No	No
71610069980	FLUOXETINE CAP 20MG	3	180.00	0.02	.		No	No
71610072460	TAMSULOSIN CAP 0.4MG	4	90.00	0.21	.		No	No
71610072460	TAMSULOSIN CAP 0.4MG	4	90.00	0.28	.		No	No
71610074460	ATORVASTATIN TAB 20MG	2	90.00	0.08	.		No	No
71610075230	AMITRIPTYLIN TAB 50MG	3	30.00	0.17	.		No	No
71610076960	SERTRALINE TAB 100MG	2	90.00	0.02	.		No	No
71610077892	GABAPENTIN TAB 800MG	3	270.00	0.06	.		No	No
71610083030	AMLODIPINE TAB 10MG	3	30.00	0.01	.		No	No
71610083530	TAMSULOSIN CAP 0.4MG	8	30.00	0.12	.		No	No
71610085360	MIRTAZAPINE TAB 15MG	4	90.00	0.25	.		No	No
71858002504	TIROSINT CAP 88MCG	2	90.00	4.49	.		Yes	No
71858003004	TIROSINT CAP 100MCG	1	30.00	4.47	.		No	No
71858003004	TIROSINT CAP 100MCG	2	30.00	4.47	.		No	No
71858003004	TIROSINT CAP 100MCG	3	30.00	4.47	.		No	No
71858003004	TIROSINT CAP 100MCG	12	30.00	4.54	.		No	No
71858004504	TIROSINT CAP 137MCG	1	90.00	4.93	.		No	No
71858004504	TIROSINT CAP 137MCG	3	90.00	4.93	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	1	30.00	4.54	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	2	30.00	4.54	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	3	30.00	4.54	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	12	30.00	4.55	.		No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1415

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71921021650	GLIMEPIRIDE 4 MG TABLET	1	60.00	0.02	0.03467	26%-50% Below	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	2	60.00	0.17	0.03233	200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	3	60.00	0.02	0.03389	26%-50% Below	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	4	60.00	0.02	0.03619	26%-50% Below	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	4	180.00	0.13	0.03619	200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	12	60.00	0.02	0.03586	26%-50% Below	No	No
71921024250	ALLOPURINOL 300 MG TABLET	1	90.00	0.17	0.06305	101%-200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	3	30.00	0.13	0.06897	76%-100% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	4	90.00	0.26	0.06676	200% Above	No	No
71930000613	BACLOFEN 10 MG TABLET	1	6.00	0.01	0.03351	51%-75% Below	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.19	0.12377	51%-75% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.06	0.12126	26%-50% Below	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.23	0.12126	76%-100% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.18	0.12126	26%-50% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.20	0.12538	51%-75% Above	No	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.07	0.15360	51%-75% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	28.00	0.08	0.15360	26%-50% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	45.00	0.07	0.15360	51%-75% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	120.00	0.07	0.15360	51%-75% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.07	0.15504	51%-75% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	10.00	0.09	0.16005	26%-50% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.07	0.16005	51%-75% Below	No	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	0.07	0.16005	51%-75% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	25.00	0.08	0.16005	26%-50% Below	Yes	No
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	10.00	0.08	0.14998	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1416

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71930002012	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.00	0.07	0.14998	26%-50% Below	Yes	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.06	0.08343	10%-25% Below	Yes	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	3	10.00	0.14	0.26399	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	1	20.00	0.09	0.23697	51%-75% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	12	60.00	0.11	0.23491	51%-75% Below	No	No
71930005612	ACETAMINOPHEN-COD #4 TABLET	4	30.00	0.21	0.42365	26%-50% Below	No	No
72143025330	ACCUTANE CAP 30MG	1	30.00	1.24	.		No	No
72143025330	ACCUTANE CAP 30MG	2	30.00	1.50	.		No	No
72143025330	ACCUTANE CAP 30MG	3	60.00	1.38	.		No	No
72143025330	ACCUTANE CAP 30MG	3	60.00	4.56	.		No	No
72143025430	ACCUTANE CAP 40MG	1	30.00	1.20	.		No	No
72143025430	ACCUTANE CAP 40MG	2	30.00	1.20	.		No	No
72143025430	ACCUTANE CAP 40MG	12	30.00	1.20	.		No	No
72143032130	SULCONAZOLE SOL 1%	2	30.00	7.92	.		No	No
72143032130	SULCONAZOLE SOL 1%	3	30.00	7.92	.		No	No
72205000130	MOXIFLOXACIN HCL 400 MG TABLET	2	5.00	3.93	1.80855	101%-200% Above	Yes	No
72205000130	MOXIFLOXACIN HCL 400 MG TABLET	2	14.00	1.46	1.80855	10%-25% Below	Yes	No
72205000130	MOXIFLOXACIN HCL 400 MG TABLET	3	14.00	1.46	2.00592	26%-50% Below	Yes	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.50	0.03875	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.46	0.03875	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.72	0.03875	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.01	0.04089	51%-75% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	1.46	0.04089	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.01	0.04246	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1417

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.01	0.04246	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.02	0.04246	51%-75% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.46	0.04246	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.01	0.04242	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.01	0.04242	76%-100% Below	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.46	0.04242	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.50	0.04242	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	1.72	0.03956	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.24	0.03956	200% Above	No	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.72	0.03956	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.02	0.03875	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.46	0.03875	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	1.72	0.03875	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03875	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.04089	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.33	0.04089	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	1.46	0.04089	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.02	0.04089	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.04246	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	1.33	0.04246	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	1.33	0.04246	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.46	0.04242	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.02	0.03956	26%-50% Below	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	1.72	0.03956	200% Above	No	No
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05528	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1418

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205000490	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	1.71	0.05663	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	1.71	0.05528	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	1.45	0.05857	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	1.45	0.05857	200% Above	Yes	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.50	0.09008	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	1.45	0.09008	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.50	0.09464	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	1.32	0.09464	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.50	0.09207	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.17	0.09207	76%-100% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.50	0.09207	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	1.32	0.09207	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.50	0.08888	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.50	0.09086	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	1.41	0.09086	200% Above	No	No
72205000530	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	1.52	0.09086	200% Above	No	No
72205000590	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	1.97	0.09207	200% Above	No	No
72205001190	PREGABALIN 25 MG CAPSULE	3	60.00	0.03	0.05539	26%-50% Below	No	No
72205001190	PREGABALIN 25 MG CAPSULE	3	60.00	0.04	0.05539	26%-50% Below	No	No
72205001190	PREGABALIN 25 MG CAPSULE	4	60.00	0.04	0.05413	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	1	30.00	0.03	0.04929	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	1	90.00	0.02	0.04929	51%-75% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	2	52.00	0.03	0.05352	51%-75% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	2	90.00	0.03	0.05352	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	2	90.00	0.03	0.05352	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1419

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205001290	PREGABALIN 50 MG CAPSULE	2	270.00	0.02	0.05352	51%-75% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	30.00	0.03	0.05408	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	60.00	0.03	0.05408	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	60.00	0.63	0.05408	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	90.00	0.03	0.05408	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	90.00	0.03	0.05408	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	12	90.00	0.03	0.05101	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	12	90.00	0.90	0.05101	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	30.00	0.02	0.05403	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	60.00	0.02	0.05403	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	60.00	0.02	0.05403	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	60.00	0.03	0.05403	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	90.00	0.02	0.05403	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	2	60.00	0.02	0.06045	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	2	60.00	0.04	0.06045	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	2	90.00	0.02	0.06045	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	3	30.00	0.03	0.06446	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	3	60.00	0.03	0.06446	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	3	60.00	0.63	0.06446	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	3	84.00	0.03	0.06446	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	4	80.00	0.63	0.06435	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	12	30.00	0.03	0.05396	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	12	60.00	0.02	0.05396	51%-75% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	12	60.00	0.90	0.05396	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	12	90.00	0.02	0.05396	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1420

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205001390	PREGABALIN 75 MG CAPSULE	12	180.00	0.02	0.05396	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	1	60.00	0.02	0.05297	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	1	60.00	0.04	0.05297	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	3	60.00	0.02	0.06693	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	3	60.00	0.03	0.06693	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	3	180.00	0.03	0.06693	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	4	60.00	0.01	0.06914	76%-100% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	4	60.00	0.02	0.06914	76%-100% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	4	90.00	0.62	0.06914	200% Above	No	No
72205001490	PREGABALIN 100 MG CAPSULE	12	60.00	0.02	0.05338	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	12	60.00	0.04	0.05338	10%-25% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	12	90.00	0.03	0.05338	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	12	180.00	0.02	0.05338	51%-75% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	1	60.00	0.05	0.05830	10%-25% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	2	270.00	0.03	0.06407	26%-50% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	3	60.00	0.03	0.06767	51%-75% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	12	60.00	0.04	0.05914	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	1	60.00	0.04	0.06158	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	1	90.00	0.03	0.06158	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	1	180.00	0.03	0.06158	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	2	90.00	0.03	0.06613	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	3	60.00	0.03	0.06898	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	3	60.00	0.04	0.06898	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	3	90.00	0.03	0.06898	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	4	60.00	0.04	0.07069	26%-50% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1421

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205001690	PREGABALIN 200 MG CAPSULE	4	90.00	0.61	0.07069	200% Above	No	No
72205001690	PREGABALIN 200 MG CAPSULE	4	180.00	0.61	0.07069	200% Above	No	No
72205001690	PREGABALIN 200 MG CAPSULE	12	90.00	0.03	0.06311	51%-75% Below	No	No
72205001790	PREGABALIN 225 MG CAPSULE	1	56.00	0.04	0.06169	26%-50% Below	No	No
72205001790	PREGABALIN 225 MG CAPSULE	2	56.00	0.04	0.06666	26%-50% Below	No	No
72205001790	PREGABALIN 225 MG CAPSULE	3	56.00	0.04	0.06962	26%-50% Below	No	No
72205001790	PREGABALIN 225 MG CAPSULE	4	14.00	0.06	0.06829	10%-25% Below	No	No
72205001790	PREGABALIN 225 MG CAPSULE	4	56.00	0.04	0.06829	26%-50% Below	No	No
72205001790	PREGABALIN 225 MG CAPSULE	12	56.00	0.05	0.06216	10%-25% Below	No	No
72205002205	ATORVASTATIN 10 MG TABLET	1	30.00	0.07	0.02562	101%-200% Above	No	No
72205002205	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	No	No
72205002205	ATORVASTATIN 10 MG TABLET	12	30.00	0.08	0.02573	200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	1	90.00	0.07	0.02562	101%-200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02830	51%-75% Below	No	No
72205002290	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	12	90.00	0.00	0.02573	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	1	30.00	0.01	0.02562	51%-75% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02562	51%-75% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02726	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	2	90.00	0.01	0.02726	51%-75% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	3	90.00	0.06	0.02830	101%-200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02791	51%-75% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	12	90.00	0.00	0.02573	76%-100% Below	No	No
72205002305	ATORVASTATIN 20 MG TABLET	1	90.00	0.10	0.03178	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1422

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002305	ATORVASTATIN 20 MG TABLET	2	30.00	0.08	0.03400	101%-200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	2	30.00	0.13	0.03400	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	4	30.00	0.55	0.03419	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	1	30.00	0.01	0.03178	51%-75% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	1	90.00	0.09	0.03178	101%-200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.03400	76%-100% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	3	30.00	0.08	0.03496	101%-200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.03496	51%-75% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.03419	76%-100% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.03419	51%-75% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	12	90.00	0.00	0.03166	76%-100% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	12	90.00	0.09	0.03166	101%-200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	12	90.00	0.10	0.03166	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	30.00	0.00	0.03178	76%-100% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	30.00	0.01	0.03178	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03178	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03178	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	90.00	0.08	0.03178	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	90.00	0.10	0.03178	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	7.00	0.08	0.03400	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.03400	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1423

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002399	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.03400	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	90.00	0.08	0.03400	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.03496	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.03496	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.03496	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	90.00	0.08	0.03496	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	90.00	0.55	0.03496	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.03419	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	30.00	0.55	0.03419	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.03419	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	4	90.00	0.55	0.03419	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	12	90.00	0.09	0.03166	101%-200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	12	90.00	0.10	0.03166	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	2	30.00	0.16	0.04677	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	3	30.00	0.08	0.04768	51%-75% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	1	90.00	0.11	0.04591	101%-200% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	51%-75% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	3	90.00	0.08	0.04768	51%-75% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	30.00	0.14	0.04591	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	30.00	0.16	0.04591	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	30.00	0.17	0.04591	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	90.00	0.01	0.04591	51%-75% Below	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1424

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002499	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	90.00	0.10	0.04591	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	90.00	0.15	0.04591	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	30.00	0.08	0.04677	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	30.00	0.14	0.04677	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	90.00	0.01	0.04677	76%-100% Below	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	51%-75% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04677	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04677	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	30.00	0.08	0.04768	51%-75% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	30.00	0.10	0.04768	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	90.00	0.14	0.04768	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	90.00	0.15	0.04768	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	90.00	0.24	0.04653	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	15.00	0.00	0.04678	76%-100% Below	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	30.00	0.10	0.04678	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	30.00	0.14	0.04678	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	90.00	0.07	0.04678	51%-75% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	90.00	0.15	0.04678	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	90.00	0.17	0.04678	200% Above	No	No
72205002590	ATORVASTATIN 80 MG TABLET	3	30.00	0.19	0.08492	101%-200% Above	No	No
72205002590	ATORVASTATIN 80 MG TABLET	3	90.00	0.17	0.08492	76%-100% Above	No	No
72205002590	ATORVASTATIN 80 MG TABLET	4	90.00	0.26	0.08502	200% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	1	90.00	0.19	0.07532	101%-200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1425

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205002599	ATORVASTATIN 80 MG TABLET	2	90.00	0.10	0.08222	10%-25% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.02	0.03661	26%-50% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.46	0.03661	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	1.72	0.03661	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.02	0.03905	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.01	0.03905	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	1.33	0.03905	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.02	0.04135	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.04135	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.52	0.04135	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	1.33	0.04135	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.02	0.04208	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.52	0.04208	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.52	0.04208	200% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	1.72	0.03621	200% Above	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	1.46	0.03661	200% Above	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.02	0.03661	51%-75% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.02	0.03905	51%-75% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.03	0.04208	10%-25% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03621	51%-75% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03621	26%-50% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.02	0.03621	51%-75% Below	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.21	0.99337	76%-100% Below	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.85	0.99337	10%-25% Below	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.85	1.15416	26%-50% Below	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.69	1.15416	26%-50% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.69	0.91545	76%-100% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.90	0.91545	101%-200% Above	No	No
72205005108	ALBENDAZOLE 200 MG TABLET	3	5.00	3.00	8.08243	51%-75% Below	No	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.29	0.17483	51%-75% Above	No	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.34	0.17483	76%-100% Above	No	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.34	0.17483	76%-100% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.44	0.17483	101%-200% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.29	0.17483	51%-75% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.34	0.17483	76%-100% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.44	0.17483	101%-200% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	180.00	0.29	0.17483	51%-75% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	180.00	0.44	0.17483	101%-200% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.29	0.20046	26%-50% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.29	0.20046	26%-50% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.44	0.20046	101%-200% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.29	0.20046	26%-50% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.27	0.20095	26%-50% Above	No	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.27	0.20095	26%-50% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.00	0.44	0.17605	101%-200% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.29	0.17605	51%-75% Above	No	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.44	0.17605	101%-200% Above	Yes	No
72205008891	DOXEPIN 10 MG CAPSULE	2	30.00	0.03	0.08341	51%-75% Below	No	No
72205008891	DOXEPIN 10 MG CAPSULE	3	30.00	0.24	0.09126	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205008991	DOXEPIN 25 MG CAPSULE	1	30.00	0.05	0.12196	51%-75% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	1	30.00	0.05	0.12196	51%-75% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	1	90.00	0.07	0.12196	26%-50% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	3	30.00	0.05	0.13332	51%-75% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	4	30.00	0.23	0.13095	76%-100% Above	No	No
72205009592	LEVETIRACETAM 500 MG TABLET	1	90.00	0.14	0.07155	76%-100% Above	No	No
72205009592	LEVETIRACETAM 500 MG TABLET	2	90.00	0.12	0.07844	26%-50% Above	No	No
72205009592	LEVETIRACETAM 500 MG TABLET	3	270.00	0.10	0.08216	26%-50% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.00	0.02706	76%-100% Below	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.09	0.02706	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.19	0.02706	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02706	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02921	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.09	0.02921	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.19	0.02921	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	60.00	0.07	0.02921	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.06	0.02921	76%-100% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.07	0.02921	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	180.00	0.07	0.02921	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.03000	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.19	0.03000	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.03000	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.07	0.03031	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.25	0.03031	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.09	0.02707	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205014199	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.17	0.02707	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.06	0.03558	51%-75% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	60.00	0.09	0.03558	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.05	0.03558	26%-50% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03558	51%-75% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03558	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.10	0.03558	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.05	0.03818	26%-50% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.10	0.03818	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	2	60.00	0.09	0.03818	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.05	0.03818	10%-25% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03818	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.09	0.03818	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.10	0.03818	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.05	0.03867	10%-25% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.10	0.03867	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.05	0.03867	10%-25% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03867	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03867	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.23	0.03867	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	180.00	0.08	0.03867	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.10	0.03803	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.23	0.03803	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	60.00	0.09	0.03803	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.10	0.03803	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.23	0.03803	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.24	0.03610	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.06	0.03610	51%-75% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.23	0.03610	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.08	0.04729	51%-75% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.15	0.04729	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.08	0.04729	51%-75% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.07	0.05310	26%-50% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.15	0.05310	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.15	0.05310	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.15	0.05322	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.26	0.05322	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.33	0.04831	200% Above	No	No
72205020730	LURASIDONE HCL 20 MG TABLET	1	60.00	0.25	0.18061	26%-50% Above	No	No
72205020730	LURASIDONE HCL 20 MG TABLET	2	30.00	0.07	0.20225	51%-75% Below	No	No
72205020730	LURASIDONE HCL 20 MG TABLET	2	60.00	0.25	0.20225	10%-25% Above	No	No
72205020730	LURASIDONE HCL 20 MG TABLET	12	30.00	5.43	0.18449	200% Above	No	No
72205020830	LURASIDONE HCL 40 MG TABLET	1	30.00	5.97	0.25743	200% Above	No	No
72205020830	LURASIDONE HCL 40 MG TABLET	2	30.00	5.44	0.29149	200% Above	No	No
72205020830	LURASIDONE HCL 40 MG TABLET	3	30.00	6.81	0.29742	200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	1	30.00	0.50	0.84646	26%-50% Below	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	1	30.00	0.58	0.84646	26%-50% Below	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	1	45.00	2.81	0.84646	200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	1	45.00	3.31	0.84646	200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	2	30.00	0.50	0.90957	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72205026130	VILAZODONE HCL 20 MG TABLET	2	45.00	2.56	0.90957	101%-200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	3	45.00	4.37	0.92785	200% Above	No	No
72205026130	VILAZODONE HCL 20 MG TABLET	4	5.00	1.40	0.93698	26%-50% Above	No	No
72205026230	VILAZODONE HCL 40 MG TABLET	1	30.00	2.81	0.98323	101%-200% Above	No	No
72205026230	VILAZODONE HCL 40 MG TABLET	2	30.00	2.81	1.04159	101%-200% Above	No	No
72205026230	VILAZODONE HCL 40 MG TABLET	12	30.00	0.50	0.98622	26%-50% Below	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.03107	51%-75% Below	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.03216	51%-75% Below	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.15	0.03134	200% Above	No	No
72241000905	FLUOXETINE CAP 40MG	3	30.00	0.17	.		No	No
72241000905	FLUOXETINE CAP 40MG	4	30.00	0.19	.		No	No
72241002310	CELECOXIB 100 MG CAPSULE	3	14.00	0.23	0.07869	101%-200% Above	No	No
72241002410	CELECOXIB 200 MG CAPSULE	4	30.00	0.46	0.09319	200% Above	No	No
72241004005	GLYBURIDE 5 MG TABLET	2	120.00	0.11	0.05552	76%-100% Above	No	No
72241004011	GLYBURIDE 5 MG TABLET	2	90.00	0.11	0.05552	76%-100% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.02320	51%-75% Below	No	No
72266014201	BROMFENAC SODIUM 0.09% EYE DRP	1	1.70	13.21	20.13873	26%-50% Below	No	No
72266015801	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	2.64	1.97038	26%-50% Above	No	No
72266015801	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	2.60	2.27649	10%-25% Above	No	No
72305005030	EUTHYROX 50 MCG TABLET	1	60.00	0.03	0.14342	76%-100% Below	No	No
72485061310	OFLOXACIN 0.3% EYE DROPS	4	5.00	1.51	1.71249	10%-25% Below	No	No
72485061310	OFLOXACIN 0.3% EYE DROPS	12	5.00	2.26	1.51438	26%-50% Above	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	7.02	14.39834	51%-75% Below	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	7.02	14.36773	51%-75% Below	No	No
72485066505	LOTEPREDNOL ETABONATE 0.5% DRP	1	5.00	14.32	12.11220	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72485066505	LOTEPREDNOL ETABONATE 0.5% DRP	4	5.00	17.07	19.40425	10%-25% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	2.00	2.85410	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	3.69	2.85410	26%-50% Above	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	1.82	2.76708	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	2.00	2.76708	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	2.00	2.76708	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	3	3.50	3.17	2.84655	10%-25% Above	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	3	3.50	3.69	2.84655	26%-50% Above	No	No
72511050101	REPATHA INJ 140MG/ML	1	2.00	270.26	.		No	No
72511050101	REPATHA INJ 140MG/ML	2	6.00	274.90	.		No	No
72511076002	REPATHA 140 MG/ML SURECLICK	12	2.00	242.57	271.20880	10%-25% Below	No	No
72516001101	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.17	0.32049	26%-50% Below	No	No
72516001101	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.23	0.32610	26%-50% Below	No	No
72516001101	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.23	0.32610	26%-50% Below	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.11	0.05304	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.27	0.05304	200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05304	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.10	0.05453	76%-100% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.24	0.05896	200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.10	0.05896	51%-75% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	12	15.00	0.02	0.05304	51%-75% Below	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.13	0.05304	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72516003101	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.13	0.05663	101%-200% Above	No	No
72516003110	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.03	0.05821	51%-75% Below	No	No
72516003150	METOPROLOL SUCC ER 50 MG TAB	1	45.00	0.11	0.05821	76%-100% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.23	0.10797	101%-200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	2	60.00	0.19	0.11223	51%-75% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.19	0.11223	51%-75% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.17	0.12306	26%-50% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.17	0.09765	51%-75% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.23	0.09765	101%-200% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.19	0.11223	51%-75% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.17	0.12306	26%-50% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	4	30.00	0.15	0.11955	10%-25% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.69	0.12859	200% Above	Yes	No
72578000201	ACYCLOVIR 200 MG CAPSULE	4	32.00	0.15	0.10689	26%-50% Above	No	No
72578000701	METRONIDAZOLE 250 MG TABLET	3	56.00	0.20	0.10891	76%-100% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	2	14.00	0.41	0.09996	200% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	2	21.00	0.15	0.09996	26%-50% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	3	14.00	0.15	0.10911	26%-50% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	3	14.00	0.41	0.10911	200% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	12	14.00	0.41	0.09079	200% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	12	21.00	0.32	0.09079	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	3	9.00	0.34	0.10911	200% Above	No	No
72578004001	ZONISAMIDE 25 MG CAPSULE	3	70.00	0.06	0.07793	10%-25% Below	Yes	No
72578004101	ZONISAMIDE 50 MG CAPSULE	2	270.00	0.11	0.09237	10%-25% Above	Yes	No
72578005418	DOXYCYCLINE HYCLATE 50 MG CAP	3	90.00	0.50	0.16322	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	1.07	0.11870	200% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.97	0.12632	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	1	7.00	0.82	0.10693	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.82	0.10693	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.75	0.10693	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.82	0.10693	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.25	0.11870	101%-200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.82	0.11870	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	0.77	0.12632	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.77	0.12632	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	0.77	0.12629	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	1.26	0.10669	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	60.00	1.26	0.10669	200% Above	No	No
72578006414	RANOLAZINE ER 500 MG TABLET	12	60.00	0.17	0.19045	10%-25% Below	No	No
72578008101	SUCRALFATE 1 GM TABLET	1	60.00	0.08	0.16605	51%-75% Below	No	No
72578008101	SUCRALFATE 1 GM TABLET	12	120.00	0.08	0.16521	26%-50% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	1	120.00	0.08	0.16605	26%-50% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	4	60.00	0.15	0.17648	10%-25% Below	No	No
72578008201	ACYCLOVIR 5% OINTMENT	1	15.00	2.13	0.48377	200% Above	No	No
72578008206	ACYCLOVIR 5% OINTMENT	3	30.00	0.33	0.45686	26%-50% Below	No	No
72578008403	CLINDAMYCIN PH 1% SOLUTION	2	60.00	0.05	0.16829	51%-75% Below	No	No
72578008403	CLINDAMYCIN PH 1% SOLUTION	4	60.00	0.09	0.18150	26%-50% Below	No	No
72578008601	DESONIDE 0.05% CREAM	3	15.00	0.66	0.43459	51%-75% Above	Yes	No
72578008601	DESONIDE 0.05% CREAM	12	15.00	0.66	0.33787	76%-100% Above	Yes	No
72578008602	DESONIDE 0.05% CREAM	3	120.00	1.79	0.23207	200% Above	No	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1434

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578008801	NYSTATIN-TRIAMCINOLONE OINTM	12	15.00	1.58	0.31403	200% Above	Yes	No
72578008801	NYSTATIN-TRIAMCINOLONE OINTM	12	45.00	0.83	0.31403	101%-200% Above	Yes	No
72578008804	NYSTATIN-TRIAMCINOLONE OINTM	1	30.00	0.50	0.26675	76%-100% Above	Yes	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	1	30.00	0.48	0.22128	101%-200% Above	No	No
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	1	30.00	0.19	0.10236	76%-100% Above	No	No
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	1	90.00	0.13	0.10236	10%-25% Above	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	1	30.00	0.00	0.10236	76%-100% Below	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	1	90.00	0.14	0.10236	26%-50% Above	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	1	90.00	0.15	0.10236	26%-50% Above	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	1	90.00	0.16	0.10236	51%-75% Above	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	2	30.00	0.05	0.10807	51%-75% Below	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	3	30.00	0.05	0.11814	51%-75% Below	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	3	90.00	0.14	0.11814	10%-25% Above	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	3	90.00	0.16	0.11814	26%-50% Above	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	4	30.00	0.18	0.11238	51%-75% Above	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	4	90.00	0.18	0.11238	51%-75% Above	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	12	30.00	0.13	0.10182	10%-25% Above	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	12	90.00	0.14	0.10182	26%-50% Above	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	1	30.00	0.04	0.03142	26%-50% Above	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	1	180.00	0.02	0.03142	26%-50% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	2	30.00	0.02	0.03136	26%-50% Below	No	No
72578009621	TIZANIDINE HCL 2 MG TABLET	2	90.00	0.03	0.03136	10%-25% Below	No	No
72578009621	TIZANIDINE HCL 2 MG TABLET	2	180.00	0.02	0.03136	26%-50% Below	No	No
72578009621	TIZANIDINE HCL 2 MG TABLET	4	30.00	0.04	0.03550	10%-25% Above	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	4	30.00	0.24	0.03550	200% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1435

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578009621	TIZANIDINE HCL 2 MG TABLET	4	60.00	0.04	0.03550	10%-25% Above	No	No
72578009621	TIZANIDINE HCL 2 MG TABLET	4	180.00	0.24	0.03550	200% Above	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	12	90.00	0.04	0.03237	26%-50% Above	Yes	No
72578009710	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.02	0.04397	51%-75% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.02	0.04397	51%-75% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.02	0.04664	51%-75% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.03	0.04664	26%-50% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.03	0.04664	26%-50% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	3	15.00	0.02	0.04558	51%-75% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	3	20.00	0.02	0.04558	51%-75% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	3	20.00	0.05	0.04558	10%-25% Above	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.03	0.04558	26%-50% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.03	0.04558	26%-50% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	3	120.00	0.02	0.04558	26%-50% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	4	20.00	0.18	0.04417	200% Above	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	12.00	0.02	0.04397	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	15.00	0.02	0.04397	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	20.00	0.05	0.04397	10%-25% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.04	0.04397	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	84.00	0.02	0.04397	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.04397	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.04397	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.04	0.04397	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	260.00	0.02	0.04397	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	270.00	0.02	0.04397	51%-75% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578009721	TIZANIDINE HCL 4 MG TABLET	1	270.00	0.04	0.04397	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	10.00	0.05	0.04664	10%-25% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.02	0.04664	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.04	0.04664	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	56.00	0.02	0.04664	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.04	0.04664	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	360.00	0.02	0.04664	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	15.00	0.02	0.04558	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	20.00	0.02	0.04558	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	21.00	0.18	0.04558	200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.02	0.04558	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.04	0.04558	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.18	0.04558	200% Above	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	56.00	0.02	0.04558	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.04	0.04558	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.04558	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.04558	51%-75% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.04	0.04558	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	180.00	0.18	0.04558	200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	270.00	0.02	0.04558	51%-75% Below	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	360.00	0.04	0.04558	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.04	0.04417	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.04	0.04417	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.18	0.04417	200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	270.00	0.02	0.04042	51%-75% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578009918	LEVOFLOXACIN 500 MG TABLET	1	7.00	0.08	0.12997	26%-50% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	2	7.00	0.06	0.14580	51%-75% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	2	10.00	0.06	0.14580	51%-75% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	2	14.00	0.05	0.14580	51%-75% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	3	7.00	0.07	0.15685	51%-75% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	3	10.00	0.07	0.15685	51%-75% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	3	10.00	0.12	0.15685	10%-25% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	1	7.00	0.14	0.24839	26%-50% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	3	7.00	0.14	0.29785	51%-75% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	3	10.00	0.14	0.29785	51%-75% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	12	5.00	0.16	0.24697	26%-50% Below	No	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	2	90.00	0.19	0.17058	10%-25% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	2	180.00	0.32	0.17058	76%-100% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	12	14.00	0.38	0.19392	76%-100% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	12	90.00	0.35	0.19392	76%-100% Above	Yes	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	1	15.00	0.30	0.17146	51%-75% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	1	90.00	0.27	0.17146	51%-75% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	2	15.00	0.30	0.17058	51%-75% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	3	15.00	0.29	0.16732	76%-100% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	3	90.00	0.27	0.16732	51%-75% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	4	15.00	0.30	0.16869	76%-100% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	4	45.00	0.27	0.16869	51%-75% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	12	15.00	0.30	0.19392	51%-75% Above	No	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	1	90.00	0.35	0.17597	76%-100% Above	Yes	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	2	90.00	0.30	0.20984	26%-50% Above	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1438

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578011201	BISOPROLOL FUMARATE 10 MG TAB	3	90.00	0.28	0.22259	26%-50% Above	No	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	4	90.00	0.35	0.22597	51%-75% Above	Yes	No
72578011206	BISOPROLOL FUMARATE 10 MG TAB	2	90.00	0.31	0.20984	26%-50% Above	No	No
72578011802	CLINDAMYCIN PH 1% GEL	12	60.00	0.17	0.13454	10%-25% Above	Yes	No
72578011802	CLINDAMYCIN PH 1% GEL	12	60.00	0.82	0.13454	200% Above	Yes	No
72578011904	ADAPALENE-BNZYL PEROX 0.3-2.5%	3	45.00	1.04	0.69043	26%-50% Above	Yes	No
72578012908	METRONIDAZOLE 0.75% CREAM	4	45.00	0.48	0.28329	51%-75% Above	Yes	No
72578012908	METRONIDAZOLE 0.75% CREAM	12	45.00	0.48	0.24941	76%-100% Above	Yes	No
72578013316	VALSARTAN 160 MG TABLET	3	30.00	0.57	0.16742	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	1	30.00	3.13	0.32666	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	1	30.00	3.68	0.32666	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	1	90.00	3.68	0.32666	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	2	30.00	2.85	0.33114	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	2	30.00	3.13	0.33114	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	3	30.00	2.85	0.37533	200% Above	No	No
72578013801	LOPERAMIDE 2 MG CAPSULE	2	8.00	0.23	0.12545	76%-100% Above	No	No
72578013801	LOPERAMIDE 2 MG CAPSULE	2	16.00	0.28	0.12545	101%-200% Above	No	No
72578013801	LOPERAMIDE 2 MG CAPSULE	4	30.00	0.18	0.12085	26%-50% Above	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	1	15.00	0.15	0.29350	26%-50% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	2	6.00	0.22	0.32244	26%-50% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	3	10.00	0.17	0.32855	26%-50% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	3	10.00	0.17	0.32855	26%-50% Below	Yes	No
72578016701	DEXAMETHASONE 2 MG TABLET	3	24.00	0.17	0.32855	26%-50% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	12	10.00	0.24	0.30241	10%-25% Below	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	2	4.00	0.20	0.28058	26%-50% Below	Yes	No

NADAC Summary Report

10:58 Tuesday, March 24, 2026 1439

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578017101	DEXAMETHASONE 4 MG TABLET	2	5.00	0.20	0.28058	26%-50% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	3	10.00	0.18	0.30478	26%-50% Below	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	4	4.00	0.62	0.29048	101%-200% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	4	8.00	0.24	0.29048	10%-25% Below	Yes	No
72578017201	DEXAMETHASONE 6 MG TABLET	1	6.00	0.57	0.65248	10%-25% Below	No	No
72578017201	DEXAMETHASONE 6 MG TABLET	3	5.00	0.33	0.70251	51%-75% Below	Yes	No
72578017201	DEXAMETHASONE 6 MG TABLET	3	10.00	0.59	0.70251	10%-25% Below	Yes	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.11	0.04698	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.12	0.04698	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.10	0.04928	76%-100% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.28	0.05255	200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	6	30.00	0.12	0.05393	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.12	0.04665	101%-200% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.03	0.04940	26%-50% Below	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.03	0.04561	26%-50% Below	No	No
72603013501	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.11	0.08835	10%-25% Above	No	No
72603013501	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.08	0.09621	10%-25% Below	No	No
72603013501	SPIRONOLACTONE 50 MG TABLET	3	30.00	0.08	0.10166	10%-25% Below	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.11	0.08835	10%-25% Above	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.11	0.08835	10%-25% Above	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.08	0.10166	10%-25% Below	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.08	0.10166	10%-25% Below	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	4	180.00	0.19	0.10015	76%-100% Above	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	2	30.00	0.31	0.18716	51%-75% Above	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	4	30.00	0.23	0.19404	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603013601	SPIRONOLACTONE 100 MG TABLET	12	30.00	0.31	0.16436	76%-100% Above	No	No
72603014201	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.13	0.05304	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
72603014202	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.10	0.05896	51%-75% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.13	0.05304	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.08	0.05304	26%-50% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05453	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05453	101%-200% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.08	0.05936	26%-50% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.13	0.05304	101%-200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.11	0.05821	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.11	0.05925	76%-100% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.20	0.05925	200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.10	0.05925	51%-75% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.10	0.06388	51%-75% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	4	2.00	0.23	0.06482	200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.23	0.06482	200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.13	0.05663	101%-200% Above	No	No
72603014403	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.23	0.10797	101%-200% Above	No	No
72603014403	METOPROLOL SUCC ER 100 MG TAB	2	18.00	0.19	0.11223	51%-75% Above	No	No
72603014403	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.17	0.11223	51%-75% Above	No	No
72603014403	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.17	0.12306	26%-50% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	1	30.00	0.07	0.04058	76%-100% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	1	30.00	0.10	0.04058	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	1	30.00	0.11	0.04058	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603015001	ESCITALOPRAM 10 MG TABLET	1	90.00	0.02	0.04058	26%-50% Below	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	2	30.00	0.11	0.04434	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	2	90.00	0.06	0.04434	26%-50% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	3	30.00	0.06	0.04749	10%-25% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	3	30.00	0.10	0.04749	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	3	30.00	0.11	0.04749	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	3	30.00	0.27	0.04749	200% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	1	30.00	0.08	0.06480	26%-50% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	1	45.00	0.08	0.06480	26%-50% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	2	30.00	0.06	0.07321	10%-25% Below	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	3	30.00	0.04	0.07802	26%-50% Below	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	3	30.00	0.06	0.07802	10%-25% Below	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	3	45.00	0.06	0.07802	10%-25% Below	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	4	45.00	0.23	0.07765	101%-200% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	12	30.00	0.08	0.06471	26%-50% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	12	45.00	0.08	0.06471	26%-50% Above	No	No
72603017701	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.09	0.04529	101%-200% Above	No	No
72603018801	DEXAMETHASONE 2 MG TABLET	12	10.00	0.14	0.30241	51%-75% Below	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	1	20.00	0.21	0.27120	10%-25% Below	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	2	20.00	0.21	0.28058	26%-50% Below	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	4	3.00	0.61	0.29048	101%-200% Above	No	No
72603019201	OFLOXACIN 0.3% EYE DROPS	3	5.00	2.42	1.70393	26%-50% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.56	0.28445	76%-100% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.00	0.30818	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603019601	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.51	0.30818	51%-75% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.14	0.30818	200% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.51	0.32693	51%-75% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.25	0.32693	200% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.32	0.32693	200% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.51	0.32693	51%-75% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	1.07	0.32693	200% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	1.32	0.32693	200% Above	No	No
72603019601	NITROFURANTOIN MONO-MCR 100 MG	11	10.00	1.30	0.25614	200% Above	No	No
72603025201	OXCARBAZEPINE 300 MG/5 ML SUSP	2	250.00	0.17	0.21851	10%-25% Below	No	No
72603025201	OXCARBAZEPINE 300 MG/5 ML SUSP	12	250.00	0.12	0.22869	26%-50% Below	No	No
72603026501	TESTOSTERONE 1.62% GEL PUMP	2	75.00	0.24	0.46251	26%-50% Below	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	1	30.00	0.08	0.06242	26%-50% Above	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	12	30.00	0.09	0.06363	26%-50% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	1	30.00	0.09	0.06144	51%-75% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	1	30.00	0.11	0.06144	76%-100% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	3	30.00	0.08	0.07036	10%-25% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	4	30.00	0.22	0.06920	200% Above	No	No
72603027402	ESTRADIOL 1 MG TABLET	2	30.00	0.08	0.06622	26%-50% Above	No	No
72603027402	ESTRADIOL 1 MG TABLET	2	30.00	0.09	0.06622	26%-50% Above	No	No
72603027402	ESTRADIOL 1 MG TABLET	3	30.00	0.22	0.07036	200% Above	No	No
72603027402	ESTRADIOL 1 MG TABLET	12	30.00	0.11	0.06241	51%-75% Above	No	No
72603027501	ESTRADIOL 2 MG TABLET	1	90.00	0.13	0.08025	51%-75% Above	No	No
72603027502	ESTRADIOL 2 MG TABLET	1	30.00	0.13	0.08025	51%-75% Above	No	No
72603028402	ATORVASTATIN 40 MG TABLET	4	30.00	0.24	0.04653	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603028601	TESTOST CYP INJ 200MG/ML	3	2.00	5.01	.		No	No
72603028601	TESTOST CYP INJ 200MG/ML	3	2.00	6.08	.		No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	4	2.00	5.01	12.99474	51%-75% Below	No	No
72789040295	MELOXICAM TAB 7.5MG	2	60.00	0.03	.		No	No
72789040295	MELOXICAM TAB 7.5MG	3	60.00	0.03	.		No	No
72789040295	MELOXICAM TAB 7.5MG	4	60.00	0.03	.		No	No
72865013710	MELOXICAM TAB 7.5MG	1	60.00	0.04	.		No	No
72865013710	MELOXICAM TAB 7.5MG	12	60.00	0.04	.		No	No
72865014190	LOSARTAN POT TAB 25MG	2	90.00	0.07	.		No	No
72865014210	LOSARTAN POT TAB 50MG	4	180.00	0.11	.		No	No
72865014290	LOSARTAN POT TAB 50MG	1	180.00	0.05	.		No	No
72865017590	MONTELUKAST TAB 10MG	2	90.00	0.05	.		No	No
72865023090	PANTOPRAZOLE TAB 40MG	1	90.00	0.04	.		No	No
72865023090	PANTOPRAZOLE TAB 40MG	3	90.00	0.04	.		No	No
72865023405	METHOCARBAM TAB 750MG	2	30.00	0.02	.		No	No
72865023405	METHOCARBAM TAB 750MG	3	30.00	0.02	.		No	No
72865023790	LEVOTHYROXIN TAB 50MCG	2	30.00	0.03	.		No	No
72865023790	LEVOTHYROXIN TAB 50MCG	3	30.00	0.03	.		No	No
72865025205	GABAPENTIN CAP 100MG	12	90.00	0.01	.		No	No
72865025290	GABAPENTIN CAP 100MG	2	90.00	0.01	.		No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	1	1.00	0.37	0.01563	200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	1	30.00	0.03	0.01563	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	1	30.00	0.04	0.01563	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.03	0.01563	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.04	0.01563	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888000400	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.03	0.01563	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.02	0.01563	10%-25% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.03	0.01563	76%-100% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	2	30.00	0.03	0.01677	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	51%-75% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	76%-100% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.02	0.01677	26%-50% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.03	0.01791	51%-75% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.10	0.01791	200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	3	90.00	0.00	0.01791	76%-100% Below	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	4	30.00	0.10	0.01776	200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	45.00	0.04	0.01555	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.04	0.01555	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	90.00	0.03	0.01555	101%-200% Above	Yes	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	90.00	0.04	0.01555	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.04	0.01555	101%-200% Above	No	No
72888000400	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.05	0.01555	200% Above	No	No
72888000405	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.04	0.01563	101%-200% Above	No	No
72888000405	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01677	76%-100% Above	No	No
72888000405	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.03	0.01677	51%-75% Above	No	No
72888000405	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.03	0.01677	76%-100% Above	No	No
72888000405	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.03	0.01791	51%-75% Above	No	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.01	0.01919	51%-75% Below	No	No
72888000500	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.03	0.01919	26%-50% Above	Yes	No
72888000600	METOPROLOL TARTRATE 100 MG TAB	2	1.00	0.38	0.02759	200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888000600	METOPROLOL TARTRATE 100 MG TAB	2	2.00	0.20	0.02759	200% Above	Yes	No
72888000600	METOPROLOL TARTRATE 100 MG TAB	2	180.00	0.04	0.02759	26%-50% Above	Yes	No
72888000600	METOPROLOL TARTRATE 100 MG TAB	3	180.00	0.04	0.02885	26%-50% Above	Yes	No
72888000600	METOPROLOL TARTRATE 100 MG TAB	12	180.00	0.04	0.02531	51%-75% Above	Yes	No
72888000901	BACLOFEN 5 MG TABLET	3	56.00	0.05	0.09631	26%-50% Below	No	No
72888000901	BACLOFEN 5 MG TABLET	3	90.00	0.06	0.09631	26%-50% Below	No	No
72888000901	BACLOFEN 5 MG TABLET	4	56.00	0.36	0.09606	200% Above	No	No
72888001000	BACLOFEN 10 MG TABLET	1	60.00	0.02	0.03351	10%-25% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	1	15.00	0.05	0.03351	26%-50% Above	No	No
72888001001	BACLOFEN 10 MG TABLET	1	90.00	0.02	0.03351	26%-50% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	1	168.00	0.02	0.03351	26%-50% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	2	14.00	0.02	0.03547	51%-75% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	2	28.00	0.02	0.03547	51%-75% Below	No	No
72888001001	BACLOFEN 10 MG TABLET	2	90.00	0.07	0.03547	76%-100% Above	No	No
72888001001	BACLOFEN 10 MG TABLET	3	30.00	0.07	0.03805	76%-100% Above	No	No
72888001001	BACLOFEN 10 MG TABLET	3	90.00	0.07	0.03805	76%-100% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	1	21.00	0.04	0.03351	10%-25% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	1	30.00	0.02	0.03351	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	3	30.00	0.02	0.03805	51%-75% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	3	90.00	0.02	0.03805	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	3	180.00	0.01	0.03805	51%-75% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	4	5.00	0.18	0.03764	200% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	12	90.00	0.02	0.03422	26%-50% Below	No	No
72888001100	BACLOFEN 20 MG TABLET	2	180.00	0.02	0.05263	51%-75% Below	No	No
72888001101	BACLOFEN 20 MG TABLET	3	120.00	0.07	0.05774	10%-25% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888001201	CYCLOBENZAPRINE 5 MG TABLET	1	180.00	0.01	0.01854	51%-75% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	12	20.00	0.01	0.01908	26%-50% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	12	90.00	0.01	0.01908	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	1	15.00	0.03	0.01854	76%-100% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.01	0.01854	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	1	90.00	0.01	0.01854	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	2	45.00	0.01	0.02055	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	3	10.00	0.01	0.02186	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.01	0.02186	51%-75% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	3	90.00	0.01	0.02186	51%-75% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	3	90.00	0.01	0.02186	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.19	0.02187	200% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	4	90.00	0.01	0.02187	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	4	90.00	0.01	0.02187	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.01	0.01908	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.02	0.01908	10%-25% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	12	90.00	0.01	0.01908	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01624	26%-50% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	10%-25% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	1	270.00	0.01	0.01624	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	2	5.00	0.10	0.01757	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.01	0.01757	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.00	0.01757	51%-75% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01757	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888001400	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.02	0.01757	10%-25% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.00	0.01774	76%-100% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.02	0.01774	10%-25% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	15.00	0.05	0.01758	101%-200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	12	90.00	0.01	0.01633	26%-50% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01624	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01624	26%-50% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01757	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.01	0.01774	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	4	15.00	0.01	0.01758	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.18	0.01758	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	12	60.00	0.01	0.01633	10%-25% Below	No	No
72888002301	METOPROLOL TARTRATE 75 MG TAB	2	116.00	0.26	0.13664	76%-100% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	1	180.00	0.03	0.01544	76%-100% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	2	180.00	0.01	0.01675	10%-25% Below	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	2	180.00	0.02	0.01675	26%-50% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	2	180.00	0.03	0.01675	76%-100% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	4	180.00	0.12	0.01726	200% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	1	180.00	0.02	0.01736	26%-50% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	1	180.00	0.03	0.01736	51%-75% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	1	180.00	0.03	0.01736	51%-75% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	1	180.00	0.03	0.01736	76%-100% Above	No	No
72888003505	CARVEDILOL 6.25 MG TABLET	2	180.00	0.02	0.01856	26%-50% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	2	180.00	0.03	0.01856	26%-50% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	3	180.00	0.02	0.01922	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888003505	CARVEDILOL 6.25 MG TABLET	4	180.00	0.11	0.01910	200% Above	Yes	No
72888003601	CARVEDILOL 12.5 MG TABLET	1	180.00	0.04	0.02044	76%-100% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	1	60.00	0.04	0.02044	76%-100% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	1	180.00	0.03	0.02044	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	1	180.00	0.04	0.02044	76%-100% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	1	270.00	0.03	0.02044	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	60.00	0.03	0.02159	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	60.00	0.03	0.02159	26%-50% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	180.00	0.03	0.02159	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	180.00	0.03	0.02159	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	180.00	0.03	0.02159	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	3	60.00	0.03	0.02196	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	3	180.00	0.01	0.02196	26%-50% Below	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	3	180.00	0.03	0.02196	26%-50% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	3	180.00	0.03	0.02196	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	3	270.00	0.12	0.02196	200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	4	60.00	0.12	0.02184	200% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	4	180.00	0.12	0.02184	200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	12	88.00	0.03	0.02040	51%-75% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	12	90.00	0.03	0.02040	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	12	270.00	0.02	0.02040	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	1	180.00	0.04	0.02776	26%-50% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	1	180.00	0.04	0.02776	26%-50% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	2	180.00	0.04	0.02966	26%-50% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	3	60.00	0.03	0.03061	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888003705	CARVEDILOL 25 MG TABLET	3	60.00	0.04	0.03061	26%-50% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	3	180.00	0.03	0.03061	10%-25% Below	No	No
72888003705	CARVEDILOL 25 MG TABLET	3	180.00	0.03	0.03061	10%-25% Below	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	3	180.00	0.03	0.03061	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	3	180.00	0.04	0.03061	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	3	180.00	0.04	0.03061	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	4	60.00	0.04	0.03073	26%-50% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	4	60.00	0.10	0.03073	200% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	4	180.00	0.10	0.03073	200% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	4	270.00	0.10	0.03073	200% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	12	180.00	0.02	0.02816	10%-25% Below	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	12	180.00	0.03	0.02816	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	12	360.00	0.03	0.02816	10%-25% Above	Yes	No
72888004113	POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL LIQUID	4	675.00	0.46	0.03564	200% Above	Yes	No
72888004113	POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL LIQUID	12	675.00	0.04	0.03177	10%-25% Above	Yes	No
72888004501	PRIMIDONE 50 MG TABLET	1	90.00	0.15	0.11522	26%-50% Above	No	No
72888004601	PRIMIDONE 250 MG TABLET	1	60.00	0.31	0.22202	26%-50% Above	No	No
72888005930	RABEPRAZOLE SOD DR 20 MG TAB	1	30.00	0.09	0.20724	51%-75% Below	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	0.42	0.11667	200% Above	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.30	0.11912	101%-200% Above	No	No
72888006305	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.46	0.09292	200% Above	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.02	0.04256	51%-75% Below	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.02	0.04593	51%-75% Below	No	No
72888006800	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	0.13	0.05240	101%-200% Above	Yes	No
72888006801	AMITRIPTYLINE HCL 25 MG TAB	3	180.00	0.13	0.05728	101%-200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888006900	AMITRIPTYLIN TAB 50MG	2	90.00	0.28	.		Yes	No
72888007301	DICLOFENAC POT 50 MG TABLET	2	60.00	0.06	0.11960	26%-50% Below	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	4	30.00	0.59	0.12984	200% Above	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	12	60.00	0.08	0.12741	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	1	10.00	0.18	0.15652	10%-25% Above	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.24	0.15652	51%-75% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	2	21.00	0.22	0.16624	26%-50% Above	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.25	0.16490	51%-75% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	0.24	0.16767	26%-50% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.23	0.16767	26%-50% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.24	0.16767	26%-50% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	4	360.00	0.23	0.16767	26%-50% Above	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	12	10.00	0.18	0.15540	10%-25% Above	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	0.21	0.15540	26%-50% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	1	15.00	0.06	0.02332	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	2	90.00	0.02	0.02473	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	2	180.00	0.02	0.02473	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	3	180.00	0.01	0.02594	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	4	30.00	0.03	0.02596	10%-25% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	2	120.00	0.01	0.02473	51%-75% Below	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	12	60.00	0.02	0.02546	10%-25% Below	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	12	120.00	0.02	0.02546	26%-50% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	1	20.00	0.02	0.02332	26%-50% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	1	23.00	0.02	0.02332	26%-50% Below	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	4	30.00	0.01	0.02596	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888008005	TRAMADOL HCL 50 MG TABLET	12	14.00	0.04	0.02546	26%-50% Above	No	No
72888009201	BISOPROLOL FUMARATE 5 MG TAB	12	30.00	0.38	0.19392	76%-100% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.15	0.07823	76%-100% Above	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	90.00	0.12	0.08485	26%-50% Above	No	No
72888010101	METOPROLOL TARTRATE 37.5 MG TB	1	90.00	0.20	0.07657	101%-200% Above	Yes	No
72888010101	METOPROLOL TARTRATE 37.5 MG TB	2	60.00	0.22	0.07642	101%-200% Above	No	No
72888010101	METOPROLOL TARTRATE 37.5 MG TB	3	60.00	0.22	0.07673	101%-200% Above	No	No
72888010425	GABAPENTIN 250 MG/5 ML SOLN	4	60.00	0.06	0.08960	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	14.00	0.05	0.08234	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.05	0.08234	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.13	0.08234	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.17	0.08234	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	2	30.00	0.05	0.08864	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.15	0.08864	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	28.00	0.05	0.09276	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.05	0.09276	26%-50% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.13	0.09276	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	180.00	0.15	0.09276	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.15	0.09235	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.20	0.09235	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.31	0.08353	200% Above	No	No
72888011801	CEVIMELINE HCL 30 MG CAPSULE	3	81.00	0.40	0.74509	26%-50% Below	No	No
72888011801	CEVIMELINE HCL 30 MG CAPSULE	12	189.00	0.34	0.72366	51%-75% Below	No	No
72888011900	DICYCLOMINE 20 MG TABLET	1	40.00	0.12	0.08916	26%-50% Above	No	No
72888011901	DICYCLOMINE 20 MG TABLET	4	45.00	0.22	0.08330	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888012105	LABETALOL HCL 200 MG TABLET	1	120.00	0.06	0.13714	51%-75% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	2	120.00	0.06	0.14637	51%-75% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	3	60.00	0.19	0.14658	26%-50% Above	No	No
72888012105	LABETALOL HCL 200 MG TABLET	3	360.00	0.05	0.14658	51%-75% Below	No	No
72888012205	LABETALOL HCL 300 MG TABLET	2	60.00	0.00	0.19539	76%-100% Below	No	No
72888012205	LABETALOL HCL 300 MG TABLET	4	60.00	0.00	0.20036	76%-100% Below	No	No
72888012301	GUANFACINE 1 MG TABLET	3	180.00	0.34	0.19048	76%-100% Above	No	No
72888012301	GUANFACINE 1 MG TABLET	4	30.00	0.34	0.16899	101%-200% Above	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	1	50.00	0.04	0.09307	51%-75% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	1	100.00	0.04	0.09307	51%-75% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	1	150.00	0.05	0.09307	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	2	100.00	0.06	0.09935	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	3	100.00	0.06	0.10481	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.04	0.09351	51%-75% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.05	0.09351	26%-50% Below	Yes	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.06	0.09351	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.06	0.09351	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	250.00	0.05	0.09351	26%-50% Below	No	No
72888013001	LOPERAMIDE 2 MG CAPSULE	3	20.00	0.25	0.12527	101%-200% Above	Yes	No
72888013933	NITROGLYCERIN 0.4 MG TABLET SL	1	25.00	0.11	0.18133	26%-50% Below	No	No
72888014390	DESVENLAFAXINE SUCCNT ER 50 MG	2	90.00	1.46	0.44426	200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.01	0.01935	26%-50% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.01	0.01935	26%-50% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.02	0.01935	10%-25% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	1	56.00	0.01	0.01935	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015200	CLONAZEPAM 0.5 MG TABLET	1	75.00	0.00	0.01935	76%-100% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	1	90.00	0.01	0.01935	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	15.00	0.00	0.02094	76%-100% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.03	0.02094	51%-75% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.01	0.02094	51%-75% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.00	0.02094	76%-100% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.01	0.02094	51%-75% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.02	0.02094	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	75.00	0.01	0.02094	51%-75% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	90.00	0.01	0.02094	26%-50% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	10.00	0.05	0.02178	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	20.00	0.05	0.02178	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.02	0.02178	10%-25% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.01	0.02178	51%-75% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.02	0.02178	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	20.00	0.03	0.02145	51%-75% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.02	0.02145	10%-25% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.11	0.02145	200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	60.00	0.01	0.02145	51%-75% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	75.00	0.01	0.02145	51%-75% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.00	0.02070	76%-100% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	12	60.00	0.06	0.02070	101%-200% Above	No	No
72888015201	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.03	0.01935	26%-50% Above	No	No
72888015201	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.03	0.02094	10%-25% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	10.00	0.04	0.01935	101%-200% Above	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015205	CLONAZEPAM 0.5 MG TABLET	1	21.00	0.01	0.01935	26%-50% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.01	0.01935	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.01	0.01935	26%-50% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.02	0.01935	10%-25% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.03	0.01935	26%-50% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.03	0.01935	51%-75% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	45.00	0.01	0.01935	26%-50% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	60.00	0.01	0.01935	26%-50% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	5.00	0.01	0.02094	51%-75% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.01	0.02094	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.01	0.02094	51%-75% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.03	0.02094	26%-50% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	21.00	0.01	0.02094	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.01	0.02094	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.01	0.02094	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.01	0.02094	51%-75% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.03	0.02094	10%-25% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	45.00	0.01	0.02094	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	15.00	0.01	0.02178	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	20.00	0.01	0.02178	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	20.00	0.02	0.02178	10%-25% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.01	0.02178	51%-75% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.01	0.02178	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.01	0.02178	51%-75% Below	Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.03	0.02178	10%-25% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	45.00	0.01	0.02178	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.01	0.02178	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.01	0.02178	51%-75% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.02	0.02178	10%-25% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	90.00	0.02	0.02178	10%-25% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	21.00	0.11	0.02145	200% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.01	0.02145	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.11	0.02145	200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	45.00	0.11	0.02145	200% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	60.00	0.11	0.02145	200% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	90.00	0.01	0.02145	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	12	10.00	0.05	0.02070	101%-200% Above	Yes	No
72888015300	CLONAZEPAM 1 MG TABLET	2	60.00	0.01	0.02920	51%-75% Below	No	No
72888015300	CLONAZEPAM 1 MG TABLET	3	45.00	0.02	0.03013	26%-50% Below	No	No
72888015300	CLONAZEPAM 1 MG TABLET	4	60.00	0.01	0.02994	51%-75% Below	No	No
72888015300	CLONAZEPAM 1 MG TABLET	12	60.00	0.01	0.02722	26%-50% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	1	30.00	0.01	0.02768	26%-50% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	1	60.00	0.01	0.02768	26%-50% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	1	90.00	0.02	0.02768	26%-50% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	2	90.00	0.02	0.02920	26%-50% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.03013	51%-75% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	3	60.00	0.01	0.03013	51%-75% Below	No	No
72888015301	CLONAZEPAM 1 MG TABLET	3	90.00	0.02	0.03013	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015301	CLONAZEPAM 1 MG TABLET	12	90.00	0.02	0.02722	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	30.00	0.01	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	30.00	0.01	0.02768	26%-50% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	30.00	0.01	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	40.00	0.02	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	60.00	0.01	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	60.00	0.01	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	60.00	0.01	0.02768	26%-50% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	60.00	0.02	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	60.00	0.02	0.02768	10%-25% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	90.00	0.00	0.02768	76%-100% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	90.00	0.01	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	90.00	0.01	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	120.00	0.01	0.02768	26%-50% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	180.00	0.02	0.02768	10%-25% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	270.00	0.02	0.02768	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	30.00	0.01	0.02920	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	30.00	0.03	0.02920	10%-25% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	2	40.00	0.02	0.02920	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	45.00	0.01	0.02920	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	2	45.00	0.02	0.02920	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	60.00	0.01	0.02920	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	60.00	0.01	0.02920	51%-75% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015305	CLONAZEPAM 1 MG TABLET	2	90.00	0.01	0.02920	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	90.00	0.01	0.02920	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	2	120.00	0.01	0.02920	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	20.00	0.01	0.03013	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.03013	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.03013	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.03013	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	30.00	0.03	0.03013	10%-25% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	40.00	0.02	0.03013	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	45.00	0.01	0.03013	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	60.00	0.01	0.03013	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	60.00	0.01	0.03013	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	60.00	0.02	0.03013	10%-25% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	90.00	0.01	0.03013	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	90.00	0.01	0.03013	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	90.00	0.01	0.03013	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	180.00	0.01	0.03013	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	180.00	0.01	0.03013	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	4	30.00	0.03	0.02994	10%-25% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	4	30.00	0.16	0.02994	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	4	30.00	0.16	0.02994	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	4	60.00	0.16	0.02994	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	4	90.00	0.16	0.02994	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	4	90.00	0.16	0.02994	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	4	120.00	0.16	0.02994	200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888015305	CLONAZEPAM 1 MG TABLET	4	180.00	0.02	0.02994	10%-25% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	12	30.00	0.01	0.02722	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	30.00	0.04	0.02722	26%-50% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	12	30.00	0.08	0.02722	101%-200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	40.00	0.02	0.02722	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	60.00	0.01	0.02722	26%-50% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	12	90.00	0.01	0.02722	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	90.00	0.02	0.02722	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	120.00	0.01	0.02722	26%-50% Below	No	No
72888015405	CLONAZEPAM 2 MG TABLET	2	45.00	0.02	0.04014	26%-50% Below	Yes	No
72888015405	CLONAZEPAM 2 MG TABLET	3	45.00	0.02	0.04329	51%-75% Below	Yes	No
72888015405	CLONAZEPAM 2 MG TABLET	3	90.00	0.03	0.04329	26%-50% Below	Yes	No
72888015405	CLONAZEPAM 2 MG TABLET	4	60.00	0.19	0.04269	200% Above	Yes	No
72888015405	CLONAZEPAM 2 MG TABLET	4	90.00	0.03	0.04269	26%-50% Below	Yes	No
72888015405	CLONAZEPAM 2 MG TABLET	12	45.00	0.03	0.03593	10%-25% Below	Yes	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	1	30.00	1.71	0.43119	200% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	2	30.00	1.45	0.48442	101%-200% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	2	90.00	0.20	0.48442	51%-75% Below	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	3	30.00	1.32	0.52713	101%-200% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	1.41	0.50844	101%-200% Above	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	1	30.00	0.33	1.01487	51%-75% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	1	30.00	0.50	1.01487	26%-50% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	2	30.00	0.33	1.15002	51%-75% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	4	60.00	0.63	1.19954	26%-50% Below	No	No
72888020800	METOPROL TAR TAB 25MG	12	30.00	0.01	.		Yes	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888020800	METOPROL TAR TAB 25MG	12	180.00	0.03	.		Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	45.00	0.04	0.01563	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.03	0.01563	76%-100% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.03	0.01563	76%-100% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.04	0.01563	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	30.00	0.04	0.01677	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.02	0.01677	26%-50% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.03	0.01677	51%-75% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.03	0.01677	51%-75% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.03	0.01677	76%-100% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.03	0.01791	76%-100% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	45.00	0.02	0.01791	10%-25% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	45.00	0.03	0.01791	51%-75% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.03	0.01791	26%-50% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.03	0.01791	51%-75% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	90.00	0.03	0.01791	51%-75% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	90.00	0.03	0.01791	51%-75% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.01	0.01791	10%-25% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.02	0.01791	26%-50% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.03	0.01791	51%-75% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.03	0.01791	51%-75% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	30.00	0.03	0.01776	76%-100% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.10	0.01776	200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	90.00	0.10	0.01776	200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	90.00	0.10	0.01776	200% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.02	0.01776	10%-25% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.10	0.01776	200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.10	0.01776	200% Above	Yes	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.02	0.01563	10%-25% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	2	90.00	0.03	0.02142	10%-25% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	3	2.00	0.19	0.02243	200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	3	30.00	0.03	0.02243	26%-50% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	3	180.00	0.02	0.02243	26%-50% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	30.00	0.02	0.02221	26%-50% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	60.00	0.09	0.02221	200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	180.00	0.09	0.02221	200% Above	Yes	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	4	180.00	0.02	0.02786	10%-25% Below	Yes	No
74312015606	D3 CAP 25MCG	4	90.00	0.07	.		Yes	No
74312030413	D3 CAP 25MCG	2	90.00	0.00	.		No	No
75826010700	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	3	32.00	0.10	0.17719	26%-50% Below	Yes	No
75826010700	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	3	200.00	0.07	0.17719	51%-75% Below	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	2	6.00	0.19	0.15497	10%-25% Above	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	2	6.00	0.32	0.15497	101%-200% Above	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	2	10.00	0.30	0.15497	76%-100% Above	Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	12	9.00	0.18	0.13552	26%-50% Above	No	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	12	18.00	0.30	0.13552	101%-200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	1	6.00	0.25	0.16486	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	1	6.00	0.25	0.16486	51%-75% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	1	6.00	0.41	0.16486	101%-200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	1	6.00	0.43	0.16486	101%-200% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75826011510	PHENAZOPYRIDINE 200 MG TAB	2	6.00	0.42	0.18322	101%-200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	2	9.00	0.25	0.18322	26%-50% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	2	15.00	0.25	0.18322	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	2	30.00	0.25	0.18322	26%-50% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	3	6.00	0.46	0.19679	101%-200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	4	6.00	0.43	0.20234	101%-200% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	12	15.00	0.33	0.16924	76%-100% Above	Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	1	4.00	0.11	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	1	12.00	0.50	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	2	2.00	0.11	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	3	12.00	0.11	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	4	12.00	0.05	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	12	13.00	0.05	.		No	No
75834002012	VITAMIN D3 CAP 50,000IU	2	8.00	0.67	.		No	No
75834002012	VITAMIN D3 CAP 50,000IU	3	12.00	0.43	.		No	No
75834002012	VITAMIN D3 CAP 50,000IU	4	12.00	0.87	.		No	No
75834002012	VITAMIN D3 CAP 50,000IU	4	13.00	0.87	.		No	No
75834015801	VERAPAMIL ER 180 MG TABLET	2	90.00	0.09	0.18036	26%-50% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	4	180.00	0.28	0.15686	51%-75% Above	No	No
75834022101	CARBAMAZEPINE 200 MG TABLET	2	90.00	0.22	0.12951	51%-75% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	1	30.00	0.17	0.09097	76%-100% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	1	60.00	0.33	0.09097	200% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	2	30.00	0.17	0.09685	51%-75% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	2	30.00	0.50	0.09685	200% Above	No	No
75834023805	CELECOXIB 200 MG CAPSULE	2	60.00	0.33	0.09685	200% Above	No	No

NADAC Summary Report

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75834023805	CELECOXIB 200 MG CAPSULE	12	30.00	0.30	0.08533	200% Above	No	No
75834025501	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02562	76%-100% Below	No	No
75834025501	ATORVASTATIN 10 MG TABLET	1	90.00	0.08	0.02562	200% Above	No	No
75834025601	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03178	51%-75% Below	No	No
75834025701	ATORVASTATIN 40 MG TABLET	1	90.00	0.08	0.04591	76%-100% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	2	90.00	0.08	0.04677	76%-100% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	12	90.00	0.14	0.04678	101%-200% Above	Yes	No
75834029200	METOPROLOL SUCC ER 100 MG TAB	12	45.00	0.11	0.09765	10%-25% Above	No	No
75834032001	VERAPAMIL ER 120 MG TABLET	1	90.00	0.15	0.21048	26%-50% Below	No	No
75834032001	VERAPAMIL ER 120 MG TABLET	3	180.00	0.13	0.21079	26%-50% Below	No	No
75834032701	DEXMETHYLPHENIDATE 5 MG TAB	2	60.00	0.09	0.26559	51%-75% Below	No	No
75834032701	DEXMETHYLPHENIDATE 5 MG TAB	3	60.00	0.10	0.27059	51%-75% Below	No	No
75834032801	DEXMETHYLPHENIDATE 10 MG TAB	3	30.00	0.19	0.37347	26%-50% Below	No	No
75834050005	METFORMIN ER TAB 500MG GP	3	90.00	0.02	.		No	No
75907000101	LIOTHYRONINE SOD 25 MCG TAB	2	90.00	0.38	0.30907	10%-25% Above	Yes	No
75907000101	LIOTHYRONINE SOD 25 MCG TAB	4	45.00	0.51	0.32432	51%-75% Above	Yes	No
75907000660	AMIODARONE HCL 200 MG TABLET	1	82.00	0.10	0.11145	10%-25% Below	Yes	No
75907000660	AMIODARONE HCL 200 MG TABLET	1	90.00	0.16	0.11145	26%-50% Above	Yes	No
75907000660	AMIODARONE HCL 200 MG TABLET	1	90.00	0.17	0.11145	51%-75% Above	Yes	No
75907000660	AMIODARONE HCL 200 MG TABLET	3	45.00	0.11	0.12502	10%-25% Below	Yes	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	2	12.00	0.01	13.10242	76%-100% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	4	4.00	19.04	13.50614	26%-50% Above	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	1	30.00	0.36	0.20819	51%-75% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	1	90.00	0.34	0.20819	51%-75% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	1	180.00	0.25	0.20819	10%-25% Above	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75907003901	LIOTHYRONINE SOD 5 MCG TAB	1	270.00	0.33	0.20819	51%-75% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	2	30.00	0.30	0.23050	26%-50% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	3	45.00	0.27	0.24253	10%-25% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	3	90.00	0.28	0.24253	10%-25% Above	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	3	90.00	0.40	0.24253	51%-75% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	3	270.00	0.28	0.24253	10%-25% Above	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	12	180.00	0.17	0.21641	10%-25% Below	Yes	No
75907005860	TAMOXIFEN TAB 10MG	2	45.00	0.15	.		No	No
75907005930	TAMOXIFEN 20 MG TABLET	3	30.00	0.29	0.34457	10%-25% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	3	90.00	0.09	0.11187	10%-25% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	3	30.00	0.13	0.14971	10%-25% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	4	30.00	0.12	0.14619	10%-25% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	1	30.00	0.15	0.12646	10%-25% Above	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	3	30.00	0.13	0.14971	10%-25% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	3	170.00	0.10	0.14971	26%-50% Below	No	No
75907007532	ERRIN 0.35 MG TABLET	3	84.00	0.10	0.09016	10%-25% Above	Yes	No
75907007532	ERRIN 0.35 MG TABLET	3	84.00	0.13	0.09016	26%-50% Above	Yes	No
75907008463	MICROGESTIN 21 1-20 TABLET	1	21.00	0.21	0.16929	10%-25% Above	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	3	21.00	0.01	0.16611	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	3	21.00	0.13	0.16611	10%-25% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	3	63.00	0.01	0.16611	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	4	21.00	0.01	0.17102	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	4	84.00	0.01	0.17102	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	12	21.00	0.01	0.18230	76%-100% Below	No	No
75907008632	TILIA FE 28 TABLET	2	84.00	0.79	1.05920	10%-25% Below	Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75907008813	HALOETTE VAGINAL RING	3	1.00	24.79	54.25349	51%-75% Below	No	No
75907008813	HALOETTE VAGINAL RING	4	1.00	24.79	53.59942	51%-75% Below	No	No
75907008813	HALOETTE VAGINAL RING	4	3.00	0.07	53.59942	76%-100% Below	No	No
75907008813	HALOETTE VAGINAL RING	12	3.00	18.82	49.58895	51%-75% Below	No	No
75907009162	AZURETTE 28 DAY TABLET	1	84.00	0.15	0.17061	10%-25% Below	No	No
75907009540	FLUOROURACIL 5% CREAM	1	40.00	2.59	0.64883	200% Above	No	No
75907009540	FLUOROURACIL 5% CREAM	4	40.00	1.81	0.73185	101%-200% Above	No	No
75907020716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.06	0.08343	10%-25% Below	Yes	No
76204001055	ALBUTEROL SUL 0.63 MG/3 ML SOL	1	150.00	0.10	0.19040	26%-50% Below	No	No
76204001155	ALBUTEROL SUL 1.25 MG/3 ML SOL	3	75.00	0.11	0.19929	26%-50% Below	No	No
76204002260	SOD CHLORIDE NEB 3%4MLX60	3	240.00	0.17	.		No	No
76204002260	SOD CHLORIDE NEB 3%4MLX60	12	240.00	0.07	.		No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.05918	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.05918	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.04	0.05918	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.05918	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.05918	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	300.00	0.02	0.05918	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06023	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06023	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06023	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06023	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06023	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.04	0.06023	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06023	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.04	0.06138	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.04	0.06138	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.07	0.06138	10%-25% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.00	0.03	0.06054	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.00	0.03	0.06054	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	225.00	0.05	0.06054	10%-25% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.05917	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	0.03	0.05776	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	0.03	0.05776	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	270.00	0.07	0.05869	10%-25% Above	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	360.00	0.07	0.05869	10%-25% Above	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	90.00	0.03	0.06036	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.05	0.06036	10%-25% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.05609	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	180.00	0.03	0.05609	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	180.00	0.03	0.05609	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	360.00	0.02	0.05609	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	0.03	0.05699	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	0.03	0.05699	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.05773	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.05773	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.07	0.05773	26%-50% Above	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	180.00	0.07	0.05816	10%-25% Above	No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	1	120.00	0.06	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	2	300.00	0.06	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76204030003	SOD CHLORIDE NEB 0.9% 3ML	3	90.00	0.06	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	4	300.00	0.05	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	12	300.00	0.01	.		No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	90.00	0.05	0.09930	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	270.00	0.05	0.09930	51%-75% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	180.00	0.05	0.09841	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	270.00	0.05	0.09841	51%-75% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	270.00	0.05	0.09841	51%-75% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	1080.00	0.05	0.09732	51%-75% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	180.00	0.07	0.08741	10%-25% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	180.00	0.04	0.08335	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	360.00	0.04	0.08335	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	180.00	0.05	0.08924	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	180.00	0.05	0.08924	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	360.00	0.05	0.08924	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	360.00	0.06	0.08924	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.05	0.08889	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.07	0.08889	10%-25% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	180.00	0.04	0.08032	26%-50% Below	No	No
76204090025	LEVABUTEROL 1.25 MG/3 ML SOL	3	75.00	0.15	0.26590	26%-50% Below	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	1	30.00	0.02	0.03355	26%-50% Below	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	2	90.00	0.03	0.03621	26%-50% Below	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	3	30.00	0.02	0.03731	26%-50% Below	No	No
76282021360	SERTRALINE HCL 50 MG TABLET	2	30.00	0.02	0.03621	26%-50% Below	No	No
76282021360	SERTRALINE HCL 50 MG TABLET	12	90.00	0.01	0.03381	51%-75% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76282023890	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.04	0.01111	200% Above	No	No
76282023990	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01745	51%-75% Above	No	No
76282025010	ESCITALOPRAM 10 MG TABLET	2	30.00	0.06	0.04434	26%-50% Above	No	No
76282027810	TOPIRAMATE 25 MG TABLET	8	90.00	0.02	0.02815	26%-50% Below	No	No
76282027910	TOPIRAMATE 50 MG TABLET	2	180.00	0.05	0.03883	10%-25% Above	No	No
76282044810	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.02	0.03868	26%-50% Below	No	No
76282057090	PREGABALIN 75 MG CAPSULE	1	15.00	0.02	0.05403	51%-75% Below	No	No
76282057190	PREGABALIN 100 MG CAPSULE	1	90.00	0.03	0.05297	26%-50% Below	No	No
76282057190	PREGABALIN 100 MG CAPSULE	2	90.00	0.02	0.06095	51%-75% Below	No	No
76282057590	PREGABALIN 300 MG CAPSULE	5	60.00	0.05	0.06910	26%-50% Below	No	No
76282062810	CITALOPRAM HBR 10 MG TABLET	4	90.00	0.05	0.02462	76%-100% Above	No	No
76282067942	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.88	2.24431	51%-75% Below	No	No
76282071450	IBUPROFEN 800 MG TABLET	1	21.00	0.03	0.05620	51%-75% Below	No	No
76282071450	IBUPROFEN 800 MG TABLET	3	21.00	0.03	0.06324	51%-75% Below	No	No
76282071490	IBUPROFEN 800 MG TABLET	3	40.00	0.03	0.06324	51%-75% Below	No	No
76282073010	LISINOPRIL 10 MG TABLET	7	90.00	0.01	0.01560	26%-50% Below	No	No
76282073090	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01867	26%-50% Below	No	No
76282073090	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01833	26%-50% Below	No	No
76282073110	LISINOPRIL 20 MG TABLET	1	30.00	0.01	0.02401	51%-75% Below	No	No
76282073390	LISINOPRIL 40 MG TABLET	2	90.00	0.02	0.04453	51%-75% Below	No	No
76282073390	LISINOPRIL 40 MG TABLET	3	90.00	0.02	0.04653	26%-50% Below	No	No
76282073390	LISINOPRIL 40 MG TABLET	3	90.00	0.04	0.04653	10%-25% Below	No	No
76282073390	LISINOPRIL 40 MG TABLET	8	90.00	0.02	0.04503	26%-50% Below	No	No
76385010617	KETOTIFEN FUM 0.035% EYE DROPS	3	5.00	2.02	1.33476	51%-75% Above	No	No
76385010617	KETOTIFEN FUM 0.035% EYE DROPS	4	5.00	1.50	1.31556	10%-25% Above	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76385011050	CARVEDILOL 3.125 MG TABLET	3	180.00	0.03	0.01726	51%-75% Above	No	No
76385012450	METHOCARBAMOL 750 MG TABLET	1	30.00	0.05	0.03745	10%-25% Above	Yes	No
76385012450	METHOCARBAMOL 750 MG TABLET	12	21.00	0.04	0.03852	10%-25% Above	Yes	No
76385013201	PINDOLOL 10 MG TABLET	2	90.00	0.56	0.76946	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	3	90.00	0.51	0.75696	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	4	90.00	0.63	0.75607	10%-25% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	12	90.00	0.66	0.79154	10%-25% Below	No	No
76385013501	NADOLOL 80 MG TABLET	1	30.00	0.50	0.36168	26%-50% Above	No	No
76385013501	NADOLOL 80 MG TABLET	2	30.00	0.50	0.26981	76%-100% Above	No	No
76385013501	NADOLOL 80 MG TABLET	3	30.00	0.50	0.27218	76%-100% Above	No	No
77771015805	CELECOXIB CAP 200MG	1	90.00	0.22	.		No	No
77771015805	CELECOXIB CAP 200MG	3	90.00	0.22	.		No	No
77771017405	BUPROPION TAB 100MG SR	4	90.00	0.21	.		No	No
77771017805	GABAPENTIN TAB 800MG	12	270.00	0.06	.		No	No
77771045405	ATORVASTATIN TAB 80MG	12	90.00	0.18	.		No	No
77771045490	ATORVASTATIN TAB 80MG	3	90.00	0.18	.		No	No
78206015801	REMERON SLTB ODT 30MG	1	30.00	5.01	.		No	No
78206015801	REMERON SLTB ODT 30MG	2	30.00	5.01	.		No	No
78206015801	REMERON SLTB ODT 30MG	3	30.00	5.01	.		No	No
78206015801	REMERON SLTB ODT 30MG	12	30.00	4.85	.		No	No
78742049911	FOLIC ACID TAB 400MCG	1	30.00	0.01	.		No	No
78742049911	FOLIC ACID TAB 400MCG	2	30.00	0.01	.		No	No
78742049911	FOLIC ACID TAB 400MCG	3	30.00	0.01	.		No	No
80631010710	NOVAVAX INJ 2024-25	12	0.50	255.06	.		No	No
80681007100	VITAMIN B-12 TAB 100MCG	1	90.00	0.07	.		Yes	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
80681013100	VITAMIN D3 CAP 5000UNIT	3	90.00	0.02	.		No	No
80681016600	VITAMIN C TAB 1000MG	4	90.00	0.07	.		Yes	No
80681017400	VITAMIN D3 CAP 50000UNT	2	13.00	0.15	.		No	No
80681017400	VITAMIN D3 CAP 50000UNT	4	13.00	0.15	.		No	No
80681017400	VITAMIN D3 CAP 50000UNT	12	12.00	0.33	.		No	No
80681017400	VITAMIN D3 CAP 50000UNT	12	13.00	0.15	.		No	No
80777011096	SPIKEVAX INJ 2024-25	1	0.50	267.66	.		Yes	No
80777011096	SPIKEVAX INJ 2024-25	1	0.50	268.52	.		No	No
80777011096	SPIKEVAX INJ 2024-25	1	0.50	269.02	.		Yes	No
80777011096	SPIKEVAX INJ 2024-25	1	0.50	272.26	.		No	No
80777011096	SPIKEVAX INJ 2024-25	2	0.50	268.52	.		No	No
80777011096	SPIKEVAX INJ 2024-25	2	0.50	270.04	.		No	No
80777011096	SPIKEVAX INJ 2024-25	3	0.50	269.02	.		Yes	No
80777011096	SPIKEVAX INJ 2024-25	12	0.50	269.02	.		Yes	No
81665010310	ISOSORBIDE MONONIT 20 MG TAB	3	60.00	3.29	0.19212	200% Above	No	No
81665010496	CROMOLYN 100 MG/5 ML ORAL CONC	2	480.00	0.03	0.25194	76%-100% Below	No	No
81665010496	CROMOLYN 100 MG/5 ML ORAL CONC	4	480.00	0.14	0.26029	26%-50% Below	No	No
81942012501	XDEMVY DRO 0.25%	12	10.00	172.80	.		No	No
81952012424	ENOXAPARIN 40 MG/0.4 ML SYR	2	12.00	0.00	8.95002	76%-100% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	75.00	0.04	0.07328	26%-50% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.04	0.06265	26%-50% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.08	0.06265	10%-25% Above	No	No
81964020407	AMOX-CLAV 250-62.5 MG/5 ML SUS	3	150.00	0.28	0.46490	26%-50% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.05	0.08158	26%-50% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.18	0.32240	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
81964022101	AMOX/K CLAV TAB 875-125	12	14.00	0.49	.		No	No
81964022101	AMOX/K CLAV TAB 875-125	12	20.00	0.23	.		No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.20	0.29656	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.23	0.29656	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.44	0.29656	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.48	0.29656	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.49	0.29656	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.53	0.29656	76%-100% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	18.00	0.41	0.29656	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.20	0.29656	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.29656	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.29656	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.29656	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.36	0.29656	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.38	0.29656	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.46	0.29656	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.46	0.29656	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.83	0.29656	101%-200% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	28.00	0.34	0.29656	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.20	0.32240	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.18	0.32240	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.20	0.32240	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.39	0.32240	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.18	0.32240	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.20	0.32240	26%-50% Below	No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
81964022114	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.44	0.32240	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.18	0.34183	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.18	0.34183	26%-50% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.40	0.34183	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.43	0.34183	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.49	0.34183	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.49	0.32907	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.38	0.32907	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.49	0.32907	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.23	0.27322	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.83	0.27322	200% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.23	0.27322	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.83	0.27322	200% Above	No	No
81968004530	AUVELITY ER 45-105 MG TABLET	1	90.00	11.94	18.80443	26%-50% Below	No	No
81968004530	AUVELITY ER 45-105 MG TABLET	3	30.00	11.90	18.80443	26%-50% Below	No	No
82260029905	LOTEPREDNOL ETABONATE 0.5% DRP	4	5.00	17.07	19.40425	10%-25% Below	Yes	No
82260081905	TIMOLOL 0.5% GEL-SOLUTION	1	5.00	24.11	11.92816	101%-200% Above	Yes	No
82293000410	MIDODRINE HCL 5 MG TABLET	12	270.00	0.15	0.12304	10%-25% Above	No	No
82347003004	LEVOTHYROXIN CAP 100MCG	3	30.00	1.60	.		No	No
82619012601	PREGABALIN CAP 150MG	4	90.00	0.03	.		No	No
83257001532	INSULIN GLARGINE-YFGN U100 PEN	2	15.00	5.03	5.93364	10%-25% Below	No	No
83257001532	INSULIN GLARGINE-YFGN U100 PEN	4	15.00	5.03	5.93521	10%-25% Below	No	No
83490030760	SOD CHLORIDE NEB 7%	1	240.00	0.05	.		No	No
83490030760	SOD CHLORIDE NEB 7%	4	240.00	0.05	.		No	No
83490030760	SOD CHLORIDE NEB 7%	12	240.00	0.05	.		No	No

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Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	4	60.00	0.95	0.16435	200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	4	7.00	0.11	0.02632	200% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	2	60.00	0.13	0.05492	101%-200% Above	No	No
87701040749	GNP VIT D TAB 1000UNIT	3	30.00	0.05	.		No	No
87701040752	GNP VIT D TAB 5000UNIT	2	90.00	0.06	.		No	No
89130202001	DUROLANE INJ 60MG/3ML	2	6.00	350.78	.		Yes	No
89152254105	T:SLIM X2 MIS 3ML CART	1	30.00	6.41	.		Yes	No
89152254105	T:SLIM X2 MIS 3ML CART	3	30.00	6.41	.		Yes	No
89152254105	T:SLIM X2 MIS 3ML CART	4	10.00	6.41	.		Yes	No
89152254105	T:SLIM X2 MIS 3ML CART	4	50.00	6.41	.		Yes	No
89152282505	AUTOSOFT 30 MIS 23/13GRY	3	30.00	18.76	.		Yes	No
89152283305	TRUSTEEL INF SET 23"/6MM	4	40.00	12.83	.		Yes	No
98302000100	SIMPLE DIAG MIS LANCING	4	1.00	41.75	.		No	No
98302000160	ULTRA THIN MIS 31G	4	100.00	0.41	.		No	No
98302000160	ULTRA THIN MIS 31G	7	100.00	0.41	.		No	No
99073013001	FREESTYLE MIS LANCETS	3	100.00	0.08	.		Yes	No
99073013001	FREESTYLE MIS LANCETS	3	100.00	0.08	.		No	No
99073013001	FREESTYLE MIS LANCETS	4	100.00	0.08	.		Yes	No