

NADAC Summary Report

07:41 Thursday, June 4, 2026 1

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00002145780	MOUNJARO 15 MG/0.5 ML PEN	1	4.00	602.84	538.63980	10%-25% Above	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	1	6.00	376.75	538.57695	26%-50% Below	No	No
00002146080	MOUNJARO 12.5 MG/0.5 ML PEN	2	4.00	376.34	538.57695	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	1	2.00	602.84	538.70922	10%-25% Above	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	2	2.00	602.84	538.70922	10%-25% Above	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	3	2.00	602.84	538.70922	10%-25% Above	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	12	2.00	372.52	523.01866	26%-50% Below	No	No
00002147180	MOUNJARO 10 MG/0.5 ML PEN	12	2.00	585.28	523.01866	10%-25% Above	No	No
00002148480	MOUNJARO 7.5 MG/0.5 ML PEN	1	2.00	602.84	538.73971	10%-25% Above	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	1	4.00	376.75	538.74379	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	2	2.00	376.34	538.74379	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	2	6.00	376.34	538.74379	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	3	2.00	376.34	538.74379	26%-50% Below	No	No
00002149580	MOUNJARO 5 MG/0.5 ML PEN	3	4.00	376.34	538.74379	26%-50% Below	No	No
00002150680	MOUNJARO 2.5 MG/0.5 ML PEN	2	2.00	376.34	538.79537	26%-50% Below	No	No
00003089421	ELIQUIS 5 MG TABLET	2	180.00	1.31	5.52654	76%-100% Below	No	No
00005200010	PREVNAR 20 INJ	1	0.50	567.50	.		Yes	No
00005200010	PREVNAR 20 INJ	2	0.50	542.02	.		No	No
00005200010	PREVNAR 20 INJ	2	0.50	567.50	.		Yes	No
00005200010	PREVNAR 20 INJ	3	0.50	542.02	.		No	No
00005200010	PREVNAR 20 INJ	3	0.50	569.66	.		No	No
00005200010	PREVNAR 20 INJ	12	0.50	518.10	.		No	No
00006412102	GARDASIL 9 INJ	2	0.50	624.12	.		Yes	No
00006412102	GARDASIL 9 INJ	2	0.50	648.90	.		No	No
00006412102	GARDASIL 9 INJ	3	0.50	581.90	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 2

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00006412102	GARDASIL 9 INJ	3	0.50	631.62	.		No	No
00006412102	GARDASIL 9 INJ	3	0.50	648.90	.		No	No
00006412102	GARDASIL 9 INJ	4	0.50	596.08	.		No	No
00006412102	GARDASIL 9 INJ	4	0.50	648.90	.		Yes	No
00006412102	GARDASIL 9 INJ	12	0.50	624.12	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	1	0.50	572.90	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	1	0.50	576.16	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	1	0.50	585.22	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	1	0.50	595.66	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	2	0.50	547.18	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	2	0.50	572.90	.		Yes	No
00006434702	CAPVAXIVE INJ 0.5ML	3	0.50	547.18	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	4	0.50	573.26	.		No	No
00006434702	CAPVAXIVE INJ 0.5ML	12	0.50	579.80	.		No	No
00006468100	M-M-R II INJ	3	1.00	88.44	.		No	No
00006468100	M-M-R II INJ	12	1.00	93.18	.		No	No
00006482700	VARIVAX INJ	12	1.00	184.31	.		No	No
00009008601	DEPO-TESTOSTERONE 200 MG/ML VL	12	10.00	5.30	14.14000	51%-75% Below	No	No
00023079815	REFRESH TEARS 0.5% EYE DROP	3	15.00	0.89	0.55867	51%-75% Above	Yes	No
00023114501	BOTOX INJ 100UNIT	3	3.00	616.37	.		No	No
00046110481	PREMARIN 1.25 MG TABLET	1	30.00	2.98	6.95119	51%-75% Below	No	No
00046110481	PREMARIN 1.25 MG TABLET	2	30.00	2.98	6.95119	51%-75% Below	No	No
00046110481	PREMARIN 1.25 MG TABLET	3	30.00	3.04	6.95119	51%-75% Below	No	No
00054001829	PREDNISONE TAB 20MG	1	6.00	0.03	.		No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	2	60.00	0.08	0.19983	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 3

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00054002125	LITHIUM CARBONATE ER 300 MG TB	2	120.00	0.08	0.19983	51%-75% Below	No	No
00054002125	LITHIUM CARBONATE ER 300 MG TB	3	120.00	0.08	0.20351	51%-75% Below	No	No
00054002129	LITHIUM CARBONATE ER 300 MG TB	1	30.00	0.16	0.20786	10%-25% Below	No	No
00054002129	LITHIUM CARBONATE ER 300 MG TB	1	60.00	0.07	0.20786	51%-75% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	1	30.00	0.25	0.43403	26%-50% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	1	30.00	0.49	0.43403	10%-25% Above	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	2	30.00	0.25	0.41975	26%-50% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	3	30.00	0.25	0.40524	26%-50% Below	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	3	30.00	0.55	0.40524	26%-50% Above	No	No
00054004544	IPRATROPIUM 0.03% SPRAY	12	30.00	0.34	0.44900	10%-25% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	1	15.00	0.56	0.89074	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	1	15.00	1.00	0.89074	10%-25% Above	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	2	15.00	0.56	0.87112	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	2	15.00	0.66	0.87112	10%-25% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	2	15.00	1.00	0.87112	10%-25% Above	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	3	15.00	0.56	0.85238	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	3	15.00	1.54	0.85238	76%-100% Above	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	4	15.00	0.56	0.83528	26%-50% Below	No	No
00054004641	IPRATROPIUM 0.06% SPRAY	12	15.00	0.64	0.88693	26%-50% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	1	20.00	0.40	0.30536	26%-50% Above	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	1	50.00	0.18	0.30536	26%-50% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	2	50.00	0.18	0.29191	26%-50% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	3	30.00	0.18	0.29322	26%-50% Below	No	No
00054006447	ONDANSETRON 4 MG/5 ML SOLUTION	3	50.00	0.18	0.29322	26%-50% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	38.00	0.24	0.69990	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 4

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00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	45.00	0.61	0.69990	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	90.00	0.17	0.69990	76%-100% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	90.00	0.24	0.69990	51%-75% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	38.00	0.61	0.68042	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	45.00	0.61	0.68042	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	90.00	0.17	0.68042	51%-75% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	90.00	0.61	0.68042	10%-25% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	45.00	0.56	0.66164	10%-25% Below	Yes	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	90.00	0.17	0.66164	51%-75% Below	No	No
00054018913	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	12	90.00	0.61	0.71913	10%-25% Below	No	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	1	12.00	0.14	0.29069	51%-75% Below	Yes	No
00054023525	MORPHINE SULFATE IR 15 MG TAB	2	10.00	0.14	0.26926	26%-50% Below	Yes	No
00054032656	FLUTICASONE-SALMETEROL 100-50	1	60.00	0.35	1.15428	51%-75% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	1	60.00	0.64	1.15428	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	2	60.00	0.64	1.13144	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	2	180.00	0.64	1.13144	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	3	60.00	0.33	1.12482	51%-75% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	3	60.00	0.64	1.12482	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	3	180.00	0.64	1.12482	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	12	60.00	0.63	1.16467	26%-50% Below	No	No
00054032656	FLUTICASONE-SALMETEROL 100-50	12	180.00	0.63	1.16467	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	1	60.00	0.75	1.35123	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	1	60.00	0.98	1.35123	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	2	60.00	0.75	1.32696	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	3	60.00	0.33	1.32827	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 5

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00054032756	FLUTICASONE-SALMETEROL 250-50	3	60.00	0.75	1.32827	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	4	60.00	0.83	1.33132	26%-50% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	12	60.00	0.52	1.36459	51%-75% Below	No	No
00054032756	FLUTICASONE-SALMETEROL 250-50	12	60.00	0.77	1.36459	26%-50% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	1	60.00	0.87	1.73254	26%-50% Below	Yes	No
00054032856	FLUTICASONE-SALMETEROL 500-50	1	60.00	0.97	1.73254	26%-50% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	2	60.00	0.98	1.70511	26%-50% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	3	180.00	0.19	1.67560	76%-100% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	4	60.00	0.92	1.68810	26%-50% Below	No	No
00054032856	FLUTICASONE-SALMETEROL 500-50	4	60.00	0.98	1.68810	26%-50% Below	No	No
00054033425	CEVIMELINE HCL 30 MG CAPSULE	1	180.00	0.57	0.65717	10%-25% Below	Yes	No
00054033425	CEVIMELINE HCL 30 MG CAPSULE	4	180.00	0.38	0.71722	26%-50% Below	Yes	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	1.76	0.42481	200% Above	No	No
00054040013	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.76	0.42556	76%-100% Above	No	No
00054040022	DESVENLAFAXINE SUCCNT ER 50 MG	4	90.00	0.76	0.44861	51%-75% Above	No	No
00054040113	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	0.82	0.44513	76%-100% Above	No	No
00054040113	DESVENLAFAXINE SUCCNT ER 100 MG	12	30.00	0.86	0.44549	76%-100% Above	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.11	2.18751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.13	2.18751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.13	2.18751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.15	2.18751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.16	2.18751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.20	2.18751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.29	2.18751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.31	2.18751	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 6

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00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.38	2.18751	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.95	2.18751	10%-25% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	1	13.40	1.95	2.18751	10%-25% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.13810	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.13810	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.13810	26%-50% Below	Yes	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.16	2.13810	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.29	2.13810	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.38	2.13810	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.01	2.13810	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.11	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.13	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.13	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.15	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.16	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.31	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	13.40	1.11	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	13.40	1.28	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	3	20.10	1.11	2.13443	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.11	2.13190	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.13	2.13190	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.16	2.13190	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	4	13.40	1.35	2.13190	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	11	6.70	0.88	2.24216	51%-75% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.11	2.23739	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 7

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00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.13	2.23739	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.13	2.23739	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.29	2.23739	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.31	2.23739	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.38	2.23739	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.44	2.23739	26%-50% Below	No	No
00054074287	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.95	2.23739	10%-25% Below	No	No
00054074825	DICYCLOMINE 10 MG CAPSULE	3	30.00	0.10	0.07527	26%-50% Above	Yes	No
00054252725	LITHIUM CARBONATE 300 MG CAP	2	60.00	0.03	0.09447	51%-75% Below	No	No
00054252725	LITHIUM CARBONATE 300 MG CAP	2	60.00	0.04	0.09447	51%-75% Below	Yes	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	1	30.00	0.63	0.90858	26%-50% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	2	30.00	0.41	0.89265	51%-75% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	3	30.00	0.41	0.87845	51%-75% Below	No	No
00054300001	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-40-30 MG CP	12	30.00	0.43	0.90095	51%-75% Below	No	No
00054309036	BUTORPHANOL 10 MG/ML SPRAY	3	5.00	7.10	14.72230	51%-75% Below	Yes	No
00054317757	DEXAMETHASONE 0.5 MG/5 ML LIQ	3	150.00	0.13	0.16694	10%-25% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.28	0.44506	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.28	0.44506	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.31	0.44506	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.51	0.44506	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.54	0.44506	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.55	0.44506	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.55	0.44506	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.58	0.44506	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.60	0.44506	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 8

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.62	0.44506	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.44506	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.44506	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.73	0.44506	51%-75% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.95	0.44506	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	48.00	0.63	0.44506	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	1	48.00	0.63	0.44506	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.28	0.44570	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.28	0.44570	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.31	0.44570	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.51	0.44570	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.54	0.44570	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.55	0.44570	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.62	0.44570	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.62	0.44570	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.95	0.44570	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	0.28	0.44570	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	0.28	0.44570	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	0.51	0.44570	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.17	0.44734	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.28	0.44734	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.28	0.44734	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.31	0.44734	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.51	0.44734	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.54	0.44734	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 9

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.54	0.44734	10%-25% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.44734	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.44734	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.44734	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.44734	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.95	0.44734	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	32.00	0.28	0.44734	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.28	0.44734	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.28	0.44734	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.38	0.44734	10%-25% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.51	0.44734	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.28	0.44570	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.28	0.44570	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.31	0.44570	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.51	0.44570	10%-25% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.54	0.44570	10%-25% Above	Yes	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	48.00	0.28	0.44570	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.17	0.44993	51%-75% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.22	0.44993	51%-75% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.28	0.44993	26%-50% Below	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.28	0.44993	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.31	0.44993	26%-50% Below	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.53	0.44993	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.54	0.44993	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 10

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.54	0.44993	10%-25% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.63	0.44993	26%-50% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.63	0.44993	26%-50% Above	Yes	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.95	0.44993	101%-200% Above	No	No
00054327099	FLUTICASONE PROP 50 MCG SPRAY	12	48.00	0.51	0.44993	10%-25% Above	Yes	No
00054329450	FUROSEMIDE 10 MG/ML SOLUTION	1	27.00	0.13	0.09299	26%-50% Above	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	60.00	0.07	0.09425	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	100.00	0.05	0.09425	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	100.00	0.05	0.09425	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	1	200.00	0.05	0.09425	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	3	100.00	0.05	0.08287	26%-50% Below	Yes	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	3	100.00	0.06	0.08287	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	4	100.00	0.06	0.10701	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	4	200.00	0.05	0.07918	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	4	300.00	0.05	0.07918	26%-50% Below	No	No
00054350049	LIDOCAINE 2% VISCOUS SOLN	12	200.00	0.07	0.09886	26%-50% Below	No	No
00054356699	MIDAZOLAM HCL 2 MG/ML SYRUP	1	10.00	0.34	0.61501	26%-50% Below	No	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	1	50.00	0.26	0.30579	10%-25% Below	No	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	1	50.00	0.60	0.30579	76%-100% Above	No	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	2	50.00	0.26	0.30260	10%-25% Below	No	No
00054414622	CLOTRIMAZOLE 10 MG TROCHE	3	50.00	0.26	0.29538	10%-25% Below	No	No
00054418025	DEXAMETHASONE 0.75 MG TABLET	2	14.00	0.05	0.09769	26%-50% Below	Yes	No
00054418125	DEXAMETHASONE 1 MG TABLET	12	1.00	0.39	0.18361	101%-200% Above	Yes	No
00054418325	DEXAMETHASONE 2 MG TABLET	1	30.00	0.15	0.33489	51%-75% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	2	7.00	0.11	0.30555	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 11

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054418325	DEXAMETHASONE 2 MG TABLET	2	10.00	0.11	0.30555	51%-75% Below	No	No
00054418325	DEXAMETHASONE 2 MG TABLET	3	7.00	0.15	0.29745	51%-75% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	1	5.00	0.29	0.23017	10%-25% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	1	7.00	0.29	0.23017	10%-25% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	1	10.00	0.18	0.23017	10%-25% Below	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	2	5.00	0.29	0.21002	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	3	3.00	0.29	0.19556	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	3	5.00	0.29	0.19556	26%-50% Above	No	No
00054418425	DEXAMETHASONE 4 MG TABLET	4	5.00	0.29	0.19210	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	1	90.00	0.02	0.02781	10%-25% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02698	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02703	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	30.00	0.04	0.02703	26%-50% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	3	90.00	0.03	0.02703	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02696	10%-25% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	4	90.00	0.02	0.02696	10%-25% Below	No	No
00054429731	FUROSEMIDE 20 MG TABLET	12	60.00	0.08	0.02808	101%-200% Above	No	No
00054429731	FUROSEMIDE 20 MG TABLET	12	90.00	0.04	0.02808	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	1	30.00	0.04	0.03232	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	1	90.00	0.02	0.03232	26%-50% Below	No	No
00054429931	FUROSEMIDE 40 MG TABLET	2	10.00	0.04	0.03174	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	2	90.00	0.04	0.03174	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	3	10.00	0.04	0.03163	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	12	10.00	0.04	0.03258	10%-25% Above	No	No
00054429931	FUROSEMIDE 40 MG TABLET	12	90.00	0.04	0.03258	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 12

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054458111	MERCAPTOPURINE 50 MG TABLET	2	135.00	0.52	0.97916	26%-50% Below	Yes	No
00054981729	PREDNISONE 10 MG TABLET	1	20.00	0.14	0.05909	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	1	30.00	0.08	0.05909	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	1	90.00	0.14	0.05909	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	2	21.00	0.08	0.05836	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	2	45.00	0.08	0.05836	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	5.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	6.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	7.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	10.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	15.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	18.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	21.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	30.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	32.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	3	45.00	0.08	0.05793	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	21.00	0.08	0.05754	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	4	30.00	0.08	0.05754	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	7.00	0.19	0.05943	200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	10.00	0.09	0.05943	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	10.00	0.13	0.05943	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	12.00	0.13	0.05943	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	14.00	0.02	0.05943	51%-75% Below	No	No
00054981729	PREDNISONE 10 MG TABLET	12	15.00	0.14	0.05943	101%-200% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	21.00	0.09	0.05943	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 13

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00054981729	PREDNISONE 10 MG TABLET	12	30.00	0.09	0.05943	26%-50% Above	No	No
00054981729	PREDNISONE 10 MG TABLET	12	48.00	0.09	0.05943	26%-50% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	1	21.00	0.10	0.03767	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	1	30.00	0.09	0.03767	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	2	30.00	0.06	0.03751	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	2	30.00	0.09	0.03751	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	2	48.00	0.08	0.03751	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	3	30.00	0.06	0.03745	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	3	30.00	0.09	0.03745	101%-200% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	12	21.00	0.06	0.03988	51%-75% Above	No	No
00054982831	PREDNISONE 5 MG TABLET	12	30.00	0.02	0.03988	51%-75% Below	No	No
00054982831	PREDNISONE 5 MG TABLET	12	30.00	0.13	0.03988	200% Above	No	No
00065081604	PATADAY ONCE DAILY 0.7% DROPS	1	2.50	10.32	6.17317	51%-75% Above	Yes	No
00065806401	GENTEAL TEARS SEVERE 0.3% GEL	1	10.00	1.39	0.91731	26%-50% Above	No	No
00069024901	RUXIENCE INJ 500/50ML	12	100.00	68.00	.		No	No
00069246501	ABRYSVO INJ 120MCG	1	1.00	304.39	.		No	No
00069246510	ABRYSVO INJ 120MCG	1	1.00	274.53	.		No	No
00069246510	ABRYSVO INJ 120MCG	4	1.00	314.69	.		No	No
00069246510	ABRYSVO INJ 120MCG	12	1.00	276.12	.		No	No
00069246510	ABRYSVO INJ 120MCG	12	1.00	291.03	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	1	0.30	512.93	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	1	0.30	535.00	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	1	0.30	537.03	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	1	0.30	543.50	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	1	0.30	558.37	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 14

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00069252810	COMIRNATY INJ 30/.3ML	1	0.30	558.37	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	2	0.30	558.37	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	3	0.30	537.03	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	3	0.30	543.50	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	3	0.30	558.37	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	3	0.30	558.37	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	12	0.30	390.77	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	12	0.30	464.63	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	12	0.30	464.63	.		Yes	No
00069252810	COMIRNATY INJ 30/.3ML	12	0.30	468.77	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	12	0.30	469.97	.		No	No
00069252810	COMIRNATY INJ 30/.3ML	12	0.30	472.60	.		No	No
00074057622	VENCLEXTA TAB 100MG	1	120.00	125.09	.		No	No
00074057630	VENCLEXTA TAB 100MG	2	112.00	129.91	.		No	No
00074372790	SYNTHROID 137 MCG TABLET	1	30.00	0.19	1.66334	76%-100% Below	No	No
00074372790	SYNTHROID 137 MCG TABLET	2	30.00	0.19	1.66334	76%-100% Below	No	No
00074434190	SYNTHROID 25 MCG TABLET	2	90.00	0.12	1.66104	76%-100% Below	Yes	No
00074434190	SYNTHROID 25 MCG TABLET	3	90.00	0.12	1.66104	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	1	90.00	0.15	1.66440	76%-100% Below	No	No
00074455290	SYNTHROID 50 MCG TABLET	1	90.00	0.31	1.66440	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	2	90.00	0.15	1.66440	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	3	90.00	0.15	1.66440	76%-100% Below	Yes	No
00074455290	SYNTHROID 50 MCG TABLET	4	90.00	0.15	1.66440	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	2	90.00	0.28	1.66474	76%-100% Below	Yes	No
00074518290	SYNTHROID 75 MCG TABLET	4	90.00	0.28	1.66474	76%-100% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 15

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00074659490	SYNTHROID 88 MCG TABLET	1	90.00	0.35	1.66443	76%-100% Below	Yes	No
00074662490	SYNTHROID 100 MCG TABLET	2	90.00	0.08	1.66390	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	1	90.00	0.38	1.66360	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	2	90.00	0.17	1.66360	76%-100% Below	Yes	No
00074706890	SYNTHROID 125 MCG TABLET	3	90.00	0.17	1.66360	76%-100% Below	Yes	No
00074706990	SYNTHROID 150 MCG TABLET	3	90.00	0.29	1.66468	76%-100% Below	Yes	No
00074714890	SYNTHROID 200 MCG TABLET	3	90.00	0.35	1.66113	76%-100% Below	Yes	No
00074929690	SYNTHROID 112 MCG TABLET	1	180.00	0.41	1.66393	51%-75% Below	Yes	No
00074929690	SYNTHROID 112 MCG TABLET	4	180.00	0.29	1.66393	76%-100% Below	Yes	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	1	15.00	1.01	6.16648	76%-100% Below	No	No
00088221905	LANTUS SOLOSTAR 100 UNIT/ML	1	30.00	2.25	6.16648	51%-75% Below	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	1	90.00	0.04	0.02206	76%-100% Above	Yes	No
00093005301	BUSPIRONE HCL 5 MG TABLET	1	90.00	0.13	0.02206	200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	2	30.00	0.05	0.02161	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02161	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.04	0.02161	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.05	0.02161	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	3	30.00	0.05	0.02165	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02165	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.04	0.02165	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02165	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	3	180.00	0.05	0.02165	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	4	90.00	0.05	0.02199	101%-200% Above	No	No
00093005301	BUSPIRONE HCL 5 MG TABLET	12	90.00	0.06	0.02211	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.05	0.02956	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 16

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093005401	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.11	0.02956	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.05	0.02956	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.06	0.02956	101%-200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.05	0.02938	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.05	0.02938	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.05	0.02938	76%-100% Above	Yes	No
00093005401	BUSPIRONE HCL 10 MG TABLET	3	270.00	0.05	0.02938	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.05	0.02946	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.05	0.02946	76%-100% Above	Yes	No
00093005401	BUSPIRONE HCL 10 MG TABLET	10	180.00	0.18	0.03072	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.18	0.03038	200% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	12	75.00	0.05	0.03038	51%-75% Above	No	No
00093005401	BUSPIRONE HCL 10 MG TABLET	12	180.00	0.18	0.03038	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	30.00	0.05	0.02956	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	30.00	0.06	0.02956	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	30.00	0.11	0.02956	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.11	0.02956	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.05	0.02956	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.05	0.02956	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.06	0.02956	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	1	200.00	0.05	0.02956	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	30.00	0.05	0.02925	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.05	0.02925	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 17

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093005405	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.05	0.02925	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.06	0.02925	101%-200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.05	0.02925	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	30.00	0.05	0.02938	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.05	0.02938	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.05	0.02938	76%-100% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.04	0.02938	26%-50% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.05	0.02938	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	4	30.00	0.05	0.02946	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.05	0.03038	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.11	0.03038	200% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	120.00	0.05	0.03038	51%-75% Above	No	No
00093005405	BUSPIRONE HCL 10 MG TABLET	12	180.00	0.05	0.03038	51%-75% Above	No	No
00093013505	CARVEDILOL 6.25 MG TABLET	3	180.00	0.02	0.01849	10%-25% Above	Yes	No
00093026215	FLUOCINONIDE 0.05% CREAM	12	30.00	0.23	0.32707	26%-50% Below	Yes	No
00093026292	FLUOCINONIDE 0.05% CREAM	1	60.00	0.86	0.32240	101%-200% Above	Yes	No
00093026292	FLUOCINONIDE 0.05% CREAM	2	60.00	0.16	0.31995	26%-50% Below	Yes	No
00093026430	FLUOCINONIDE 0.05% OINTMENT	3	60.00	1.25	0.27264	200% Above	No	No
00093031401	KETOROLAC 10 MG TABLET	2	20.00	0.30	0.13480	101%-200% Above	No	No
00093031801	DILTIAZEM 30 MG TABLET	3	180.00	0.06	0.05283	10%-25% Above	No	No
00093057610	LOVASTATIN 20 MG TABLET	1	30.00	0.33	0.04434	200% Above	No	No
00093057610	LOVASTATIN 20 MG TABLET	2	90.00	0.01	0.04305	51%-75% Below	No	No
00093057610	LOVASTATIN 20 MG TABLET	2	90.00	0.15	0.04305	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	2	90.00	0.11	0.02542	200% Above	No	No
00093075210	ATENOLOL 50 MG TABLET	12	90.00	0.24	0.02627	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 18

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093075305	ATENOLOL 100 MG TABLET	1	90.00	0.01	0.04004	76%-100% Below	No	No
00093075305	ATENOLOL 100 MG TABLET	3	90.00	0.01	0.03836	51%-75% Below	No	No
00093078701	ATENOLOL 25 MG TABLET	4	180.00	0.11	0.02266	200% Above	No	No
00093078701	ATENOLOL 25 MG TABLET	12	180.00	0.12	0.02424	200% Above	No	No
00093078710	ATENOLOL 25 MG TABLET	1	180.00	0.26	0.02341	200% Above	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	1	150.00	0.03	0.11832	51%-75% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	2	45.00	0.06	0.12052	51%-75% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	2	60.00	0.06	0.12052	51%-75% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	2	150.00	0.03	0.12052	51%-75% Below	Yes	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	3	90.00	0.09	0.12348	26%-50% Below	No	No
00093081001	NORTRIPTYLINE HCL 10 MG CAP	3	150.00	0.03	0.12348	51%-75% Below	Yes	No
00093081005	NORTRIPTYLINE HCL 10 MG CAP	1	180.00	0.08	0.11832	26%-50% Below	No	No
00093081005	NORTRIPTYLINE HCL 10 MG CAP	1	270.00	0.06	0.11832	51%-75% Below	No	No
00093081005	NORTRIPTYLINE HCL 10 MG CAP	2	60.00	0.09	0.12052	26%-50% Below	No	No
00093081101	NORTRIPTYLINE HCL 25 MG CAP	3	90.00	0.11	0.15185	26%-50% Below	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	1	15.00	0.10	0.22070	51%-75% Below	No	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	1	180.00	0.10	0.22070	51%-75% Below	Yes	No
00093081201	NORTRIPTYLINE HCL 50 MG CAP	2	5.00	0.10	0.20962	51%-75% Below	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	1	6.00	0.11	0.02161	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	1	15.00	0.12	0.02161	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	1	20.00	0.05	0.02161	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	1	20.00	0.12	0.02161	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.05	0.02161	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	15.00	0.05	0.02086	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.06	0.02086	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 19

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093083205	CLONAZEPAM 0.5 MG TABLET	3	1.00	0.46	0.02063	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	15.00	0.05	0.02063	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.05	0.02063	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.05	0.02063	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.05	0.02003	101%-200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	12	14.00	0.10	0.02214	200% Above	No	No
00093083205	CLONAZEPAM 0.5 MG TABLET	12	60.00	0.05	0.02214	101%-200% Above	No	No
00093092810	LOVASTATIN 40 MG TABLET	1	90.00	0.01	0.05456	76%-100% Below	No	No
00093092810	LOVASTATIN 40 MG TABLET	3	180.00	0.01	0.05583	76%-100% Below	No	No
00093094801	DICLOFENAC POT 50 MG TABLET	4	30.00	0.28	0.10171	101%-200% Above	No	No
00093098301	NYSTATIN 500,000 UNIT ORAL TAB	1	21.00	0.34	0.39191	10%-25% Below	Yes	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.06	0.04575	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.07	0.04575	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.07	0.04575	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.07	0.04575	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.13	0.04575	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.06	0.04575	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.06	0.04575	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.08	0.04575	76%-100% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.13	0.04575	101%-200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.06	0.04575	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.13	0.04575	101%-200% Above	Yes	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.06	0.04413	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.07	0.04413	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.07	0.04413	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 20

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093100301	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.06	0.04413	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.06	0.04413	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.06	0.04413	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.06	0.04413	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	60.00	0.06	0.04340	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	60.00	0.07	0.04340	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	90.00	0.06	0.04340	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	120.00	0.06	0.04340	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	135.00	0.06	0.04340	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	180.00	0.06	0.04340	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	3	270.00	0.06	0.04340	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.07	0.04301	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.06	0.04301	26%-50% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	4	180.00	0.06	0.04301	26%-50% Above	Yes	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.33	0.04806	200% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.06	0.04806	10%-25% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.08	0.04806	51%-75% Above	No	No
00093100301	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.13	0.04806	101%-200% Above	No	No
00093100305	BUSPIRONE HCL 15 MG TABLET	1	89.00	0.13	0.04575	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.17	0.13574	10%-25% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.17	0.13574	10%-25% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.22	0.13574	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.25	0.13574	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.25	0.13574	76%-100% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.26	0.13574	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 21

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.27	0.13574	76%-100% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.29	0.13574	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.38	0.13574	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	1	22.00	0.38	0.13574	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	1	44.00	0.17	0.13574	10%-25% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.17	0.13256	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.17	0.13256	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.22	0.13256	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.22	0.13256	51%-75% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.23	0.13256	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.25	0.13256	76%-100% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.27	0.13256	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	2	22.00	0.29	0.13256	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.17	0.13224	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.17	0.13224	26%-50% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.23	0.13224	51%-75% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	3	22.00	0.25	0.13224	76%-100% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	4	22.00	0.27	0.13303	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.08	0.13656	26%-50% Below	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.17	0.13656	10%-25% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.29	0.13656	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.32	0.13656	101%-200% Above	Yes	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.38	0.13656	101%-200% Above	No	No
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.38	0.13656	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 22

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093101042	MUPIROCIN 2% OINTMENT	12	22.00	0.64	0.13656	200% Above	No	No
00093106101	SOTALOL 80 MG TABLET	1	180.00	0.03	0.07013	51%-75% Below	Yes	No
00093106101	SOTALOL 80 MG TABLET	1	180.00	0.08	0.07013	10%-25% Above	Yes	No
00093106101	SOTALOL 80 MG TABLET	1	180.00	0.10	0.07013	26%-50% Above	No	No
00093106101	SOTALOL 80 MG TABLET	3	90.00	0.10	0.07018	26%-50% Above	Yes	No
00093106101	SOTALOL 80 MG TABLET	4	180.00	0.10	0.06945	26%-50% Above	Yes	No
00093106101	SOTALOL 80 MG TABLET	12	90.00	0.10	0.06993	26%-50% Above	Yes	No
00093117401	PENICILLIN VK 500 MG TABLET	4	20.00	0.14	0.10292	26%-50% Above	No	No
00093117410	PENICILLIN VK 500 MG TABLET	1	28.00	0.17	0.10703	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	1	28.00	0.39	0.10703	200% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	2	20.00	0.15	0.10594	26%-50% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	2	30.00	0.16	0.10594	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	3	20.00	0.17	0.10383	51%-75% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	3	28.00	0.15	0.10383	26%-50% Above	Yes	No
00093117410	PENICILLIN VK 500 MG TABLET	12	28.00	0.18	0.11088	51%-75% Above	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	1	4.00	0.63	0.92169	26%-50% Below	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	2	6.00	0.70	0.86908	10%-25% Below	Yes	No
00093117701	NEOMYCIN 500 MG TABLET	3	6.00	0.50	0.83366	26%-50% Below	Yes	No
00093171210	WARFARIN SODIUM 1 MG TABLET	2	90.00	0.11	0.08342	26%-50% Above	No	No
00093171210	WARFARIN SODIUM 1 MG TABLET	4	90.00	0.11	0.07731	26%-50% Above	No	No
00093171401	WARFARIN SODIUM 2.5 MG TABLET	1	90.00	0.16	0.08391	76%-100% Above	Yes	No
00093172001	WARFARIN SODIUM 10 MG TABLET	1	90.00	0.01	0.10179	76%-100% Below	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	1	30.00	0.18	0.08640	101%-200% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	2	30.00	0.18	0.08616	101%-200% Above	No	No
00093172110	WARFARIN SODIUM 5 MG TABLET	3	30.00	0.18	0.08533	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 23

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093172110	WARFARIN SODIUM 5 MG TABLET	12	30.00	0.18	0.08871	76%-100% Above	No	No
00093172301	WARFARIN SODIUM 7.5 MG TABLET	1	60.00	0.21	0.09953	101%-200% Above	No	No
00093172301	WARFARIN SODIUM 7.5 MG TABLET	2	60.00	0.21	0.09299	101%-200% Above	No	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	4	15.00	0.77	0.31280	101%-200% Above	No	No
00093202623	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	0.15	0.33005	51%-75% Below	No	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	3	60.00	0.12	0.21336	26%-50% Below	No	No
00093202631	AZITHROMYCIN 200 MG/5 ML SUSP	12	30.00	0.16	0.22058	10%-25% Below	Yes	No
00093202723	AZITHROMYCIN 100 MG/5 ML SUSP	1	30.00	0.72	0.37882	76%-100% Above	No	No
00093202723	AZITHROMYCIN 100 MG/5 ML SUSP	4	30.00	0.50	0.36056	26%-50% Above	No	No
00093206301	QUETIAPINE FUMARATE 25 MG TAB	3	60.00	0.10	0.02893	200% Above	No	No
00093206301	QUETIAPINE FUMARATE 25 MG TAB	12	60.00	0.23	0.03188	200% Above	No	No
00093206406	CILOSTAZOL 100 MG TABLET	2	180.00	0.07	0.12803	26%-50% Below	Yes	No
00093206406	CILOSTAZOL 100 MG TABLET	3	60.00	0.08	0.12895	26%-50% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	3	180.00	0.08	0.12895	26%-50% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	4	60.00	0.08	0.12872	26%-50% Below	No	No
00093206406	CILOSTAZOL 100 MG TABLET	12	180.00	0.08	0.12720	26%-50% Below	No	No
00093220301	METOCLOPRAMIDE 10 MG TABLET	12	60.00	0.07	0.05015	26%-50% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	1	30.00	0.03	0.04973	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	1	30.00	0.13	0.04973	101%-200% Above	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	1	60.00	0.03	0.04973	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	2	60.00	0.03	0.04807	26%-50% Below	Yes	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	2	90.00	0.03	0.04807	26%-50% Below	No	No
00093220305	METOCLOPRAMIDE 10 MG TABLET	12	90.00	0.02	0.05015	51%-75% Below	No	No
00093220310	METOCLOPRAMIDE 10 MG TABLET	1	20.00	0.12	0.04973	101%-200% Above	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	3	120.00	0.04	0.03871	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 24

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093220401	METOCLOPRAMIDE 5 MG TABLET	4	30.00	0.03	0.03708	10%-25% Below	No	No
00093220401	METOCLOPRAMIDE 5 MG TABLET	12	28.00	0.12	0.04328	101%-200% Above	No	No
00093220405	METOCLOPRAMIDE 5 MG TABLET	12	40.00	0.06	0.04328	26%-50% Above	No	No
00093221001	SUCRALFATE 1 GM TABLET	1	30.00	0.17	0.18752	10%-25% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	1	120.00	0.08	0.18752	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	1	120.00	0.08	0.18752	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	2	21.00	0.08	0.18688	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	2	60.00	0.08	0.18688	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	2	60.00	0.08	0.18688	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	2	90.00	0.14	0.18688	10%-25% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	2	120.00	0.08	0.18688	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	3	21.00	0.08	0.19055	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	3	40.00	0.08	0.19055	51%-75% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	3	60.00	0.17	0.19055	10%-25% Below	Yes	No
00093221001	SUCRALFATE 1 GM TABLET	3	120.00	0.08	0.19055	51%-75% Below	No	No
00093221001	SUCRALFATE 1 GM TABLET	12	120.00	0.12	0.18706	26%-50% Below	Yes	No
00093221005	SUCRALFATE 1 GM TABLET	1	20.00	0.17	0.18752	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	1	40.00	0.17	0.18752	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	1	120.00	0.08	0.18752	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	1	120.00	0.08	0.18752	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	2	120.00	0.08	0.18688	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	2	180.00	0.14	0.18688	10%-25% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	3	20.00	0.08	0.19055	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	3	120.00	0.08	0.19055	51%-75% Below	No	No
00093221005	SUCRALFATE 1 GM TABLET	4	60.00	0.15	0.18894	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 25

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093221005	SUCRALFATE 1 GM TABLET	12	120.00	0.08	0.18706	51%-75% Below	No	No
00093224001	CEPHALEXIN 500 MG TABLET	1	10.00	1.99	1.38418	26%-50% Above	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	1	30.00	0.70	1.38418	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	2	15.00	0.69	1.36814	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	2	25.00	0.60	1.36814	51%-75% Below	No	No
00093224001	CEPHALEXIN 500 MG TABLET	2	28.00	0.69	1.36814	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	2	40.00	0.69	1.36814	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	3	21.00	0.24	1.29211	76%-100% Below	No	No
00093224001	CEPHALEXIN 500 MG TABLET	12	14.00	1.06	1.39702	10%-25% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	12	20.00	0.75	1.39702	26%-50% Below	Yes	No
00093224001	CEPHALEXIN 500 MG TABLET	12	30.00	2.25	1.39702	51%-75% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	14.00	0.20	0.09887	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	21.00	0.11	0.09887	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	21.00	0.20	0.09887	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	21.00	0.23	0.09887	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	30.00	0.19	0.09887	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	1	40.00	0.19	0.09887	76%-100% Above	No	No
00093226301	AMOXICILLIN 500 MG TABLET	2	20.00	0.20	0.09934	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	20.00	0.25	0.09934	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	21.00	0.20	0.09934	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	30.00	0.19	0.09934	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	31.00	0.22	0.09934	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	32.00	0.11	0.09934	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	2	56.00	0.11	0.09934	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	4.00	0.20	0.10072	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 26

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093226301	AMOXICILLIN 500 MG TABLET	3	14.00	0.11	0.10072	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	14.00	0.23	0.10072	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	16.00	0.20	0.10072	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	20.00	0.19	0.10072	76%-100% Above	No	No
00093226301	AMOXICILLIN 500 MG TABLET	3	21.00	0.11	0.10072	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	21.00	0.21	0.10072	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	21.00	0.23	0.10072	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	30.00	0.11	0.10072	10%-25% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	3	30.00	0.19	0.10072	76%-100% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	15.00	0.20	0.09683	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	4	21.00	0.20	0.09683	101%-200% Above	Yes	No
00093226301	AMOXICILLIN 500 MG TABLET	12	21.00	0.20	0.09985	76%-100% Above	Yes	No
00093226401	AMOXICILLIN 875 MG TABLET	2	20.00	0.19	0.15271	10%-25% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	1	24.00	0.53	0.29443	76%-100% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	2	21.00	0.23	0.29036	10%-25% Below	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	2	21.00	0.50	0.29036	51%-75% Above	No	No
00093227434	AMOX-CLAV 500-125 MG TABLET	12	63.00	0.24	0.29462	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.31	0.27974	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.27974	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.24	0.27974	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.25	0.27974	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.36	0.27974	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 27

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093227534	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.16	0.27114	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.24	0.27114	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.24	0.27114	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	2	28.00	0.35	0.27114	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	8.00	0.16	0.28117	26%-50% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.24	0.28117	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.35	0.28117	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.41	0.28117	26%-50% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.24	0.28438	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	10.00	0.54	0.29770	76%-100% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	10.00	0.63	0.29770	101%-200% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.36	0.29770	10%-25% Above	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.24	0.29770	10%-25% Below	No	No
00093227534	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.54	0.29770	76%-100% Above	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	4.00	0.20	0.08722	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	8.00	0.10	0.08722	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	12.00	0.07	0.08722	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.08	0.08722	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.20	0.08722	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.06	0.08722	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.07	0.08722	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.20	0.08722	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.06	0.08722	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08722	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 28

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08722	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.08	0.08722	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.20	0.08722	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	28.00	0.20	0.08722	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.06	0.08722	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.07	0.08722	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.20	0.08722	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	1	31.00	0.20	0.08722	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	12.00	0.10	0.08502	10%-25% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	14.00	0.07	0.08502	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	18.00	0.07	0.08502	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.06	0.08502	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.08	0.08502	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	22.00	0.07	0.08502	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	28.00	0.06	0.08502	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.06	0.08502	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	4.00	0.13	0.08381	51%-75% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.07	0.08381	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.06	0.08381	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.08381	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.08381	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	3	40.00	0.05	0.08381	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.06	0.08321	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.08321	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	4.00	0.04	0.09053	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 29

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093310905	AMOXICILLIN 500 MG CAPSULE	12	14.00	0.07	0.09053	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.06	0.09053	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.20	0.09053	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.06	0.09053	26%-50% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.07	0.09053	10%-25% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.07	0.09053	10%-25% Below	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.08	0.09053	10%-25% Below	No	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	21.00	0.20	0.09053	101%-200% Above	Yes	No
00093310905	AMOXICILLIN 500 MG CAPSULE	12	30.00	0.20	0.09053	101%-200% Above	Yes	No
00093310953	AMOXICILLIN 500 MG CAPSULE	1	12.00	0.12	0.08722	26%-50% Above	No	No
00093312501	DICLOXACILLIN 500 MG CAPSULE	3	21.00	0.71	1.00729	26%-50% Below	Yes	No
00093314501	CEPHALEXIN 250 MG CAPSULE	1	28.00	0.33	0.10053	200% Above	No	No
00093314501	CEPHALEXIN 250 MG CAPSULE	3	40.00	0.14	0.09722	26%-50% Above	No	No
00093314501	CEPHALEXIN 250 MG CAPSULE	12	10.00	0.12	0.10098	10%-25% Above	No	No
00093314505	CEPHALEXIN 250 MG CAPSULE	12	20.00	0.33	0.10098	200% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	1	21.00	0.10	0.12238	10%-25% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.07	0.12238	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.16	0.12138	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.16	0.12138	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.07	0.12138	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.07	0.12138	26%-50% Below	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	3	4.00	0.21	0.12324	51%-75% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.16	0.12324	26%-50% Above	No	No
00093314701	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.16	0.12324	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	10.00	0.16	0.12238	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 30

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093314705	CEPHALEXIN 500 MG CAPSULE	1	10.00	0.36	0.12238	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.09	0.12238	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.09	0.12238	10%-25% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.16	0.12238	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.36	0.12238	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	15.00	0.08	0.12238	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.11	0.12238	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.36	0.12238	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	21.00	0.16	0.12238	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.07	0.12238	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.16	0.12238	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.07	0.12238	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.36	0.12238	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	40.00	0.07	0.12238	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	40.00	0.09	0.12238	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	40.00	0.16	0.12238	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	1	56.00	0.36	0.12238	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	4.00	0.16	0.12138	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	6.00	0.16	0.12138	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.10	0.12138	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.10	0.12138	10%-25% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.16	0.12138	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	15.00	0.09	0.12138	10%-25% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	15.00	0.10	0.12138	10%-25% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	18.00	0.09	0.12138	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 31

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093314705	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.16	0.12138	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.08	0.12138	26%-50% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.16	0.12138	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	30.00	0.16	0.12138	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	32.00	0.08	0.12138	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.07	0.12138	26%-50% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.08	0.12138	26%-50% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.16	0.12138	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	2	60.00	0.06	0.12138	26%-50% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.08	0.12324	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.10	0.12324	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.10	0.12324	10%-25% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.16	0.12324	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.09	0.12324	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.10	0.12324	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.16	0.12324	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.08	0.12324	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.16	0.12324	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.08	0.12324	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.16	0.12324	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	30.00	0.16	0.12324	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	40.00	0.16	0.12324	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	3	60.00	0.06	0.12324	51%-75% Below	Yes	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	4.00	0.16	0.12184	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	12.00	0.11	0.12184	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 32

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093314705	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.09	0.12184	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	14.00	0.10	0.12184	10%-25% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	30.00	0.08	0.12184	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	4	40.00	0.16	0.12184	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	4.00	0.08	0.12515	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	14.00	0.16	0.12515	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	14.00	0.18	0.12515	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	15.00	0.36	0.12515	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	20.00	0.08	0.12515	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	20.00	0.09	0.12515	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	20.00	0.36	0.12515	101%-200% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	21.00	0.08	0.12515	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.07	0.12515	26%-50% Below	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	30.00	0.18	0.12515	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	40.00	0.16	0.12515	26%-50% Above	No	No
00093314705	CEPHALEXIN 500 MG CAPSULE	12	40.00	0.36	0.12515	101%-200% Above	No	No
00093319653	CEFADROXIL 500 MG CAPSULE	3	4.00	0.26	0.28594	10%-25% Below	No	No
00093319653	CEFADROXIL 500 MG CAPSULE	4	6.00	0.26	0.28603	10%-25% Below	No	No
00093321201	CLONAZEPAM 1 MG TABLET	1	90.00	0.08	0.02634	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	1	15.00	0.18	0.02634	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	1	20.00	0.08	0.02634	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	1	30.00	0.08	0.02634	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	1	40.00	0.18	0.02634	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	1	60.00	0.02	0.02634	26%-50% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	1	60.00	0.02	0.02634	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 33

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093321205	CLONAZEPAM 1 MG TABLET	1	60.00	0.08	0.02634	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	1	90.00	0.18	0.02634	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	15.00	0.08	0.02478	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	30.00	0.08	0.02478	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	40.00	0.08	0.02478	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	60.00	0.08	0.02478	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	2	90.00	0.08	0.02478	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	5.00	0.08	0.02492	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	15.00	0.08	0.02492	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	20.00	0.08	0.02492	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	30.00	0.08	0.02492	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	60.00	0.01	0.02492	51%-75% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	60.00	0.02	0.02492	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	3	60.00	0.08	0.02492	200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	12	28.00	0.02	0.02762	10%-25% Below	No	No
00093321205	CLONAZEPAM 1 MG TABLET	12	60.00	0.08	0.02762	101%-200% Above	No	No
00093321205	CLONAZEPAM 1 MG TABLET	12	60.00	0.11	0.02762	200% Above	No	No
00093323405	SULFASALAZINE 500 MG TABLET	1	120.00	0.09	0.18900	26%-50% Below	No	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	5.00	0.09	0.02390	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	5.00	0.10	0.02390	200% Above	No	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	7.00	0.10	0.02390	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	10.00	0.05	0.02390	76%-100% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	12.00	0.04	0.02390	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	12.00	0.05	0.02390	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	12.00	0.11	0.02390	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 34

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093330105	TRAMADOL HCL 50 MG TABLET	1	14.00	0.05	0.02390	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	15.00	0.03	0.02390	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	15.00	0.11	0.02390	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	18.00	0.03	0.02390	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	18.00	0.11	0.02390	200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	20.00	0.03	0.02390	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	21.00	0.03	0.02390	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	30.00	0.02	0.02390	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	30.00	0.03	0.02390	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	45.00	0.02	0.02390	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	1	60.00	0.05	0.02390	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	3.00	0.05	0.02387	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	15.00	0.04	0.02387	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	20.00	0.03	0.02387	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	20.00	0.03	0.02387	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	20.00	0.05	0.02387	76%-100% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	20.00	0.05	0.02387	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	30.00	0.02	0.02387	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	30.00	0.03	0.02387	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	30.00	0.03	0.02387	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	2	45.00	0.02	0.02387	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	10.00	0.05	0.02392	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	14.00	0.04	0.02392	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	14.00	0.05	0.02392	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	15.00	0.01	0.02392	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 35

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093330105	TRAMADOL HCL 50 MG TABLET	3	15.00	0.03	0.02392	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	15.00	0.05	0.02392	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	20.00	0.03	0.02392	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	21.00	0.03	0.02392	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	28.00	0.03	0.02392	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	30.00	0.05	0.02392	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	45.00	0.02	0.02392	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	56.00	0.05	0.02392	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	60.00	0.05	0.02392	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	80.00	0.01	0.02392	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	3	180.00	0.05	0.02392	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	15.00	0.05	0.02408	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	20.00	0.03	0.02408	10%-25% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	30.00	0.02	0.02408	10%-25% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	4	56.00	0.05	0.02408	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	10.00	0.05	0.02368	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	12.00	0.05	0.02368	76%-100% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	15.00	0.03	0.02368	26%-50% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	15.00	0.04	0.02368	51%-75% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	15.00	0.05	0.02368	101%-200% Above	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	56.00	0.02	0.02368	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	60.00	0.02	0.02368	26%-50% Below	Yes	No
00093330105	TRAMADOL HCL 50 MG TABLET	12	60.00	0.05	0.02368	101%-200% Above	Yes	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	1	21.00	0.09	0.02138	200% Above	No	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	2	20.00	0.09	0.02094	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 36

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342001	CYCLOBENZAPRINE 5 MG TABLET	2	60.00	0.02	0.02094	10%-25% Below	No	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	3	7.00	0.09	0.02088	200% Above	No	No
00093342001	CYCLOBENZAPRINE 5 MG TABLET	12	60.00	0.22	0.02171	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	14.00	0.03	0.01799	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	20.00	0.02	0.01799	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	20.00	0.20	0.01799	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	21.00	0.09	0.01799	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01799	10%-25% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.03	0.01799	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.09	0.01799	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.20	0.01799	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.20	0.01799	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.09	0.01799	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.09	0.01799	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01799	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.09	0.01799	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.20	0.01799	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.20	0.01799	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	7.00	0.09	0.01781	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	9.00	0.08	0.01781	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	10.00	0.09	0.01781	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	12.00	0.09	0.01781	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	14.00	0.03	0.01781	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	14.00	0.05	0.01781	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.03	0.01781	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 37

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.02	0.01781	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.03	0.01781	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.09	0.01781	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01781	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.09	0.01781	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.09	0.01781	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01781	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.09	0.01781	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.09	0.01781	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	7.00	0.09	0.01787	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	15.00	0.03	0.01787	51%-75% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.01	0.01787	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.02	0.01787	26%-50% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	20.00	0.09	0.01787	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.02	0.01787	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.09	0.01787	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.09	0.01787	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.01	0.01787	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.09	0.01787	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.01	0.01787	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.09	0.01787	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	3	180.00	0.01	0.01787	51%-75% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	7.00	0.09	0.01758	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	10.00	0.08	0.01758	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.02	0.01758	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 38

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.03	0.01758	76%-100% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.01	0.01758	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	12.00	0.04	0.01770	101%-200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	14.00	0.03	0.01770	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	15.00	0.03	0.01770	76%-100% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	21.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.02	0.01770	10%-25% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.20	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	40.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	90.00	0.01	0.01770	26%-50% Below	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	90.00	0.09	0.01770	200% Above	No	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	90.00	0.09	0.01770	200% Above	Yes	No
00093342210	CYCLOBENZAPRINE 10 MG TABLET	12	180.00	0.01	0.01770	51%-75% Below	Yes	No
00093342501	LORAZEPAM 0.5 MG TABLET	1	2.00	0.02	0.03804	51%-75% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	1	30.00	0.04	0.03804	10%-25% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	2	10.00	0.04	0.03502	10%-25% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	2	14.00	0.04	0.03502	10%-25% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	30.00	0.04	0.03354	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	60.00	0.04	0.03354	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	90.00	0.02	0.03354	26%-50% Below	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	3	90.00	0.04	0.03354	26%-50% Above	No	No
00093342501	LORAZEPAM 0.5 MG TABLET	12	15.00	0.22	0.04198	200% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	1	30.00	0.04	0.03804	10%-25% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	1	30.00	0.10	0.03804	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 39

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342505	LORAZEPAM 0.5 MG TABLET	2	15.00	0.04	0.03502	10%-25% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	3	10.00	0.08	0.03354	101%-200% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	3	40.00	0.02	0.03354	26%-50% Below	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	4	15.00	0.04	0.03349	26%-50% Above	No	No
00093342505	LORAZEPAM 0.5 MG TABLET	4	40.00	0.02	0.03349	26%-50% Below	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	2	1.00	0.04	0.03502	10%-25% Above	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	3	60.00	0.02	0.03354	26%-50% Below	No	No
00093342510	LORAZEPAM 0.5 MG TABLET	12	60.00	0.03	0.04198	26%-50% Below	No	No
00093342601	LORAZEPAM 1 MG TABLET	1	1.00	0.14	0.04302	200% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	1	8.00	0.06	0.04302	26%-50% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	1	60.00	0.14	0.04302	200% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	2	1.00	0.06	0.03811	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	2	30.00	0.06	0.03811	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	2	60.00	0.06	0.03811	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	3	15.00	0.05	0.03691	10%-25% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	3	30.00	0.06	0.03691	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	3	60.00	0.06	0.03691	51%-75% Above	No	No
00093342601	LORAZEPAM 1 MG TABLET	12	2.00	0.24	0.04692	200% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	1	30.00	0.06	0.04302	26%-50% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	1	60.00	0.06	0.04302	26%-50% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	1	90.00	0.02	0.04302	51%-75% Below	No	No
00093342605	LORAZEPAM 1 MG TABLET	2	1.00	0.06	0.03811	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	3	60.00	0.06	0.03691	51%-75% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	4	90.00	0.02	0.03644	26%-50% Below	No	No
00093342605	LORAZEPAM 1 MG TABLET	12	30.00	0.06	0.04692	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 40

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093342605	LORAZEPAM 1 MG TABLET	12	40.00	0.11	0.04692	101%-200% Above	No	No
00093342605	LORAZEPAM 1 MG TABLET	12	60.00	0.06	0.04692	26%-50% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	1	30.00	0.03	0.04302	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	1	30.00	0.06	0.04302	26%-50% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	1	60.00	0.02	0.04302	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	1	120.00	0.06	0.04302	26%-50% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	2	1.00	0.06	0.03811	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	2	2.00	0.06	0.03811	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	2	30.00	0.06	0.03811	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	2	60.00	0.02	0.03811	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	2	60.00	0.06	0.03811	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	3	30.00	0.06	0.03691	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	3	60.00	0.02	0.03691	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	3	60.00	0.06	0.03691	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	3	120.00	0.06	0.03691	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	4	30.00	0.06	0.03644	51%-75% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	4	60.00	0.02	0.03644	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	12	30.00	0.03	0.04692	26%-50% Below	No	No
00093342610	LORAZEPAM 1 MG TABLET	12	30.00	0.06	0.04692	26%-50% Above	No	No
00093342610	LORAZEPAM 1 MG TABLET	12	120.00	0.06	0.04692	26%-50% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	1	42.50	0.70	0.41977	51%-75% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	1	42.50	1.60	0.41977	200% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	2	42.50	0.47	0.41552	10%-25% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	2	42.50	0.82	0.41552	76%-100% Above	No	No
00093354143	ESTRADIOL 0.01% CREAM	12	42.50	0.85	0.41941	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 41

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093354143	ESTRADIOL 0.01% CREAM	12	42.50	1.90	0.41941	200% Above	No	No
00093354856	ATOMOXETINE HCL 100 MG CAPSULE	2	30.00	1.98	0.52653	200% Above	No	No
00093354856	ATOMOXETINE HCL 100 MG CAPSULE	3	30.00	1.98	0.54304	200% Above	No	No
00093365840	BUPRENORPHINE 15 MCG/HR PATCH	12	4.00	31.99	46.42659	26%-50% Below	Yes	No
00093412773	PENICILLIN VK 250 MG/5 ML SOLN	1	100.00	0.05	0.07129	26%-50% Below	Yes	No
00093412774	PENICILLIN VK 250 MG/5 ML SOLN	3	200.00	0.05	0.05534	10%-25% Below	Yes	No
00093412774	PENICILLIN VK 250 MG/5 ML SOLN	12	200.00	0.04	0.04927	26%-50% Below	No	No
00093413673	CEFDINIR 125 MG/5 ML SUSP	12	100.00	0.12	0.10712	10%-25% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.56	0.12698	200% Above	No	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	3	120.00	0.07	0.12507	26%-50% Below	Yes	No
00093413764	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.33	0.12493	101%-200% Above	Yes	No
00093414656	LEVALBUTEROL 0.63 MG/3 ML SOL	1	180.00	0.15	0.36336	51%-75% Below	Yes	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	1	400.00	0.01	0.02501	26%-50% Below	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	2	200.00	0.01	0.02470	26%-50% Below	No	No
00093415573	AMOXICILLIN 250 MG/5 ML SUSP	2	300.00	0.01	0.02470	51%-75% Below	Yes	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	2	300.00	0.01	0.02452	26%-50% Below	No	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	3	150.00	0.01	0.02462	26%-50% Below	No	No
00093415580	AMOXICILLIN 250 MG/5 ML SUSP	12	150.00	0.01	0.02503	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.02	0.03497	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.02	0.03497	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.02	0.03497	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.01	0.03497	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.01	0.03497	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.02	0.03497	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.02	0.03497	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 42

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	1	300.00	0.02	0.03497	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.02	0.03430	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.02	0.03430	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.02	0.03430	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.01	0.03366	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.01	0.03430	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	0.01	0.03430	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	0.02	0.03430	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.02	0.03426	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.02	0.03426	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.01	0.03426	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.01	0.03426	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.01	0.03426	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.02	0.03426	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.05	0.03373	51%-75% Above	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.02	0.03370	26%-50% Below	No	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.02	0.03370	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	10	200.00	0.01	0.03554	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.02	0.03539	26%-50% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.01	0.03539	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.02	0.03539	51%-75% Below	Yes	No
00093416173	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.02	0.03539	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 43

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	300.00	0.02	0.03539	26%-50% Below	Yes	No
00093416176	AMOXICILLIN 400 MG/5 ML SUSP	12	50.00	0.02	0.04489	51%-75% Below	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.01	0.04024	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.01	0.04024	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.02	0.04024	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.06	0.03649	51%-75% Above	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	75.00	0.02	0.03947	26%-50% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.01	0.03947	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.01	0.03947	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	3	75.00	0.02	0.03926	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.02	0.03926	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.02	0.03926	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.02	0.03912	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	9	150.00	0.01	0.04264	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	75.00	0.02	0.04113	51%-75% Below	No	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.01	0.04113	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.02	0.04113	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.02	0.04113	51%-75% Below	Yes	No
00093416178	AMOXICILLIN 400 MG/5 ML SUSP	12	225.00	0.01	0.04113	51%-75% Below	Yes	No
00093417573	CEPHALEXIN 125 MG/5 ML SUSP	1	100.00	0.04	0.07616	51%-75% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	1	100.00	0.04	0.07762	51%-75% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.04	0.07762	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 44

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	100.00	0.13	0.07474	76%-100% Above	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.04	0.07269	26%-50% Below	No	No
00093417773	CEPHALEXIN 250 MG/5 ML SUSP	12	100.00	0.15	0.07881	76%-100% Above	Yes	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.05	0.05592	10%-25% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.03	0.05354	26%-50% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.04	0.05354	26%-50% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.04	0.05285	26%-50% Below	No	No
00093417774	CEPHALEXIN 250 MG/5 ML SUSP	12	200.00	0.04	0.05713	26%-50% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	1	30.00	0.15	1.34549	76%-100% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	1	30.00	1.01	1.34549	10%-25% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	2	30.00	0.15	1.24008	76%-100% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	2	30.00	1.01	1.24008	10%-25% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	3	30.00	0.15	1.18507	76%-100% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	3	30.00	1.01	1.18507	10%-25% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	3	30.00	1.40	1.18507	10%-25% Above	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	4	30.00	0.15	1.13663	76%-100% Below	No	No
00093500256	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	12	30.00	1.06	1.36898	10%-25% Below	No	No
00093500356	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-12.5	2	30.00	0.33	1.28566	51%-75% Below	No	No
00093500356	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-12.5	3	90.00	0.33	1.25663	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02543	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	2	90.00	0.01	0.02543	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	2	90.00	0.10	0.02543	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 45

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.18	0.02524	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	51%-75% Below	No	No
00093505698	ATORVASTATIN 10 MG TABLET	12	90.00	0.18	0.02546	200% Above	No	No
00093505698	ATORVASTATIN 10 MG TABLET	12	90.00	0.43	0.02546	200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	30.00	0.01	0.07209	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	30.00	0.15	0.07209	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	30.00	0.28	0.07209	200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	90.00	0.13	0.07209	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	90.00	0.14	0.07209	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	1	90.00	0.28	0.07209	200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	30.00	0.01	0.07199	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	30.00	0.13	0.07199	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	90.00	0.14	0.07199	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	2	90.00	0.14	0.07199	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	3	30.00	0.01	0.07148	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	3	30.00	0.13	0.07148	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	3	90.00	0.13	0.07148	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	3	90.00	0.15	0.07148	101%-200% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	30.00	0.01	0.07075	76%-100% Below	No	No
00093505798	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	12	30.00	0.13	0.07261	51%-75% Above	No	No
00093505798	ATORVASTATIN 80 MG TABLET	12	90.00	0.13	0.07261	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 46

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.52	0.07261	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	30.00	0.14	0.04141	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.01	0.04141	51%-75% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	30.00	0.14	0.04031	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	30.00	0.01	0.03932	51%-75% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	30.00	0.14	0.03932	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.01	0.03932	51%-75% Below	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	3	90.00	0.13	0.03932	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	30.00	0.12	0.04222	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	30.00	0.47	0.04222	200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	No	No
00093505898	ATORVASTATIN 40 MG TABLET	12	90.00	0.47	0.04222	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	30.00	0.27	0.03048	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 47

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.60	0.03048	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.02955	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	90.00	0.12	0.02955	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.02927	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.02872	51%-75% Below	No	No
00093505998	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	12	30.00	0.27	0.03072	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	12	30.00	0.47	0.03072	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	12	90.00	0.27	0.03072	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	12	90.00	0.47	0.03072	200% Above	No	No
00093505998	ATORVASTATIN 20 MG TABLET	12	90.00	0.60	0.03072	200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	1	45.00	0.17	0.03243	200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.17	0.03243	200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	2	30.00	0.07	0.03146	101%-200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.07	0.03146	101%-200% Above	No	No
00093506001	HYDROXYZINE HCL 10 MG TABLET	3	60.00	0.07	0.03136	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.07	0.03146	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	3	45.00	0.07	0.03136	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	3	90.00	0.07	0.03136	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 48

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093506005	HYDROXYZINE HCL 10 MG TABLET	3	120.00	0.07	0.03136	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	4	30.00	0.07	0.03139	101%-200% Above	No	No
00093506005	HYDROXYZINE HCL 10 MG TABLET	12	90.00	0.08	0.03259	101%-200% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.06	0.03557	51%-75% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.02	0.03466	26%-50% Below	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.06	0.03466	51%-75% Above	No	No
00093506101	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.03466	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.08	0.03557	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.08	0.03557	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	2	60.00	0.08	0.03471	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.08	0.03471	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.08	0.03466	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.03466	101%-200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	12	60.00	0.11	0.03503	200% Above	No	No
00093506105	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.19	0.03503	200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.19	0.03557	200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.06	0.03557	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.19	0.03557	200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.08	0.03557	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.03471	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	2	40.00	0.08	0.03471	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	2	60.00	0.06	0.03471	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	2	60.00	0.08	0.03471	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.08	0.03471	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	2	120.00	0.08	0.03471	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 49

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.08	0.03466	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.06	0.03466	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.08	0.03466	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.05	0.03466	51%-75% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.03466	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	3	180.00	0.08	0.03466	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.08	0.03456	101%-200% Above	No	No
00093506110	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.09	0.03503	101%-200% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	1	60.00	0.09	0.06561	26%-50% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	1	90.00	0.11	0.06561	51%-75% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.09	0.06518	26%-50% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	2	90.00	0.11	0.06518	51%-75% Above	No	No
00093506201	HYDROXYZINE HCL 50 MG TABLET	3	90.00	0.09	0.06380	26%-50% Above	No	No
00093506205	HYDROXYZINE HCL 50 MG TABLET	1	10.00	0.21	0.06561	200% Above	No	No
00093532862	JUNEL FE 24 TABLET	1	28.00	0.14	0.21477	26%-50% Below	No	No
00093532862	JUNEL FE 24 TABLET	2	28.00	0.14	0.20703	26%-50% Below	No	No
00093532862	JUNEL FE 24 TABLET	3	84.00	0.12	0.20356	26%-50% Below	No	No
00093532862	JUNEL FE 24 TABLET	12	28.00	0.15	0.22098	26%-50% Below	No	No
00093532862	JUNEL FE 24 TABLET	12	84.00	0.12	0.22098	26%-50% Below	No	No
00093542088	CABERGOLINE 0.5 MG TABLET	2	8.00	2.18	1.36842	51%-75% Above	No	No
00093557156	ERYTHROMYCIN 250 MG TABLET	1	28.00	3.46	1.41449	101%-200% Above	Yes	No
00093598627	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	197.74	133.90357	26%-50% Above	No	No
00093681573	BUDESONIDE 0.25 MG/2 ML SUSP	2	120.00	0.49	0.74355	26%-50% Below	No	No
00093681673	BUDESONIDE 0.5 MG/2 ML SUSP	12	120.00	1.27	0.79599	51%-75% Above	Yes	No
00093681773	BUDESONIDE 1 MG/2 ML INH SUSP	2	120.00	1.95	3.72609	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 50

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093716456	TOLTERODINE TART ER 4 MG CAP	2	90.00	0.22	0.25169	10%-25% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.11	0.05977	76%-100% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.24	0.05977	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	60.00	0.16	0.05977	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	60.00	0.24	0.05977	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.11	0.05977	76%-100% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.19	0.05977	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.24	0.05977	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.11	0.05698	76%-100% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.05698	76%-100% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.11	0.05426	76%-100% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.01	0.05426	76%-100% Below	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.11	0.05279	101%-200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.65	0.06210	200% Above	No	No
00093719801	FLUOXETINE HCL 40 MG CAPSULE	12	60.00	0.11	0.06210	51%-75% Above	No	No
00093719805	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.11	0.05977	76%-100% Above	No	No
00093720210	PRAVASTATIN SODIUM 40 MG TAB	2	38.00	0.18	0.08589	101%-200% Above	No	No
00093727105	PIOGLITAZONE HCL 15 MG TABLET	3	90.00	0.10	0.06857	26%-50% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	1	90.00	0.10	0.06804	26%-50% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	1	90.00	0.14	0.06804	76%-100% Above	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	3	30.00	0.01	0.06857	76%-100% Below	No	No
00093727156	PIOGLITAZONE HCL 15 MG TABLET	12	30.00	0.52	0.06929	200% Above	No	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	4	90.00	0.14	0.06984	76%-100% Above	Yes	No
00093727198	PIOGLITAZONE HCL 15 MG TABLET	12	90.00	0.14	0.06929	76%-100% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	1	30.00	0.17	0.09480	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 51

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093727298	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.14	0.09480	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.13	0.09301	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.14	0.09301	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.16	0.09301	51%-75% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.18	0.09301	76%-100% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	3	90.00	0.05	0.09349	51%-75% Below	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	3	90.00	0.14	0.09349	26%-50% Above	Yes	No
00093727298	PIOGLITAZONE HCL 30 MG TABLET	12	90.00	0.14	0.09741	26%-50% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	1	90.00	0.14	0.11599	10%-25% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	2	90.00	0.14	0.11241	26%-50% Above	Yes	No
00093727398	PIOGLITAZONE HCL 45 MG TABLET	3	90.00	0.23	0.11456	101%-200% Above	Yes	No
00093729501	CARVEDILOL 12.5 MG TABLET	1	180.00	0.03	0.02095	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.13	0.10486	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.29	0.10486	101%-200% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	0.13	0.10533	10%-25% Above	No	No
00093735156	LANSOPRAZOLE DR 30 MG CAPSULE	3	30.00	0.13	0.10824	10%-25% Above	No	No
00093735201	CALCITRIOL 0.25 MCG CAPSULE	1	36.00	0.35	0.16945	101%-200% Above	No	No
00093736798	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.03	0.07748	51%-75% Below	No	No
00093736798	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	8	90.00	0.03	0.07969	51%-75% Below	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.35	0.08251	200% Above	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.15	0.08118	76%-100% Above	No	No
00093736810	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.35	0.08232	200% Above	No	No
00093747243	RIZATRIPTAN 10 MG TABLET	3	12.00	0.40	0.48757	10%-25% Below	No	No
00093762056	LETROZOLE 2.5 MG TABLET	2	5.00	0.18	0.14396	10%-25% Above	No	No
00093762056	LETROZOLE 2.5 MG TABLET	3	30.00	0.11	0.14551	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 52

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093762056	LETROZOLE 2.5 MG TABLET	4	6.00	0.08	0.15112	26%-50% Below	No	No
00093762056	LETROZOLE 2.5 MG TABLET	12	5.00	0.18	0.14409	10%-25% Above	No	No
00093762998	IMATINIB MESYLATE 100 MG TAB	1	60.00	49.59	0.85990	200% Above	No	No
00093763056	IMATINIB MESYLATE 400 MG TAB	1	30.00	172.97	3.18677	200% Above	No	No
00093763056	IMATINIB MESYLATE 400 MG TAB	2	60.00	80.18	3.21503	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.31	0.05671	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.31	0.05504	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.31	0.05516	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.23	0.05681	200% Above	No	No
00093770198	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.31	0.05681	200% Above	No	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	1	30.00	26.46	0.48835	200% Above	Yes	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	3	30.00	26.46	0.45718	200% Above	Yes	No
00093770456	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	12	30.00	30.45	0.52434	200% Above	Yes	No
00093803501	GLYBURIDE MICRO 3 MG TABLET	4	90.00	0.10	0.12808	10%-25% Below	No	No
00093803501	GLYBURIDE MICRO 3 MG TABLET	12	90.00	0.29	0.12504	101%-200% Above	No	No
00093811956	FAMCICLOVIR 500 MG TABLET	1	14.00	1.06	0.82348	26%-50% Above	No	No
00093811956	FAMCICLOVIR 500 MG TABLET	1	21.00	0.73	0.82348	10%-25% Below	No	No
00093811956	FAMCICLOVIR 500 MG TABLET	2	9.00	1.15	0.81704	26%-50% Above	Yes	No
00093811956	FAMCICLOVIR 500 MG TABLET	12	30.00	1.63	0.86316	76%-100% Above	Yes	No
00093831118	ELETRIPTAN HBR 40 MG TABLET	3	6.00	6.46	1.87015	200% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	1	90.00	0.09	0.05283	51%-75% Above	No	No
00093834401	GLYBURIDE 5 MG TABLET	3	180.00	0.08	0.05811	26%-50% Above	No	No
00093834410	GLYBURIDE 5 MG TABLET	2	180.00	0.08	0.05449	51%-75% Above	Yes	No
00093834410	GLYBURIDE 5 MG TABLET	3	30.00	0.08	0.05811	26%-50% Above	Yes	No
00093874001	MEXILETINE 200 MG CAPSULE	1	180.00	1.22	0.28543	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 53

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00093914801	VENLAFAXINE HCL 37.5 MG TABLET	3	90.00	0.03	0.08155	51%-75% Below	Yes	No
00093929167	CLONAZEPAM 0.25 MG ODT	2	30.00	0.37	0.45572	10%-25% Below	Yes	No
00093929367	CLONAZEPAM 1 MG ODT	1	60.00	0.40	0.58621	26%-50% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	2	60.00	0.40	0.59208	26%-50% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	3	60.00	0.38	0.57019	26%-50% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	3	60.00	0.40	0.57019	26%-50% Below	No	No
00093929367	CLONAZEPAM 1 MG ODT	12	60.00	0.66	0.58029	10%-25% Above	No	No
00093936401	GLYBURIDE 5 MG TABLET	12	180.00	0.09	0.05331	51%-75% Above	Yes	No
00093943301	GLYBURIDE 2.5 MG TABLET	3	30.00	0.12	0.08049	26%-50% Above	Yes	No
00093943301	GLYBURIDE 2.5 MG TABLET	4	30.00	0.12	0.07348	51%-75% Above	Yes	No
00093970205	CARBIDOPA-LEVODOPA 25-100 TAB	1	180.00	0.11	0.07651	26%-50% Above	No	No
00096070735	DRYSOL SOL 20%	2	35.00	0.26	.		Yes	No
00096070735	DRYSOL SOL 20%	12	35.00	0.26	.		No	No
00096070737	DRYSOL SOL 20%	1	37.50	0.21	.		No	No
00096070737	DRYSOL SOL 20%	4	37.50	0.22	.		No	No
00113060478	GS IBUPROFEN 200 MG TABLET	1	30.00	0.38	0.03313	200% Above	No	No
00113060478	GS IBUPROFEN 200 MG TABLET	12	60.00	0.34	0.03455	200% Above	No	No
00113091530	GS OMEPRAZOLE DR 20 MG TABLET	1	84.00	0.52	0.41068	10%-25% Above	No	No
00113091530	GS OMEPRAZOLE DR 20 MG TABLET	4	84.00	0.52	0.39397	26%-50% Above	No	No
00113407774	GS MUCUS ER 1,200 MG TABLET	3	14.00	1.81	0.42257	200% Above	No	No
00115132019	COLESEVELAM 625 MG TABLET	3	180.00	0.47	0.27600	51%-75% Above	No	No
00115148601	DEXTROAMP-AMPHET ER 5 MG CAP	1	30.00	4.02	0.40319	200% Above	Yes	No
00115148601	DEXTROAMP-AMPHET ER 5 MG CAP	3	30.00	4.02	0.47391	200% Above	Yes	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	4.02	0.52050	200% Above	No	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	4.02	0.50881	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 54

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	3	90.00	0.21	0.51448	51%-75% Below	Yes	No
00115148701	DEXTROAMP-AMPHET ER 10 MG CAP	4	30.00	4.02	0.51724	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.50	0.56168	10%-25% Below	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	4.02	0.56168	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	4.02	0.55482	200% Above	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.21	0.54976	51%-75% Below	Yes	No
00115148801	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.33	0.53884	26%-50% Below	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.61634	10%-25% Below	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	4.02	0.61634	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.50	0.60523	10%-25% Below	No	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	4.93	0.60523	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.61911	10%-25% Below	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	4.02	0.61069	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	4.93	0.61069	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	4	90.00	4.02	0.61069	200% Above	Yes	No
00115148901	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	3.95	0.61941	200% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.26	0.48958	26%-50% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	1.08	0.48958	101%-200% Above	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	4.02	0.48958	200% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	0.26	0.50155	26%-50% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	4.02	0.50155	200% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	0.26	0.52848	26%-50% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	4.02	0.52848	200% Above	Yes	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	0.19	0.55107	51%-75% Below	No	No
00115149001	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	0.24	0.51221	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 55

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4.02	0.48532	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	4.02	0.48532	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	1	60.00	4.02	0.48532	200% Above	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.33	0.48569	26%-50% Below	Yes	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	4.02	0.48569	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	4.02	0.52822	200% Above	No	No
00115149101	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.33	0.46213	26%-50% Below	Yes	No
00115168974	BUDESONIDE 0.5 MG/2 ML SUSP	12	60.00	0.57	0.79599	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	1	2.00	16.55	109.72314	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	1	2.00	55.00	109.72314	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	1	2.00	140.80	109.72314	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	1	4.00	140.79	109.72314	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	16.55	109.84972	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	55.00	109.84972	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	2.00	140.80	109.84972	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	2	4.00	55.00	109.84972	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	9.93	110.62591	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	10.00	110.62591	76%-100% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	55.00	110.62591	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	78.62	110.62591	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	3	2.00	140.80	110.62591	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	55.00	110.69416	26%-50% Below	Yes	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	2.00	140.80	110.69416	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	4	4.00	78.62	110.69416	26%-50% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	12	2.00	55.00	109.66174	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 56

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	2.00	82.76	109.66174	10%-25% Below	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	12	2.00	140.80	109.66174	26%-50% Above	No	No
00115169449	EPINEPHRINE 0.3 MG AUTO-INJECT	12	4.00	55.00	109.66174	26%-50% Below	Yes	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	1	2.00	55.00	126.79268	51%-75% Below	Yes	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	2	2.00	86.45	125.11236	26%-50% Below	No	No
00115169549	EPINEPHRINE 0.15 MG AUTO-INJCT	4	2.00	55.00	121.68139	51%-75% Below	Yes	No
00115173901	METHYLPHENIDATE ER(CD) 40 MG CP	1	30.00	2.09	1.54948	26%-50% Above	No	No
00115174001	METHYLPHENIDATE ER(CD) 50 MG CP	2	30.00	0.73	1.44720	26%-50% Below	Yes	No
00115175701	CYPROHEPTADINE 4 MG TABLET	1	30.00	0.26	0.06566	200% Above	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	3	60.00	0.04	0.06623	26%-50% Below	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	12	60.00	0.12	0.06501	76%-100% Above	No	No
00115175701	CYPROHEPTADINE 4 MG TABLET	12	60.00	0.21	0.06501	200% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	30.00	0.04	0.06403	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	30.00	0.04	0.06403	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	60.00	0.03	0.06403	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	90.00	0.03	0.06403	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	90.00	0.12	0.06403	76%-100% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	270.00	0.13	0.06403	76%-100% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	1	360.00	0.12	0.06403	76%-100% Above	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	20.00	0.05	0.06297	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.04	0.06297	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	90.00	0.03	0.06297	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	2	270.00	0.05	0.06297	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	30.00	0.04	0.06384	26%-50% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	60.00	0.03	0.06384	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 57

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115180301	HYDROXYZINE PAM 25 MG CAP	3	60.00	0.05	0.06384	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	60.00	0.05	0.06384	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	90.00	0.03	0.06384	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	90.00	0.05	0.06384	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	90.00	0.05	0.06384	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	3	270.00	0.05	0.06384	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	21.00	0.05	0.06383	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.05	0.06383	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	90.00	0.03	0.06383	51%-75% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	180.00	0.05	0.06383	10%-25% Below	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	4	270.00	0.05	0.06383	10%-25% Below	Yes	No
00115180301	HYDROXYZINE PAM 25 MG CAP	12	60.00	0.12	0.06426	76%-100% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	12	90.00	0.12	0.06426	76%-100% Above	No	No
00115180301	HYDROXYZINE PAM 25 MG CAP	12	180.00	0.06	0.06426	10%-25% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	1	270.00	0.12	0.08133	26%-50% Above	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	2	30.00	0.05	0.07965	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	3	90.00	0.05	0.08088	26%-50% Below	No	No
00115180401	HYDROXYZINE PAM 50 MG CAP	4	270.00	0.05	0.08154	26%-50% Below	Yes	No
00115180401	HYDROXYZINE PAM 50 MG CAP	12	90.00	0.05	0.08327	26%-50% Below	No	No
00115180402	HYDROXYZINE PAM 50 MG CAP	4	90.00	0.05	0.08154	26%-50% Below	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	2	30.00	0.16	0.26940	26%-50% Below	Yes	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	3	360.00	0.16	0.27321	26%-50% Below	No	No
00115351101	PYRIDOSTIGMINE BR 60 MG TABLET	12	360.00	0.17	0.27224	26%-50% Below	No	No
00115521116	COLESTIPOL HCL 1 GM TABLET	1	180.00	0.55	0.66839	10%-25% Below	Yes	No
00115521116	COLESTIPOL HCL 1 GM TABLET	2	60.00	0.36	0.65896	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 58

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115521116	COLESTIPOL HCL 1 GM TABLET	3	60.00	0.36	0.66757	26%-50% Below	Yes	No
00115521116	COLESTIPOL HCL 1 GM TABLET	4	60.00	0.33	0.67155	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	1	90.00	0.19	0.31711	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	1	90.00	0.28	0.31711	10%-25% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	2	45.00	0.28	0.31733	10%-25% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	2	60.00	0.19	0.31733	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	3	30.00	0.19	0.31950	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	3	60.00	0.19	0.31950	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	3	90.00	0.28	0.31950	10%-25% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	3	180.00	0.22	0.31950	26%-50% Below	Yes	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	4	30.00	0.29	0.32006	10%-25% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	12	60.00	0.13	0.32391	51%-75% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	12	60.00	0.19	0.32391	26%-50% Below	No	No
00115703301	FLUDROCORTISONE 0.1 MG TABLET	12	180.00	0.22	0.32391	26%-50% Below	Yes	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	1	30.00	0.19	0.31711	26%-50% Below	No	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	2	60.00	0.19	0.31733	26%-50% Below	No	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	3	30.00	0.19	0.31950	26%-50% Below	No	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	3	180.00	0.19	0.31950	26%-50% Below	No	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	4	30.00	0.19	0.32006	26%-50% Below	No	No
00115703302	FLUDROCORTISONE 0.1 MG TABLET	12	30.00	0.19	0.32391	26%-50% Below	No	No
00115991801	DEXMETHYLPHENIDATE ER 5 MG CAP	2	30.00	0.33	1.19622	51%-75% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	1	30.00	1.02	1.69780	26%-50% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	2	30.00	0.53	1.69995	51%-75% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	2	30.00	1.02	1.69995	26%-50% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	0.53	1.54468	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 59

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	1.02	1.54468	26%-50% Below	Yes	No
00115991901	DEXMETHYLPHENIDATE ER 10 MG CP	4	30.00	0.53	1.49999	51%-75% Below	Yes	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	1.08	1.92686	26%-50% Below	Yes	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	2.79	1.92686	26%-50% Above	No	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	2	14.00	1.08	1.92631	26%-50% Below	Yes	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	2	90.00	0.66	1.92631	51%-75% Below	Yes	No
00115992101	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	2.79	1.95843	26%-50% Above	No	No
00115994101	LAMOTRIGINE ODT 100 MG TABLET	1	60.00	1.62	2.00859	10%-25% Below	No	No
00115994101	LAMOTRIGINE ODT 100 MG TABLET	3	60.00	1.62	1.86853	10%-25% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.01	0.00726	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.01	0.00726	26%-50% Above	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	51%-75% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	480.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	2	480.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 60

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.01	0.00721	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	4	480.00	0.00	0.00726	26%-50% Below	No	No
00116200116	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00742	26%-50% Below	No	No
00116400508	LACTULOSE 10 GM/15 ML SOLUTION	3	450.00	0.01	0.02215	51%-75% Below	No	No
00116400508	LACTULOSE 10 GM/15 ML SOLUTION	3	1800.00	0.01	0.02215	26%-50% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	1	720.00	0.01	0.02438	51%-75% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	2	120.00	0.01	0.02432	26%-50% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	2	450.00	0.01	0.02432	51%-75% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	2	1800.00	0.01	0.02432	26%-50% Below	No	No
00116400516	LACTULOSE 10 GM/15 ML SOLUTION	3	1800.00	0.01	0.02454	26%-50% Below	No	No
00116402316	PROMETHAZINE 6.25 MG/5 ML SYRP	1	150.00	0.02	0.04288	51%-75% Below	No	No
00116402316	PROMETHAZINE 6.25 MG/5 ML SYRP	1	300.00	0.02	0.04288	51%-75% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	60.00	0.03	0.04253	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	75.00	0.03	0.04253	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	118.00	0.05	0.04253	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	120.00	0.03	0.04253	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	120.00	0.05	0.04253	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	150.00	0.05	0.04253	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	300.00	0.02	0.04253	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 61

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	60.00	0.03	0.04068	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	70.00	0.03	0.04068	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	118.00	0.03	0.04068	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	120.00	0.03	0.04068	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	120.00	0.05	0.04068	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	140.00	0.03	0.04068	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	150.00	0.03	0.04068	10%-25% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	180.00	0.03	0.04068	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	200.00	0.01	0.04068	51%-75% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	240.00	0.03	0.04068	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	420.00	0.03	0.04068	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	118.00	0.03	0.03933	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	118.00	0.04	0.03933	10%-25% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	118.00	0.05	0.03933	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	118.00	0.05	0.03933	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	120.00	0.03	0.03933	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	180.00	0.03	0.03933	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	180.00	0.03	0.03933	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	210.00	0.03	0.03933	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	3	240.00	0.03	0.03933	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	4	10.00	0.03	0.03887	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	15.00	0.08	0.04377	76%-100% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	25.00	0.00	0.04377	76%-100% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	35.00	0.05	0.04377	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	80.00	0.05	0.04377	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 62

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	100.00	0.05	0.04377	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	118.00	0.03	0.04377	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	118.00	0.05	0.04377	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	118.00	0.05	0.04377	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	120.00	0.03	0.04377	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	120.00	0.05	0.04377	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	140.00	0.03	0.04377	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	140.00	0.04	0.04377	10%-25% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	140.00	0.05	0.04377	10%-25% Above	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	150.00	0.03	0.04377	26%-50% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	200.00	0.04	0.04377	10%-25% Below	No	No
00116402416	PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	12	240.00	0.05	0.04377	10%-25% Above	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	2	600.00	0.02	0.03361	26%-50% Below	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	3	300.00	0.02	0.03400	26%-50% Below	No	No
00121067585	VALPROIC ACID 250 MG/5 ML SOLN	3	600.00	0.02	0.03400	26%-50% Below	No	No
00121072104	FLUOXETINE 20 MG/5 ML SOLUTION	1	180.00	0.19	0.21571	10%-25% Below	No	No
00121072104	FLUOXETINE 20 MG/5 ML SOLUTION	2	225.00	0.12	0.21523	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	15.00	0.07	0.11773	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.07	0.11773	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.09	0.11773	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.09	0.11773	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.09	0.11773	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.16	0.11773	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	35.00	0.16	0.11773	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	1	59.00	0.16	0.11773	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 63

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	75.00	0.09	0.11773	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	10.00	0.07	0.11128	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	20.00	0.07	0.11128	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	0.07	0.11128	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	0.07	0.11128	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	0.10	0.11128	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	30.00	0.07	0.11128	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	35.00	0.07	0.11128	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	38.00	0.09	0.11128	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	40.00	0.07	0.11128	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.07	0.11128	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.10	0.11128	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	15.00	0.07	0.10877	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	15.00	0.13	0.10877	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	18.00	0.07	0.10877	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	20.00	0.07	0.10877	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	20.00	0.09	0.10877	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	0.12	0.10877	10%-25% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	30.00	0.07	0.10526	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	4	35.00	0.07	0.10526	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	10.00	0.11	0.11916	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	20.00	0.07	0.11916	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	20.00	0.16	0.11916	26%-50% Above	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	22.00	0.10	0.11916	10%-25% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	25.00	0.07	0.11916	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 64

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	25.00	0.10	0.11916	10%-25% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	30.00	0.07	0.11916	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	50.00	0.16	0.11916	26%-50% Above	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	60.00	0.08	0.11916	26%-50% Below	No	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	75.00	0.07	0.11916	26%-50% Below	Yes	No
00121075908	PREDNISOLONE 15 MG/5 ML SOLN	12	100.00	0.07	0.11916	26%-50% Below	Yes	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	2	140.00	0.04	0.06136	26%-50% Below	No	No
00121077504	GUAIFEN-CODEINE 100-10 MG/5 ML	3	118.00	0.04	0.06338	26%-50% Below	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	1	120.00	0.06	0.03195	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	1	143.00	0.06	0.03195	76%-100% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	1	180.00	0.06	0.03195	76%-100% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	2	105.00	0.04	0.03193	10%-25% Above	Yes	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	3	240.00	0.06	0.03256	51%-75% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	12	120.00	0.04	0.03150	10%-25% Above	No	No
00121077516	GUAIFEN-CODEINE 100-10 MG/5 ML	12	150.00	0.04	0.03150	10%-25% Above	No	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	1	60.00	0.04	0.15467	76%-100% Below	Yes	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	2	280.00	0.03	0.15137	76%-100% Below	Yes	No
00121086802	NYSTATIN 100,000 UNIT/ML SUSP	3	280.00	0.03	0.14695	76%-100% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	1	80.00	0.03	0.06516	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	2	80.00	0.04	0.06486	26%-50% Below	No	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	2	112.00	0.04	0.06486	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	3	150.00	0.04	0.06476	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	3	210.00	0.02	0.06476	51%-75% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	3	250.00	0.04	0.06476	26%-50% Below	Yes	No
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	12	240.00	0.04	0.06286	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 65

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121086816	NYSTATIN 100,000 UNIT/ML SUSP	12	300.00	0.04	0.06286	26%-50% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	45.00	0.03	0.02438	10%-25% Above	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	75.00	0.01	0.02438	26%-50% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	250.00	0.01	0.02438	51%-75% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	450.00	0.01	0.02438	51%-75% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	1	900.00	0.02	0.02438	10%-25% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	2	900.00	0.01	0.02432	51%-75% Below	Yes	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	3	105.00	0.01	0.02454	26%-50% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	4	1350.00	0.01	0.02388	26%-50% Below	No	No
00121087316	LACTULOSE 10 GM/15 ML SOLUTION	12	237.00	0.01	0.02448	26%-50% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	1	150.00	0.01	0.01853	26%-50% Below	No	No
00121087332	LACTULOSE 10 GM/15 ML SOLUTION	1	1800.00	0.03	0.01853	51%-75% Above	No	No
00121087404	CETIRIZINE HCL 1 MG/ML SOLN	3	118.00	0.04	0.02104	76%-100% Above	No	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	1	25.00	0.05	0.12816	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	1	75.00	0.04	0.12816	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	1	100.00	0.02	0.12816	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	1	300.00	0.05	0.12816	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	75.00	0.02	0.13310	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	75.00	0.05	0.13310	51%-75% Below	No	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	75.00	0.05	0.13310	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	120.00	0.02	0.13310	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	150.00	0.04	0.13310	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	300.00	0.04	0.13310	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	2	300.00	0.05	0.13310	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	75.00	0.02	0.13852	76%-100% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 66

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	75.00	0.04	0.13852	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	120.00	0.04	0.13852	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	150.00	0.03	0.13852	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	150.00	0.04	0.13852	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	300.00	0.04	0.13852	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	3	473.00	0.02	0.13852	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	35.00	0.02	0.14399	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	100.00	0.02	0.14399	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	150.00	0.04	0.14399	51%-75% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	4	300.00	0.02	0.14399	76%-100% Below	Yes	No
00121087416	CETIRIZINE HCL 1 MG/ML SOLN	12	100.00	0.02	0.12870	76%-100% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	2.50	0.31	0.55813	26%-50% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	8.00	0.31	0.55813	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	30.00	0.31	0.55813	26%-50% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	30.00	0.31	0.55813	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	40.00	0.21	0.55813	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	1	50.00	0.14	0.55813	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	14.00	0.27	0.56611	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	15.00	0.30	0.56611	26%-50% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	15.00	0.30	0.56611	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	20.00	0.30	0.56611	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	0.27	0.56611	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	42.00	0.27	0.56611	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	75.00	0.30	0.56611	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	2	91.00	0.30	0.56611	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 67

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	18.00	0.27	0.56163	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	0.24	0.56163	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	45.00	0.30	0.56163	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	49.00	0.20	0.56163	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	50.00	0.30	0.56163	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	60.00	0.21	0.56163	51%-75% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	3	120.00	0.13	0.56163	76%-100% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	9.90	0.27	0.57400	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	10.00	0.27	0.57400	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	10.00	0.34	0.57400	26%-50% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	15.00	0.20	0.63109	51%-75% Below	Yes	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	4	30.00	0.30	0.57400	26%-50% Below	No	No
00121088508	PREDNISOLONE 15 MG/5 ML SOLN	12	15.00	0.27	0.55280	26%-50% Below	Yes	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	1	17.50	0.30	0.60699	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	1	75.00	0.31	0.60699	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2	18.00	0.30	0.61001	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2	20.00	0.23	0.61001	51%-75% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2	30.00	0.30	0.61001	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	2	35.00	0.30	0.61001	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	0.30	0.61271	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	3	90.00	0.30	0.61271	26%-50% Below	No	No
00121088516	PREDNISOLONE 15 MG/5 ML SOLN	8	50.00	0.19	0.66881	51%-75% Below	No	No
00121093304	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	0.05	0.07682	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.04	0.07858	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	100.00	0.05	0.07322	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 68

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	0.05	0.07322	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	0.04	0.07424	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	0.05	0.07424	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	150.00	0.04	0.07091	26%-50% Below	No	No
00121093316	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.08012	26%-50% Below	No	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	1	100.00	0.06	0.09425	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	1	100.00	0.19	0.09425	101%-200% Above	No	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	2	100.00	0.05	0.08755	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	2	100.00	0.06	0.08755	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	2	120.00	0.05	0.08755	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	3	100.00	0.05	0.08287	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	4	25.00	0.07	0.07918	10%-25% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	4	100.00	0.05	0.07918	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.05	0.09886	26%-50% Below	Yes	No
00121095003	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.07	0.09886	26%-50% Below	Yes	No
00121096530	LACTULOSE 10 GM PACKET	2	15.00	1.00	7.51170	76%-100% Below	No	No
00121103416	HYDROXYZINE 10 MG/5 ML SYRUP	3	90.00	0.05	0.12818	51%-75% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	45.00	0.03	0.04253	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	50.00	0.03	0.04253	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	50.00	0.05	0.04253	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	60.00	0.03	0.04253	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	100.00	0.03	0.04253	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	100.00	0.05	0.04253	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	118.00	0.03	0.04253	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	118.00	0.05	0.04253	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 69

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.03	0.04253	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.03	0.04253	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.05	0.04253	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.05	0.04253	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	140.00	0.03	0.04253	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	140.00	0.03	0.04253	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	150.00	0.05	0.04253	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	168.00	0.03	0.04253	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	180.00	0.03	0.04253	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	200.00	0.03	0.04253	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	200.00	0.04	0.04253	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	200.00	0.05	0.04253	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	240.00	0.03	0.04253	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	35.00	0.05	0.04068	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	50.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	50.00	0.05	0.04068	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	60.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	80.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	100.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	100.00	0.03	0.04068	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	100.00	0.05	0.04068	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	118.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	118.00	0.03	0.04068	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	118.00	0.05	0.04068	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	118.00	0.05	0.04068	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 70

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	120.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	120.00	0.03	0.04068	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	120.00	0.05	0.04068	26%-50% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	140.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	160.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	180.00	0.03	0.04068	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	180.00	0.03	0.04068	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	200.00	0.03	0.04068	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	40.00	0.03	0.03933	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	50.00	0.03	0.03933	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	110.00	0.03	0.03933	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	118.00	0.03	0.03933	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	118.00	0.03	0.03933	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	118.00	0.03	0.03933	10%-25% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	118.00	0.03	0.03933	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	118.00	0.04	0.03933	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	120.00	0.03	0.03933	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	120.00	0.03	0.03933	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	120.00	0.05	0.03933	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	120.00	0.05	0.03933	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	120.00	0.05	0.03933	26%-50% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	121.00	0.03	0.03933	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	150.00	0.03	0.03933	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	160.00	0.03	0.03933	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	180.00	0.03	0.03933	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 71

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	200.00	0.03	0.03933	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	240.00	0.03	0.03933	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	250.00	0.03	0.03933	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	75.00	0.03	0.03887	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	118.00	0.02	0.03887	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	120.00	0.03	0.03887	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	120.00	0.03	0.03887	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	120.00	0.03	0.03887	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	140.00	0.03	0.03887	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	180.00	0.03	0.03887	10%-25% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	240.00	0.03	0.03887	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	240.00	0.03	0.03887	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	60.00	0.03	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	80.00	0.03	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	100.00	0.03	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	118.00	0.03	0.04377	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	118.00	0.03	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	118.00	0.04	0.04377	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	118.00	0.05	0.04377	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.03	0.04377	26%-50% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.03	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.04	0.04377	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.05	0.04377	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.05	0.04377	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	140.00	0.03	0.04377	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 72

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	140.00	0.05	0.04377	10%-25% Above	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	150.00	0.03	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	180.00	0.02	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	180.00	0.03	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	180.00	0.03	0.04377	26%-50% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	180.00	0.03	0.04377	10%-25% Below	No	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	180.00	0.05	0.04377	10%-25% Above	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	200.00	0.04	0.04377	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	240.00	0.04	0.04377	10%-25% Below	Yes	No
00121107016	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	280.00	0.04	0.04377	10%-25% Below	Yes	No
00121193030	LACTULOSE 20 GM PACKET	3	30.00	4.26	7.77592	26%-50% Below	Yes	No
00135061503	FLONASE SENS SUS 27.5MCG	2	9.10	3.46	.		Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	15.00	0.23	0.06315	200% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	1	30.00	0.23	0.06315	200% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	3	30.00	0.10	0.05828	51%-75% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	12	20.00	0.11	0.06376	51%-75% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	12	20.00	0.15	0.06376	101%-200% Above	Yes	No
00143122701	DICYCLOMINE 20 MG TABLET	12	90.00	0.03	0.06376	26%-50% Below	Yes	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.11892	200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	3	2.00	1.57	0.11939	200% Above	Yes	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.32	0.11939	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	12	30.00	0.34	0.12171	101%-200% Above	No	No
00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	12	60.00	0.34	0.12171	101%-200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.32	0.11892	101%-200% Above	No	No
00143211250	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.35	0.11892	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 73

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143301801	COLCHICINE 0.6 MG CAPSULE	4	3.00	1.29	1.86256	26%-50% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.43	0.28117	51%-75% Above	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.24	0.28117	10%-25% Below	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	0.24	0.28438	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.23	0.27322	10%-25% Below	No	No
00143924920	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.35	0.29770	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	1	20.00	0.12	0.15867	10%-25% Below	No	No
00143928501	AMOXICILLIN 875 MG TABLET	1	20.00	0.19	0.15867	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	1	20.00	0.44	0.15867	101%-200% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	2	20.00	0.19	0.15271	10%-25% Above	No	No
00143928501	AMOXICILLIN 875 MG TABLET	12	20.00	0.20	0.16549	10%-25% Above	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	1	10.00	0.79	2.89694	51%-75% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	2	10.00	0.45	2.95197	76%-100% Below	No	No
00143962001	CYANOCOBALAMIN 10,000 MCG/10 ML	3	10.00	0.45	3.00348	76%-100% Below	No	No
00143962101	CYANOCOBALAM INJ 1000MCG	1	4.00	1.51	.		No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	0.93	1.57560	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	1	10.00	0.93	1.57560	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.93	1.52535	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.75	1.52535	10%-25% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.86	1.52535	10%-25% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.93	1.52535	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	1.30	1.52535	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.94	1.52535	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	6.00	0.93	1.52535	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 74

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	6.00	1.30	1.52535	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	10.00	0.93	1.52535	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.93	1.50210	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	1.75	1.50210	10%-25% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	1.86	1.50210	10%-25% Above	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.93	1.50210	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	1.30	1.50210	10%-25% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.94	1.50210	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	0.93	1.50210	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	0.93	1.50471	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	0.94	1.50471	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	0.93	1.50471	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	0.98	1.58765	26%-50% Below	No	No
00143962125	CYANOCOBALAMIN 1,000 MCG/ML VL	12	6.00	0.98	1.58765	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	1.00	29.99	11.38382	101%-200% Above	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	1.00	37.99	11.38382	200% Above	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	2.00	6.47	11.38382	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	2.00	21.87	11.38382	76%-100% Above	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	4.00	5.88	11.38382	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	4.00	6.47	11.38382	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	4.00	6.47	11.38382	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	4.00	8.96	11.38382	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	4.00	8.98	11.38382	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	6.00	6.67	11.38382	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	1	10.00	5.88	11.38382	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 75

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6.47	11.34861	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	1.00	29.99	11.34861	101%-200% Above	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.39	11.34861	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.47	11.34861	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.47	11.34861	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	4.00	4.41	11.34861	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.39	11.34861	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.47	11.34861	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.47	11.34861	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	2	5.00	6.47	11.34861	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	1.00	6.39	11.44764	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.39	11.44764	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.39	11.44764	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	2.00	32.40	11.44764	101%-200% Above	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	4.00	4.41	11.44764	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.39	11.44764	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.39	11.44764	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	4.00	8.98	11.44764	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	5.00	6.39	11.44764	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	5.00	30.00	11.44764	101%-200% Above	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	6.00	6.39	11.44764	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	3	6.00	6.39	11.44764	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	2.00	6.39	11.44878	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	4.00	4.41	11.44878	51%-75% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	4	10.00	4.41	11.44878	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 76

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	1.00	29.99	11.54345	101%-200% Above	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	1.00	37.99	11.54345	200% Above	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.00	10.08	11.54345	10%-25% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	2.00	30.00	11.54345	101%-200% Above	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	4.00	5.88	11.54345	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	4.00	6.67	11.54345	26%-50% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	4.00	6.67	11.54345	26%-50% Below	Yes	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	5.00	10.08	11.54345	10%-25% Below	No	No
00143965901	TESTOSTERONE CYP 200 MG/ML	12	6.00	6.67	11.54345	26%-50% Below	Yes	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	2	30.00	0.22	0.14973	26%-50% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	3	30.00	0.22	0.14811	26%-50% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	12	30.00	0.23	0.16169	26%-50% Above	No	No
00143980250	DOXYCYCLINE HYCLATE 50 MG CAP	12	30.00	0.51	0.16169	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	10.00	0.21	0.11535	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.49	0.11535	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.21	0.11535	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.49	0.11535	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	28.00	0.35	0.11535	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	0.21	0.11535	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	0.49	0.11535	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	0.50	0.11535	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	50.00	0.21	0.11535	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	60.00	0.49	0.11535	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	1	84.00	0.49	0.11535	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.21	0.11372	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 77

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	20.00	0.21	0.11372	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	28.00	0.21	0.11372	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	0.21	0.11372	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	2	40.00	0.21	0.11372	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	0.21	0.11469	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.21	0.11469	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	30.00	0.21	0.11469	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.21	0.11469	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	0.21	0.11523	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	4	60.00	0.21	0.11523	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	0.22	0.11767	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.22	0.11767	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.49	0.11767	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.75	0.11767	200% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	30.00	0.22	0.11767	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	40.00	0.22	0.11767	76%-100% Above	No	No
00143980305	DOXYCYCLINE HYCLATE 100 MG CAP	12	42.00	0.22	0.11767	76%-100% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	1	10.00	1.97	0.11535	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.21	0.11535	76%-100% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	1.97	0.11469	200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.33	0.11469	101%-200% Above	No	No
00143980350	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.22	0.11767	76%-100% Above	No	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.04	0.06422	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06422	26%-50% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.04	0.06170	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 78

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	125.00	0.08	0.06170	26%-50% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.08	0.06170	26%-50% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	0.04	0.06132	26%-50% Below	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	0.08	0.06132	10%-25% Above	Yes	No
00143985316	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.08	0.06530	26%-50% Above	Yes	No
00143985324	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	200.00	0.04	0.06143	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	150.00	0.04	0.07011	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	150.00	0.08	0.07011	10%-25% Above	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	75.00	0.04	0.06970	26%-50% Below	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	75.00	0.08	0.06970	10%-25% Above	Yes	No
00143985375	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	150.00	0.07	0.07879	10%-25% Below	Yes	No
00143988601	AMOXICILLIN 200 MG/5 ML SUSP	3	100.00	0.02	0.03087	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.02	0.03497	51%-75% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.02	0.03497	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.01	0.03497	51%-75% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.01	0.03497	51%-75% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.02	0.03497	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.02	0.03497	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	300.00	0.01	0.03497	51%-75% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	1	300.00	0.02	0.03497	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.02	0.03430	51%-75% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.02	0.03430	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	0.02	0.03430	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	2.00	0.02	0.03426	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 79

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	100.00	0.02	0.03426	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.02	0.03426	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.03	0.03426	10%-25% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	3	300.00	0.02	0.03426	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.02	0.03370	51%-75% Below	Yes	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.02	0.03370	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.01	0.03375	51%-75% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.02	0.03370	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	11	200.00	0.02	0.03615	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.02	0.03539	26%-50% Below	No	No
00143988701	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.02	0.03539	26%-50% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	2	50.00	0.02	0.04421	51%-75% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	2	50.00	0.02	0.04421	51%-75% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.02	0.04474	51%-75% Below	No	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	12	50.00	0.02	0.04489	51%-75% Below	Yes	No
00143988750	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.02	0.04489	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	75.00	0.02	0.04024	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.02	0.04024	51%-75% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.02	0.04024	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	Yes	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.04	0.03832	10%-25% Above	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	75.00	0.02	0.03926	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.01	0.03926	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 80

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	150.00	0.02	0.03926	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.02	0.03926	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.01	0.03912	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.02	0.03912	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	10	150.00	0.02	0.04206	26%-50% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	12	75.00	0.02	0.04113	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	12	75.00	0.02	0.04113	51%-75% Below	No	No
00143988775	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.02	0.04113	51%-75% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	1	100.00	0.02	0.02501	26%-50% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	1	200.00	0.01	0.02501	26%-50% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	2	100.00	0.01	0.02470	26%-50% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	2	200.00	0.01	0.02470	51%-75% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	2	200.00	0.01	0.02470	26%-50% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	3	200.00	0.01	0.02466	26%-50% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	4	300.00	0.01	0.02462	51%-75% Below	No	No
00143988901	AMOXICILLIN 250 MG/5 ML SUSP	11	300.00	0.01	0.02523	26%-50% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	1	300.00	0.01	0.02490	26%-50% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	3	150.00	0.01	0.02462	26%-50% Below	No	No
00143988915	AMOXICILLIN 250 MG/5 ML SUSP	12	150.00	0.01	0.02503	26%-50% Below	No	No
00143988980	AMOXICILLIN 250 MG/5 ML SUSP	1	160.00	0.01	0.02970	51%-75% Below	No	No
00143993905	AMOXICILLIN 500 MG CAPSULE	2	56.00	0.06	0.08502	26%-50% Below	No	No
00143993905	AMOXICILLIN 500 MG CAPSULE	4	56.00	0.06	0.08321	26%-50% Below	No	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	3	200.00	0.07	0.05881	26%-50% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	12	100.00	0.10	0.06091	51%-75% Above	Yes	No
00143998201	AMOX-CLAV 400-57 MG/5 ML SUSP	12	200.00	0.03	0.06091	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 81

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00168000215	TRIAMCINOLONE 0.5% CREAM	1	15.00	0.14	0.20280	26%-50% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	2	15.00	0.14	0.19896	26%-50% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	3	15.00	0.14	0.19540	26%-50% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	12	15.00	0.15	0.20347	26%-50% Below	No	No
00168000215	TRIAMCINOLONE 0.5% CREAM	12	15.00	0.33	0.20347	51%-75% Above	No	No
00168000315	TRIAMCINOLONE 0.025% CREAM	1	15.00	0.15	0.12028	10%-25% Above	No	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	1	15.00	0.06	0.11386	26%-50% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	2	30.00	0.06	0.11379	26%-50% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	3	30.00	0.06	0.11289	26%-50% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	3	60.00	0.03	0.11289	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	4	45.00	0.04	0.11542	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	12	15.00	0.05	0.11575	51%-75% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	12	15.00	0.07	0.11575	26%-50% Below	Yes	No
00168000615	TRIAMCINOLONE 0.1% OINTMENT	12	30.00	0.04	0.11575	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	2	320.00	0.03	0.06491	26%-50% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	3	80.00	0.03	0.06466	51%-75% Below	Yes	No
00168000680	TRIAMCINOLONE 0.1% OINTMENT	11	80.00	0.03	0.06395	26%-50% Below	Yes	No
00168001531	HYDROCORTISONE 1% CREAM	3	28.35	0.22	0.12781	51%-75% Above	No	No
00168004046	BETAMETHASONE VA 0.1% CREAM	2	45.00	0.20	0.35388	26%-50% Below	No	No
00168005515	BETAMETHASONE DP 0.05% CRM	4	45.00	0.33	0.51285	26%-50% Below	Yes	No
00168005760	BETAMETHASONE DP 0.05% LOT	1	60.00	0.22	0.32787	26%-50% Below	No	No
00168005960	FLUOCINOLONE 0.01% SOLUTION	2	60.00	0.33	0.18596	76%-100% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	1	30.00	0.11	0.08411	26%-50% Above	No	No
00168008031	HYDROCORTISONE 2.5% CREAM	1	30.00	0.20	0.08411	101%-200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	1	30.00	0.35	0.27092	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 82

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.81	0.27092	101%-200% Above	No	No
00168009930	KETOCONAZOLE 2% CREAM	3	30.00	0.35	0.24861	26%-50% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	1	60.00	0.25	0.18396	26%-50% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	3	60.00	0.35	0.18377	76%-100% Above	No	No
00168009960	KETOCONAZOLE 2% CREAM	12	60.00	0.37	0.18807	76%-100% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	1	28.35	0.12	0.10380	10%-25% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	1	56.70	0.16	0.10380	51%-75% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	2	28.35	0.14	0.10408	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	2	28.35	0.14	0.10408	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	3	28.35	0.07	0.10384	26%-50% Below	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	3	28.35	0.13	0.10384	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	3	28.35	0.14	0.10384	26%-50% Above	No	No
00168014630	HYDROCORTISONE 2.5% OINTMENT	12	28.35	0.16	0.10386	51%-75% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.73	0.22238	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	2	15.00	0.31	0.21844	26%-50% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	2	15.00	0.67	0.21844	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.31	0.21844	26%-50% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	3	15.00	1.03	0.21538	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	3	30.00	0.17	0.21538	10%-25% Below	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	3	30.00	0.67	0.21538	200% Above	No	No
00168025815	CLOTRIMAZOLE-BETAMETHASONE CRM	12	15.00	0.33	0.22217	26%-50% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.31	0.18551	51%-75% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.31	0.18098	51%-75% Above	No	No
00168025846	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	0.33	0.18697	51%-75% Above	No	No
00168026815	BETAMETHASONE DP AUG 0.05% OIN	1	30.00	1.87	0.75111	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 83

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00168026950	CLOBETASOL 0.05% SOLUTION	2	50.00	0.46	0.12039	200% Above	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	1	40.00	0.83	1.55129	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	2	40.00	0.88	1.57180	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	2	40.00	1.13	1.57180	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	3	40.00	0.83	1.64879	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	3	40.00	0.88	1.64879	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	4	40.00	0.88	1.71983	26%-50% Below	No	No
00168027740	CLINDAMYCIN 2% VAGINAL CREAM	12	40.00	0.38	1.59142	76%-100% Below	No	No
00168032346	METRONIDAZOLE 0.75% CREAM	1	45.00	0.22	0.29132	10%-25% Below	Yes	No
00168032346	METRONIDAZOLE 0.75% CREAM	2	45.00	0.38	0.29528	26%-50% Above	No	No
00168032346	METRONIDAZOLE 0.75% CREAM	3	45.00	0.22	0.29251	10%-25% Below	Yes	No
00168032346	METRONIDAZOLE 0.75% CREAM	3	45.00	0.38	0.29251	26%-50% Above	No	No
00168032346	METRONIDAZOLE 0.75% CREAM	3	45.00	0.38	0.29251	26%-50% Above	Yes	No
00168032346	METRONIDAZOLE 0.75% CREAM	12	45.00	0.33	0.29242	10%-25% Above	Yes	No
00168034646	TERCONAZOLE 0.4% CREAM	12	45.00	0.33	0.58731	26%-50% Below	No	No
00168034646	TERCONAZOLE 0.4% CREAM	12	45.00	0.40	0.58731	26%-50% Below	No	No
00168034720	TERCONAZOLE 0.8% CREAM	12	20.00	1.37	1.03625	26%-50% Above	No	No
00168042446	ADAPALENE 0.1% CREAM	2	45.00	1.24	2.44736	26%-50% Below	Yes	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	1	3.00	133.85	331.99298	51%-75% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	1	9.00	44.62	331.99298	76%-100% Below	No	No
00169413013	OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN	3	9.00	44.32	331.99298	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	1	3.00	48.09	332.02296	76%-100% Below	No	No
00169418113	OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN	4	9.00	44.32	332.02296	76%-100% Below	No	No
00169441531	WEGOVY TAB 1.5MG	2	30.00	43.57	.		No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	1	45.00	3.32	8.93905	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 84

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	2	15.00	3.83	8.93796	51%-75% Below	No	No
00169633910	NOVOLOG 100 UNIT/ML FLEXPEN	4	45.00	3.26	8.93725	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.02	0.01221	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01221	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.01	0.01221	10%-25% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	76%-100% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.04	0.01221	200% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.02	0.01214	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01212	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	51%-75% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.00	0.01202	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.01	0.01202	51%-75% Below	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.02	0.01237	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	10%-25% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	26%-50% Above	No	No
00172208380	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.04	0.01237	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 85

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.07	0.04083	51%-75% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.16	0.04083	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.21	0.04083	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.18	0.04110	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.07	0.04110	51%-75% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.07	0.04118	51%-75% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.18	0.04118	200% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.07	0.04118	51%-75% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.07	0.04083	51%-75% Above	No	No
00172344460	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.13	0.04083	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.01	0.04083	51%-75% Below	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.18	0.04083	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.16	0.04083	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.17	0.04083	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.07	0.04110	51%-75% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.01	0.04110	51%-75% Below	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.07	0.04118	51%-75% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.18	0.04083	200% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.07	0.04083	51%-75% Above	No	No
00172344480	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.07	0.04030	76%-100% Above	No	No
00172392560	DIAZEPAM 2 MG TABLET	1	1.00	0.06	0.02207	101%-200% Above	No	No
00172392560	DIAZEPAM 2 MG TABLET	1	60.00	0.02	0.02207	10%-25% Below	No	No
00172392560	DIAZEPAM 2 MG TABLET	2	60.00	0.02	0.02145	10%-25% Below	No	No
00172392560	DIAZEPAM 2 MG TABLET	3	21.00	0.03	0.02111	51%-75% Above	No	No
00172392560	DIAZEPAM 2 MG TABLET	3	60.00	0.02	0.02111	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 86

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172392560	DIAZEPAM 2 MG TABLET	4	5.00	0.02	0.02173	10%-25% Above	No	No
00172392560	DIAZEPAM 2 MG TABLET	4	60.00	0.02	0.02173	10%-25% Below	No	No
00172392660	DIAZEPAM 5 MG TABLET	1	3.00	0.16	0.03031	200% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	2	2.00	0.19	0.02964	200% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	2	30.00	0.04	0.02964	26%-50% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	3	21.00	0.04	0.02949	26%-50% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	4	2.00	0.33	0.02931	200% Above	No	No
00172392660	DIAZEPAM 5 MG TABLET	4	14.00	0.04	0.02931	10%-25% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	1	1.00	0.09	0.03031	101%-200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	1	1.00	0.46	0.03031	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	1	2.00	0.04	0.03031	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	1	2.00	0.19	0.03031	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	1	4.00	0.10	0.03031	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	1	10.00	0.04	0.03031	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	1	90.00	0.04	0.03031	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	2	2.00	0.04	0.02964	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	2	2.00	0.19	0.02964	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	2	2.00	0.24	0.02964	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	2	10.00	0.04	0.02964	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	2	30.00	0.03	0.02964	10%-25% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	3	1.00	0.04	0.02949	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	3	2.00	0.19	0.02949	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	3	2.00	0.24	0.02949	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	3	2.00	0.33	0.02949	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	3	4.00	0.10	0.02949	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 87

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.04	0.02949	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	3	10.00	0.08	0.02949	101%-200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	3	30.00	0.03	0.02949	10%-25% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	1.00	0.04	0.02931	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	4	2.00	0.34	0.02931	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	4	3.00	0.16	0.02931	200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	4	30.00	0.02	0.02931	26%-50% Below	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	4	60.00	0.04	0.02931	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	12	2.00	0.04	0.03079	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	12	2.00	0.19	0.03079	200% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	12	10.00	0.04	0.03079	26%-50% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	12	10.00	0.04	0.03079	26%-50% Above	Yes	No
00172392670	DIAZEPAM 5 MG TABLET	12	15.00	0.09	0.03079	101%-200% Above	No	No
00172392670	DIAZEPAM 5 MG TABLET	12	60.00	0.04	0.03079	26%-50% Above	No	No
00172392680	DIAZEPAM 5 MG TABLET	1	7.00	0.09	0.03031	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	1	2.00	0.24	0.02801	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	1	45.00	0.17	0.02801	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	1	75.00	0.08	0.02801	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	1.00	0.02	0.02818	26%-50% Below	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	1.00	0.08	0.02818	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	1.00	0.46	0.02818	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	2.00	0.08	0.02818	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	2.00	0.24	0.02818	200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	45.00	0.08	0.02818	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	2	75.00	0.08	0.02818	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 88

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172392760	DIAZEPAM 10 MG TABLET	3	1.00	0.08	0.02849	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	3	45.00	0.08	0.02849	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	3	75.00	0.08	0.02849	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	4	45.00	0.08	0.02891	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	12	1.00	0.08	0.02895	101%-200% Above	No	No
00172392760	DIAZEPAM 10 MG TABLET	12	75.00	0.08	0.02895	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	1	1.00	0.36	0.02801	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	1	1.00	0.66	0.02801	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	1	2.00	0.24	0.02801	200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	1	2.00	0.34	0.02801	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	1	6.00	0.08	0.02801	101%-200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	1	30.00	0.17	0.02801	200% Above	Yes	No
00172392770	DIAZEPAM 10 MG TABLET	2	1.00	0.08	0.02818	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	2	20.00	0.08	0.02818	101%-200% Above	No	No
00172392770	DIAZEPAM 10 MG TABLET	2	30.00	0.08	0.02818	101%-200% Above	Yes	No
00172392780	DIAZEPAM 10 MG TABLET	1	30.00	0.17	0.02801	200% Above	No	No
00172392780	DIAZEPAM 10 MG TABLET	2	30.00	0.08	0.02818	101%-200% Above	No	No
00172392780	DIAZEPAM 10 MG TABLET	3	1.00	0.36	0.02849	200% Above	No	No
00172392780	DIAZEPAM 10 MG TABLET	3	30.00	0.08	0.02849	101%-200% Above	No	No
00172409680	BACLOFEN 10 MG TABLET	3	60.00	0.09	0.03300	101%-200% Above	No	No
00172409680	BACLOFEN 10 MG TABLET	4	20.00	0.05	0.03403	26%-50% Above	No	No
00172409780	BACLOFEN 20 MG TABLET	1	60.00	0.03	0.05350	26%-50% Below	No	No
00172572860	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03015	10%-25% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	2	180.00	0.08	0.03015	101%-200% Above	No	No
00172572860	FAMOTIDINE 20 MG TABLET	3	180.00	0.08	0.03030	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 89

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00172572860	FAMOTIDINE 20 MG TABLET	12	180.00	0.32	0.02948	200% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	1	180.00	0.08	0.02947	101%-200% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	2	60.00	0.08	0.03015	101%-200% Above	No	No
00172572870	FAMOTIDINE 20 MG TABLET	12	60.00	0.19	0.02948	200% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	1	180.00	0.04	0.02947	10%-25% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03015	26%-50% Above	No	No
00172572880	FAMOTIDINE 20 MG TABLET	3	60.00	0.04	0.03030	26%-50% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05196	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	1	90.00	0.11	0.05196	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	1	90.00	0.11	0.05196	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	2	30.00	0.11	0.05125	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	15.00	0.11	0.05137	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05137	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	30.00	0.13	0.05137	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	60.00	0.11	0.05137	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	90.00	0.09	0.05137	76%-100% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	90.00	0.10	0.05137	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	3	180.00	0.10	0.05137	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	30.00	0.11	0.05159	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	4	90.00	0.10	0.05159	76%-100% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	12	30.00	0.11	0.05202	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	12	60.00	0.11	0.05202	101%-200% Above	No	No
00172572960	FAMOTIDINE 40 MG TABLET	12	90.00	0.62	0.05202	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 90

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00173068220	VENTOLIN HFA 90 MCG INHALER	12	18.00	1.01	3.03665	51%-75% Below	No	No
00173088710	TRELEGY ELLIPTA 100-62.5-25	1	60.00	12.61	11.16291	10%-25% Above	No	No
00173088710	TRELEGY ELLIPTA 100-62.5-25	2	120.00	12.61	11.16291	10%-25% Above	No	No
00185005501	METOLAZONE 5 MG TABLET	4	10.00	1.07	0.29188	200% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.55	0.34774	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.58	0.34774	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.50	0.33520	26%-50% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.55	0.33520	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.58	0.33520	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.55	0.33520	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.54	0.33183	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.55	0.33183	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.56	0.33183	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.58	0.33183	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.54	0.33183	51%-75% Above	No	No
00185012201	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	0.53	0.32469	51%-75% Above	No	No
00185012801	BUMETANIDE 0.5 MG TABLET	1	30.00	0.46	0.12816	200% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	1	30.00	0.34	0.13330	101%-200% Above	No	No
00185012905	BUMETANIDE 1 MG TABLET	2	30.00	0.34	0.12298	101%-200% Above	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.15	0.19239	10%-25% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.35	0.19239	76%-100% Above	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.15	0.18541	10%-25% Below	No	No
00185021101	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.16	0.19518	10%-25% Below	Yes	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.35	0.24056	26%-50% Above	No	No
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.15	0.22256	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 91

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185027701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.35	0.23564	26%-50% Above	No	No
00185032501	BENAZEPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.36	0.23857	26%-50% Above	Yes	No
00185032501	BENAZEPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.15	0.22389	26%-50% Below	Yes	No
00185067401	HYDROXYZINE PAM 25 MG CAP	1	30.00	0.05	0.06403	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	1	30.00	0.05	0.06403	10%-25% Below	Yes	No
00185067401	HYDROXYZINE PAM 25 MG CAP	1	90.00	0.03	0.06403	51%-75% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	1	90.00	0.13	0.06403	76%-100% Above	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.05	0.06297	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	2	90.00	0.03	0.06297	51%-75% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	2	90.00	0.05	0.06297	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	2	120.00	0.05	0.06297	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	3	15.00	0.05	0.06384	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	3	90.00	0.03	0.06384	51%-75% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	4	30.00	0.05	0.06383	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	4	180.00	0.05	0.06383	10%-25% Below	No	No
00185067401	HYDROXYZINE PAM 25 MG CAP	12	30.00	0.06	0.06426	10%-25% Below	Yes	No
00185067405	HYDROXYZINE PAM 25 MG CAP	1	30.00	0.05	0.06403	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	1	180.00	0.13	0.06403	76%-100% Above	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	2	30.00	0.05	0.06297	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	2	90.00	0.05	0.06297	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	3	30.00	0.05	0.06384	10%-25% 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	3	60.00	0.04	0.06384	26%-50% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	3	90.00	0.05	0.06384	10%-25% Below	No	No
00185067405	HYDROXYZINE PAM 25 MG CAP	12	30.00	0.06	0.06426	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 92

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185067601	HYDROXYZINE PAM 50 MG CAP	1	30.00	0.12	0.08133	26%-50% Above	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	1	60.00	0.05	0.08133	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	1	270.00	0.05	0.08133	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	1	360.00	0.05	0.08133	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	2	30.00	0.05	0.07965	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	2	60.00	0.05	0.07965	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	3	30.00	0.05	0.08088	26%-50% Below	No	No
00185067601	HYDROXYZINE PAM 50 MG CAP	4	60.00	0.05	0.08154	26%-50% Below	No	No
00185067605	HYDROXYZINE PAM 50 MG CAP	2	40.00	0.04	0.07965	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.11	0.25130	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.19	0.25130	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.11	0.25130	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	90.00	0.11	0.25130	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	90.00	0.11	0.25130	51%-75% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.11	0.24258	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.12	0.24258	51%-75% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.19	0.24258	10%-25% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.10	0.24258	51%-75% Below	Yes	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.11	0.24258	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.11	0.24340	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.11	0.24340	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.12	0.24917	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.12	0.24917	51%-75% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.17	0.24917	26%-50% Below	No	No
00185084201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.17	0.24917	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 93

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.11	0.31944	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.26	0.31944	10%-25% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.11	0.31944	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.11	0.30691	51%-75% Below	Yes	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.11	0.30691	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.12	0.32297	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.12	0.32297	51%-75% Below	No	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.12	0.32297	51%-75% Below	Yes	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.17	0.32297	26%-50% Below	Yes	No
00185085301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.12	0.32297	51%-75% Below	No	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	30.00	0.11	0.25954	51%-75% Below	No	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	30.00	0.18	0.25954	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	40.00	0.11	0.25954	51%-75% Below	No	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	60.00	0.11	0.25954	51%-75% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.11	0.24545	51%-75% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.18	0.24545	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	60.00	0.11	0.24545	51%-75% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.18	0.23861	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.20	0.23861	10%-25% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	60.00	0.11	0.23861	51%-75% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.11	0.23910	51%-75% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.18	0.23910	26%-50% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	12	30.00	0.20	0.25349	10%-25% Below	Yes	No
00185209801	DEXTROAMP-AMPHETAMINE 5 MG TAB	12	60.00	0.11	0.25349	51%-75% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.17	0.31528	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 94

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.18	0.31528	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.15	0.31528	51%-75% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.15	0.31528	51%-75% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.17	0.31528	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.18	0.31528	26%-50% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.15	0.31166	51%-75% Below	No	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.16	0.31166	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.18	0.31364	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.20	0.31158	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.14	0.31158	51%-75% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	0.18	0.31244	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	0.17	0.31244	26%-50% Below	Yes	No
00185209901	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	180.00	0.16	0.31244	26%-50% Below	Yes	No
00185505001	METOLAZONE 2.5 MG TABLET	4	3.00	0.36	0.22637	51%-75% Above	No	No
00187516020	RETIN-A CRE 0.025%	2	20.00	0.71	.		No	No
00187516420	RETIN-A CRE 0.1%	1	20.00	0.97	.		No	No
00187516420	RETIN-A CRE 0.1%	12	20.00	0.75	.		No	No
00187540004	JUBLIA SOL 10%	1	4.00	193.51	.		No	No
00187540004	JUBLIA SOL 10%	2	4.00	185.17	.		No	No
00187540004	JUBLIA SOL 10%	2	4.00	193.51	.		No	No
00187540004	JUBLIA SOL 10%	3	4.00	193.51	.		No	No
00187540004	JUBLIA SOL 10%	4	4.00	185.17	.		No	No
00187581130	APLENZIN TAB 348MG	1	30.00	97.27	.		No	No
00187581130	APLENZIN TAB 348MG	3	30.00	97.27	.		No	No
00187581130	APLENZIN TAB 348MG	12	30.00	96.62	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 95

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00193658621	MICROLET LNC COLORED	2	100.00	0.10	.		Yes	No
00228145303	LAMOTRIGINE ER 200 MG TABLET	1	180.00	3.34	0.72967	200% Above	No	No
00228158003	LAMOTRIGINE ER 300 MG TABLET	12	30.00	0.66	1.46304	51%-75% Below	Yes	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	1	20.00	0.04	0.02495	51%-75% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	1	20.00	0.10	0.02495	200% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	1	120.00	0.01	0.02495	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	2	15.00	0.04	0.02455	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	2	20.00	0.04	0.02455	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	2	90.00	0.02	0.02455	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	2	180.00	0.04	0.02455	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	3	20.00	0.04	0.02434	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.04	0.02434	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.04	0.02434	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	3	90.00	0.02	0.02434	26%-50% Below	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	4	15.00	0.04	0.02435	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.04	0.02435	76%-100% Above	No	No
00228202710	ALPRAZOLAM 0.25 MG TABLET	4	90.00	0.02	0.02435	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	1	15.00	0.03	0.02495	26%-50% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	1	15.00	0.04	0.02495	51%-75% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.02	0.02495	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	15.00	0.03	0.02455	26%-50% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	15.00	0.03	0.02455	26%-50% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	15.00	0.04	0.02455	76%-100% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.02	0.02455	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	90.00	0.01	0.02455	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 96

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228202750	ALPRAZOLAM 0.25 MG TABLET	2	120.00	0.04	0.02455	76%-100% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	15.00	0.04	0.02434	76%-100% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.03	0.02434	10%-25% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.02	0.02434	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.04	0.02434	76%-100% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	4	15.00	0.03	0.02435	26%-50% Above	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.02	0.02435	26%-50% Below	No	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	12	2.00	0.19	0.02504	200% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	12	10.00	0.04	0.02504	51%-75% Above	Yes	No
00228202750	ALPRAZOLAM 0.25 MG TABLET	12	15.00	0.04	0.02504	51%-75% Above	Yes	No
00228202796	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.03	0.02455	10%-25% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.17	0.02312	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.02	0.02312	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.17	0.02312	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.07	0.02312	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.07	0.02294	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.02	0.02294	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.07	0.02294	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.07	0.02294	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	1.00	0.07	0.02284	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.02	0.02284	26%-50% Below	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.07	0.02284	200% Above	No	No
00228202910	ALPRAZOLAM 0.5 MG TABLET	12	90.00	0.08	0.02323	200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	2.00	0.33	0.02312	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	7.00	0.06	0.02312	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 97

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.00	0.03	0.02312	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.02	0.02312	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.03	0.02312	26%-50% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.07	0.02312	200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.17	0.02312	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.01	0.02312	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.07	0.02312	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.17	0.02312	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02312	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.07	0.02312	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	1	120.00	0.01	0.02312	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	1.00	0.07	0.02294	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.07	0.02294	200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.01	0.02294	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.07	0.02294	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	2	120.00	0.01	0.02294	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	10.00	0.08	0.02284	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.01	0.02284	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.02	0.02284	10%-25% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.03	0.02284	10%-25% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.07	0.02284	200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.07	0.02284	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.01	0.02284	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.07	0.02284	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.01	0.02284	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 98

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.07	0.02284	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	3	120.00	0.01	0.02284	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.07	0.02280	200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.07	0.02280	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	4	120.00	0.01	0.02280	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.08	0.02323	200% Above	No	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.08	0.02323	200% Above	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.01	0.02323	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	90.00	0.01	0.02323	26%-50% Below	Yes	No
00228202950	ALPRAZOLAM 0.5 MG TABLET	12	120.00	0.01	0.02323	26%-50% Below	Yes	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.17	0.02312	200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02312	26%-50% Below	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.07	0.02294	200% Above	No	No
00228202996	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.07	0.02284	200% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	1	30.00	0.03	0.02701	10%-25% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	2	30.00	0.03	0.02761	10%-25% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	2	60.00	0.06	0.02761	101%-200% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	3	30.00	0.03	0.02734	10%-25% Above	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	3	90.00	0.02	0.02734	26%-50% Below	No	No
00228203110	ALPRAZOLAM 1 MG TABLET	12	60.00	0.06	0.02617	101%-200% Above	No	No
00228203150	ALPRAZOLAM 1 MG TABLET	2	30.00	0.06	0.02761	101%-200% Above	Yes	No
00228203150	ALPRAZOLAM 1 MG TABLET	3	30.00	0.06	0.02734	101%-200% Above	Yes	No
00228203196	ALPRAZOLAM 1 MG TABLET	1	30.00	0.14	0.02701	200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	1	60.00	0.02	0.02701	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	2	26.00	0.06	0.02761	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 99

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228203196	ALPRAZOLAM 1 MG TABLET	2	30.00	0.06	0.02761	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	2	60.00	0.02	0.02761	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	3	30.00	0.06	0.02734	101%-200% Above	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	3	60.00	0.02	0.02734	26%-50% Below	No	No
00228203196	ALPRAZOLAM 1 MG TABLET	4	30.00	0.06	0.02668	101%-200% Above	No	No
00228203910	ALPRAZOLAM 2 MG TABLET	1	60.00	0.16	0.04798	200% Above	No	No
00228203910	ALPRAZOLAM 2 MG TABLET	2	60.00	0.07	0.04711	51%-75% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	2	30.00	0.14	0.07793	76%-100% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	3	30.00	0.04	0.07903	26%-50% Below	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	3	30.00	0.14	0.07903	51%-75% Above	No	No
00228207610	TEMAZEPAM 15 MG CAPSULE	4	30.00	0.14	0.07924	51%-75% Above	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	1	30.00	0.32	0.07676	200% Above	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	2	30.00	0.14	0.07793	76%-100% Above	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	2	60.00	0.04	0.07793	51%-75% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	3	30.00	0.04	0.07903	26%-50% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	3	30.00	0.14	0.07903	51%-75% Above	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	3	60.00	0.04	0.07903	51%-75% Below	No	No
00228207650	TEMAZEPAM 15 MG CAPSULE	12	30.00	0.32	0.07576	200% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.18	0.09101	76%-100% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.41	0.09101	200% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.18	0.08993	76%-100% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	2	90.00	0.18	0.08993	76%-100% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.18	0.09099	76%-100% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	3	90.00	0.18	0.09099	76%-100% Above	No	No
00228207710	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.18	0.09224	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 100

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228207710	TEMAZEPAM 30 MG CAPSULE	12	30.00	0.12	0.09262	26%-50% Above	No	No
00228207750	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.05	0.09101	26%-50% Below	No	No
00228207750	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.18	0.09101	76%-100% Above	No	No
00228207750	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.18	0.08993	76%-100% Above	No	No
00228212750	CLONIDINE HCL 0.1 MG TABLET	3	180.00	0.04	0.02514	51%-75% Above	Yes	No
00228257111	INDAPAMIDE 2.5 MG TABLET	1	30.00	0.33	0.11954	101%-200% Above	No	No
00228257111	INDAPAMIDE 2.5 MG TABLET	2	30.00	0.14	0.11773	10%-25% Above	No	No
00228257111	INDAPAMIDE 2.5 MG TABLET	3	30.00	0.14	0.11796	10%-25% Above	No	No
00228259711	INDAPAMIDE 1.25 MG TABLET	1	90.00	0.22	0.10394	101%-200% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	1	30.00	0.25	0.17803	26%-50% Above	No	No
00228277811	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	0.50	0.17175	101%-200% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	1	90.00	0.22	0.19522	10%-25% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	2	90.00	0.02	0.19211	76%-100% Below	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	4	90.00	0.22	0.19262	10%-25% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	4	90.00	0.26	0.19262	26%-50% Above	No	No
00228277911	PROPRANOLOL ER 80 MG CAPSULE	12	90.00	0.61	0.19510	200% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	1	30.00	0.17	0.20289	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	1	90.00	0.83	0.20289	200% Above	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	2	30.00	0.17	0.20166	10%-25% Below	No	No
00228278011	PROPRANOLOL ER 120 MG CAPSULE	12	30.00	0.40	0.20007	76%-100% Above	No	No
00228278111	PROPRANOLOL ER 160 MG CAPSULE	3	30.00	0.44	0.31668	26%-50% Above	No	No
00228278111	PROPRANOLOL ER 160 MG CAPSULE	12	30.00	0.46	0.33859	26%-50% Above	No	No
00228282011	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.07	0.04030	76%-100% Above	No	No
00228282096	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.07	0.04083	51%-75% Above	No	No
00228284903	FLUVOXAMINE ER 150 MG CAPSULE	3	90.00	0.32	5.16089	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 101

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	0.21	0.52050	51%-75% Below	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	4.02	0.50881	200% Above	No	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	4.02	0.50881	200% Above	Yes	No
00228305911	DEXTROAMP-AMPHET ER 10 MG CAP	3	60.00	4.02	0.51448	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.97	0.60523	200% Above	No	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	4.02	0.60523	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.61911	10%-25% Below	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	4.02	0.61911	200% Above	Yes	No
00228306011	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	4.02	0.61069	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	4.02	0.48532	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	4.02	0.48569	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.33	0.46213	26%-50% Below	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	3.95	0.46213	200% Above	Yes	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	4.02	0.46213	200% Above	No	No
00228306111	DEXTROAMP-AMPHET ER 30 MG CAP	12	60.00	3.95	0.46213	200% Above	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.21	0.56168	51%-75% Below	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.33	0.56168	26%-50% Below	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.50	0.56168	10%-25% Below	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.33	0.55482	26%-50% Below	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.50	0.55482	10%-25% Below	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.33	0.54976	26%-50% Below	Yes	No
00228306311	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	4.02	0.53855	200% Above	No	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	4.02	0.48958	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	4.02	0.52848	200% Above	Yes	No
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	4.02	0.55107	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 102

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00228306411	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	5.29	0.55107	200% Above	No	No
00228365903	ROPINIROLE HCL ER 4 MG TABLET	1	30.00	0.50	0.58031	10%-25% Below	No	No
00228365903	ROPINIROLE HCL ER 4 MG TABLET	12	30.00	0.35	0.58153	26%-50% Below	No	No
00245010810	FERROUS SULF TAB 325MG EC	2	36.00	0.39	.		No	No
00245010810	FERROUS SULF TAB 325MG EC	12	30.00	0.53	.		Yes	No
00245014715	PACERONE 200 MG TABLET	3	180.00	0.09	0.12488	26%-50% Below	No	No
00245021311	MIDODRINE HCL 10 MG TABLET	2	90.00	0.58	0.14583	200% Above	No	No
00245036030	KLOR-CON 20 MEQ PACKET	12	90.00	2.68	0.61703	200% Above	No	No
00245531711	KLOR-CON M10 TABLET	1	10.00	0.09	0.11633	10%-25% Below	Yes	No
00245531790	KLOR-CON M10 TABLET	1	180.00	0.28	0.11633	101%-200% Above	Yes	No
00245531990	KLOR-CON M20 TABLET	1	180.00	0.24	0.12612	76%-100% Above	Yes	No
00245531990	KLOR-CON M20 TABLET	3	180.00	0.10	0.13779	10%-25% Below	Yes	No
00254302902	LUBIPROSTONE 24 MCG CAPSULE	2	180.00	0.39	0.74175	26%-50% Below	Yes	No
00254302902	LUBIPROSTONE 24 MCG CAPSULE	12	60.00	1.35	0.79265	51%-75% Above	Yes	No
00259162001	XEOMIN INJ 200UNIT	4	1.00	969.47	.		Yes	No
00276051010	METHOCARBAMO TAB 1000MG	2	120.00	14.10	.		No	No
00310620590	FARXIGA 5 MG TABLET	1	30.00	19.72	12.07003	51%-75% Above	No	No
00310621030	FARXIGA 10 MG TABLET	1	30.00	18.96	12.07753	51%-75% Above	Yes	No
00310621030	FARXIGA 10 MG TABLET	12	30.00	15.11	19.17096	10%-25% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	10.20	2.14	20.22749	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	10.20	9.60	20.22749	51%-75% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	10.20	10.88	20.22749	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	10.20	10.88	20.22749	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	20.40	2.14	20.22749	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	20.40	9.60	20.22749	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 103

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.60	2.11	20.22749	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	1	30.60	13.27	20.22749	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	1.34	19.82575	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	2.11	19.82575	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	9.60	19.82575	51%-75% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	10.88	19.82575	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	11.05	19.82575	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	11.05	19.82575	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	11.13	19.82575	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	2	10.20	11.13	19.82575	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	10.20	1.34	20.06802	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	10.20	9.60	20.06802	51%-75% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	10.20	11.13	20.06802	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	3	30.60	11.13	20.06802	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	10.20	9.60	19.41248	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	10.20	11.13	19.41248	26%-50% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	10.20	11.13	19.41248	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	4	30.60	11.13	19.41248	26%-50% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	12	10.20	0.98	19.78806	76%-100% Below	No	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	12	10.20	9.60	19.78806	51%-75% Below	Yes	No
00310737020	BUDESONIDE-FORMOTEROL 160-4.5	12	30.60	13.27	19.78806	26%-50% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	1	10.20	1.88	17.53654	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	1	10.20	7.39	17.53654	51%-75% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	1	10.20	8.53	17.53654	51%-75% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	1	10.20	11.37	17.53654	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 104

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	1.16	17.59500	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	1.47	17.59500	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	8.53	17.59500	51%-75% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	9.61	17.59500	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	2	10.20	9.65	17.59500	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	1.16	17.84121	76%-100% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	8.53	17.84121	51%-75% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	9.65	17.84121	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	3	10.20	9.68	17.84121	26%-50% Below	No	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	4	10.20	8.53	17.68013	51%-75% Below	Yes	No
00310737220	BUDESONIDE-FORMOTEROL 80-4.5	4	10.20	9.81	17.68013	26%-50% Below	No	No
00316019330	HYDROCORTISO CRE 2.5%	2	30.00	0.09	.		No	No
00316019330	HYDROCORTISO CRE 2.5%	3	30.00	0.09	.		No	No
00363056314	ASPIRIN LOW TAB 81MG EC	12	90.00	0.00	.		No	No
00363056317	ASPIRIN LOW TAB 81MG EC	1	90.00	0.01	.		No	No
00378001401	METHOTREXATE 2.5 MG TABLET	3	72.00	0.19	0.15848	10%-25% Above	No	No
00378001801	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.03	0.01712	51%-75% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.05	0.01773	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.05	0.01773	101%-200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.11	0.01773	200% Above	No	No
00378001805	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.05	0.01747	101%-200% Above	No	No
00378003210	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.07	0.01987	200% Above	No	No
00378003210	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.10	0.01987	200% Above	No	No
00378003210	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.04	0.02000	101%-200% Above	No	No
00378004710	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.06	0.02624	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 105

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378005301	CIMETIDINE 200 MG TABLET	4	7.00	0.13	0.20993	26%-50% Below	No	No
00378013701	ALLOPURINOL 100 MG TABLET	1	90.00	0.08	0.03584	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	1	30.00	0.08	0.03584	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	1	360.00	0.20	0.03584	200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.03476	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
00378013710	ALLOPURINOL 100 MG TABLET	4	30.00	0.08	0.03304	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	1	30.00	0.12	0.06202	76%-100% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	1	90.00	0.12	0.06202	76%-100% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	2	30.00	0.12	0.05890	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	3	30.00	0.12	0.05702	101%-200% Above	No	No
00378018105	ALLOPURINOL 300 MG TABLET	4	30.00	0.12	0.05520	101%-200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	1	30.00	0.07	0.02341	200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	1	30.00	0.26	0.02341	200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	2	30.00	0.07	0.02255	200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	2	30.00	0.11	0.02255	200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	2	90.00	0.11	0.02255	200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	3	30.00	0.11	0.02249	200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	3	90.00	0.06	0.02249	101%-200% Above	No	No
00378021810	ATENOLOL 25 MG TABLET	12	30.00	0.07	0.02424	101%-200% Above	No	No
00378022201	CHLORTHALIDONE 25 MG TABLET	4	180.00	0.17	0.09012	76%-100% Above	No	No
00378027101	DIAZEPAM 2 MG TABLET	3	30.00	0.02	0.02111	10%-25% Above	No	No
00378027101	DIAZEPAM 2 MG TABLET	3	120.00	0.02	0.02111	10%-25% Above	No	No
00378027105	DIAZEPAM 2 MG TABLET	1	28.00	0.02	0.02207	10%-25% Above	No	No
00378027105	DIAZEPAM 2 MG TABLET	2	28.00	0.02	0.02145	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 106

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378027105	DIAZEPAM 2 MG TABLET	3	28.00	0.02	0.02111	10%-25% Above	No	No
00378027493	TAMOXIFEN 20 MG TABLET	1	90.00	0.38	0.28115	26%-50% Above	No	No
00378027493	TAMOXIFEN 20 MG TABLET	1	90.00	0.46	0.28115	51%-75% Above	No	No
00378031701	CIMETIDINE 300 MG TABLET	2	30.00	0.14	0.26054	26%-50% Below	Yes	No
00378034501	DIAZEPAM 5 MG TABLET	1	3.00	0.09	0.03031	200% Above	No	No
00378034501	DIAZEPAM 5 MG TABLET	1	4.00	0.04	0.03031	26%-50% Above	No	No
00378034501	DIAZEPAM 5 MG TABLET	4	10.00	0.04	0.02931	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	1	90.00	0.08	0.03031	101%-200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	2	90.00	0.04	0.02964	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	3	2.00	0.19	0.02949	200% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	3	30.00	0.04	0.02949	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	3	90.00	0.04	0.02949	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	4	90.00	0.04	0.02931	26%-50% Above	No	No
00378034505	DIAZEPAM 5 MG TABLET	12	90.00	0.04	0.03079	26%-50% Above	No	No
00378040301	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	2	90.00	0.26	0.51900	26%-50% Below	No	No
00378043401	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.99	1.26754	10%-25% Below	No	No
00378043401	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.62	1.26754	51%-75% Below	Yes	No
00378047705	DIAZEPAM 10 MG TABLET	2	270.00	0.02	0.02818	26%-50% Below	No	No
00378047705	DIAZEPAM 10 MG TABLET	4	90.00	0.08	0.02891	101%-200% Above	No	No
00378047705	DIAZEPAM 10 MG TABLET	12	90.00	0.08	0.02895	101%-200% Above	No	No
00378064210	PREDNISONE 20 MG TABLET	1	8.00	0.16	0.07398	101%-200% Above	Yes	No
00378064210	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	101%-200% Above	Yes	No
00378107893	TELMISARTAN-AMLODIPINE 80-10	3	30.00	1.81	2.87763	26%-50% Below	No	No
00378113401	KETOROLAC 10 MG TABLET	1	10.00	0.70	0.14752	200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	2	12.00	0.30	0.13480	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 107

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	20.00	0.30	0.13480	101%-200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	3	9.00	0.30	0.12442	101%-200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	3	20.00	0.30	0.12442	101%-200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	12	8.00	0.70	0.14705	200% Above	No	No
00378113401	KETOROLAC 10 MG TABLET	12	10.00	0.70	0.14705	200% Above	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	1	180.00	1.62	0.42803	200% Above	No	No
00378137578	MESALAMINE ER 0.375 GRAM CAP	2	180.00	0.70	0.41963	51%-75% Above	No	No
00378172393	AMLODIPINE-VALSARTAN 5-320 MG	3	45.00	0.27	0.53835	26%-50% Below	No	No
00378172393	AMLODIPINE-VALSARTAN 5-320 MG	12	45.00	0.27	0.53289	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	1	30.00	0.56	0.63580	10%-25% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	2	10.00	0.33	0.64493	26%-50% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	3	30.00	0.32	0.65669	51%-75% Below	No	No
00378172493	AMLODIPINE-VALSARTAN 10-320 MG	3	90.00	0.32	0.65669	51%-75% Below	No	No
00378180577	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.31	0.04697	200% Above	No	No
00378210001	LOPERAMIDE 2 MG CAPSULE	3	60.00	0.33	0.05256	200% Above	No	No
00378292277	TELMISARTAN 80 MG TABLET	2	30.00	0.23	0.15200	51%-75% Above	No	No
00378292277	TELMISARTAN 80 MG TABLET	3	30.00	0.23	0.15421	26%-50% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	1	30.00	0.23	0.08485	101%-200% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	2	30.00	0.23	0.08220	101%-200% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	3	30.00	0.23	0.08283	101%-200% Above	No	No
00378306577	FENOFIBRATE 48 MG TABLET	12	30.00	0.23	0.08521	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	1	30.00	0.60	0.11906	200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	1	30.00	2.04	0.11906	200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	2	30.00	0.27	0.11783	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	2	30.00	2.05	0.11783	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 108

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378306605	FENOFIBRATE 145 MG TABLET	2	90.00	0.27	0.11783	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	3	30.00	0.27	0.11758	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	3	30.00	2.05	0.11758	200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	3	90.00	0.27	0.11758	101%-200% Above	No	No
00378306605	FENOFIBRATE 145 MG TABLET	12	90.00	0.27	0.11723	101%-200% Above	No	No
00378323177	CANDESARTAN CILEXETIL 16 MG TB	1	90.00	0.35	0.48882	26%-50% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	1	3.00	28.26	36.28924	10%-25% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	1	9.00	17.30	36.28924	51%-75% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	2	3.00	3.39	36.45514	76%-100% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	3	3.00	3.39	36.81946	76%-100% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	4	9.00	17.42	37.29725	51%-75% Below	No	No
00378334053	XULANE 150-35 MCG/DAY PATCH	12	3.00	15.89	36.12041	51%-75% Below	Yes	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	1	4.00	9.73	12.50090	10%-25% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	1	12.00	3.13	12.50090	51%-75% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	1	12.00	4.40	12.50090	51%-75% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	1	12.00	6.15	12.50090	26%-50% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	3	4.00	6.20	11.27425	26%-50% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	3	4.00	9.73	11.27425	10%-25% Below	No	No
00378335099	ESTRADIOL 0.05 MG PATCH (1/WK)	12	4.00	7.45	12.49155	26%-50% Below	No	No
00378335199	ESTRADIOL 0.075 MG PATCH(1/WK)	1	4.00	1.59	14.61082	76%-100% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	1	4.00	10.65	12.05726	10%-25% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	2	4.00	6.52	11.80291	26%-50% Below	No	No
00378335299	ESTRADIOL 0.1 MG PATCH (1/WK)	3	4.00	6.51	11.88853	26%-50% Below	No	No
00378336099	ESTRADIOL 0.0375 MG PATCH(1/WK)	12	4.00	6.39	11.00777	26%-50% Below	No	No
00378363501	CETIRIZINE HCL 5 MG TABLET	3	30.00	0.03	0.04881	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 109

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378363705	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.05	0.06636	10%-25% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06232	10%-25% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.05	0.06109	10%-25% Below	No	No
00378363705	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.05	0.07146	26%-50% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	30.00	0.18	0.02577	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	30.00	0.41	0.02577	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02543	51%-75% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	30.00	0.18	0.02543	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	30.00	0.18	0.02524	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	51%-75% Below	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	90.00	0.10	0.02524	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	4	30.00	0.18	0.02483	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	12	30.00	0.18	0.02546	200% Above	No	No
00378395005	ATORVASTATIN 10 MG TABLET	12	90.00	0.10	0.02546	200% Above	No	No
00378395077	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	30.00	0.01	0.03048	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	30.00	0.27	0.03048	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	30.00	0.60	0.03048	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.02955	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 110

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378395105	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.02927	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	30.00	0.01	0.03072	51%-75% Below	No	No
00378395105	ATORVASTATIN 20 MG TABLET	12	30.00	0.27	0.03072	200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No
00378395177	ATORVASTATIN 20 MG TABLET	12	90.00	0.27	0.03072	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	30.00	0.12	0.04141	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	30.00	0.26	0.04141	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	45.00	0.12	0.04031	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	90.00	0.13	0.04031	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	2	90.00	0.16	0.04031	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	3	90.00	0.13	0.03932	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
00378395205	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 111

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.15	0.04222	200% Above	No	No
00378395277	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	1	30.00	0.13	0.07209	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	1	90.00	0.28	0.07209	200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	2	30.00	0.13	0.07199	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	2	90.00	0.15	0.07199	101%-200% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	3	30.00	0.13	0.07148	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	3	90.00	0.13	0.07148	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	4	30.00	0.13	0.07075	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	4	90.00	0.02	0.07075	51%-75% Below	No	No
00378395305	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	12	30.00	0.13	0.07261	51%-75% Above	No	No
00378395305	ATORVASTATIN 80 MG TABLET	12	90.00	0.13	0.07261	51%-75% Above	No	No
00378395377	ATORVASTATIN 80 MG TABLET	1	30.00	0.02	0.07209	51%-75% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	2	30.00	0.02	0.07199	51%-75% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	3	30.00	0.02	0.07148	51%-75% Below	No	No
00378395377	ATORVASTATIN 80 MG TABLET	12	30.00	0.03	0.07261	51%-75% Below	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.33	0.23221	26%-50% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.36	0.23221	51%-75% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.33	0.22707	26%-50% Above	No	No
00378427577	VALACYCLOVIR HCL 500 MG TABLET	12	7.00	0.62	0.23387	101%-200% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.52	0.40668	26%-50% Above	No	No
00378427677	VALACYCLOVIR HCL 1 GRAM TABLET	3	5.00	0.93	0.40550	101%-200% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	0.52	0.41238	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 112

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1.15	0.41238	101%-200% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	0.52	0.40550	26%-50% Above	No	No
00378427693	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	0.52	0.41606	10%-25% Above	No	No
00378428785	ELETRIPTAN HBR 20 MG TABLET	1	18.00	0.56	2.20433	51%-75% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	1	60.00	0.06	0.08995	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	2	60.00	0.06	0.09041	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	3	60.00	0.06	0.08723	26%-50% Below	No	No
00378456105	POTASSIUM CL ER 10 MEQ TABLET	12	60.00	0.06	0.09425	26%-50% Below	No	No
00378461926	ESTRADIOL 0.025 MG PATCH(2/WK)	1	8.00	5.97	6.65523	10%-25% Below	Yes	No
00378461926	ESTRADIOL 0.025 MG PATCH(2/WK)	2	8.00	4.46	6.55076	26%-50% Below	Yes	No
00378461926	ESTRADIOL 0.025 MG PATCH(2/WK)	2	24.00	3.15	6.55076	51%-75% Below	Yes	No
00378461926	ESTRADIOL 0.025 MG PATCH(2/WK)	3	8.00	5.97	6.76489	10%-25% Below	Yes	No
00378461926	ESTRADIOL 0.025 MG PATCH(2/WK)	4	24.00	3.15	7.04050	51%-75% Below	Yes	No
00378461926	ESTRADIOL 0.025 MG PATCH(2/WK)	12	24.00	3.28	6.41632	26%-50% Below	Yes	No
00378462026	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	24.00	3.55	6.96625	26%-50% Below	Yes	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	2.86	7.25512	51%-75% Below	Yes	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	3.14	7.25512	51%-75% Below	Yes	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	2.86	7.27563	51%-75% Below	Yes	No
00378462126	ESTRADIOL 0.05 MG PATCH (2/WK)	12	16.00	2.89	7.24742	51%-75% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	6.15	7.07864	10%-25% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	3	24.00	3.16	6.96261	51%-75% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	3	24.00	3.55	6.96261	26%-50% Below	Yes	No
00378462226	ESTRADIOL 0.075 MG PATCH(2/WK)	12	24.00	3.16	7.11045	51%-75% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	3.48	6.87035	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	4.98	6.87035	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 113

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	1	24.00	4.98	6.87035	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	2	8.00	3.13	6.78954	51%-75% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	2	8.00	3.83	6.78954	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	3.44	6.77538	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	3	24.00	3.46	6.77538	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	4	8.00	3.46	6.86102	26%-50% Below	Yes	No
00378462326	ESTRADIOL 0.1 MG PATCH (2/WK)	12	8.00	3.48	6.86596	26%-50% Below	Yes	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	2.15	6.87035	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	3.83	6.87035	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	8.00	4.98	6.87035	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	16.00	3.83	6.87035	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	16.00	4.98	6.87035	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	1	24.00	3.83	6.87035	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	8.00	3.44	6.78954	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	8.00	3.83	6.78954	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	16.00	3.44	6.78954	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	16.00	3.64	6.78954	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	16.00	3.83	6.78954	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	24.00	3.44	6.78954	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	2	24.00	3.83	6.78954	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	3.44	6.77538	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	3.45	6.77538	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	3.46	6.77538	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	16.00	3.44	6.77538	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	3	16.00	3.64	6.77538	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	4	8.00	3.46	6.86102	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	10	8.00	2.24	6.84954	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	11	8.00	2.24	6.77686	51%-75% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	12	8.00	3.83	6.86596	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	12	8.00	4.98	6.86596	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	12	16.00	4.64	6.86596	26%-50% Below	No	No
00378464026	ESTRADIOL 0.1 MG PATCH (2/WK)	12	24.00	4.98	6.86596	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	1	8.00	1.25	7.23626	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	1	8.00	3.53	7.23626	51%-75% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	1.25	7.07864	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	3.54	7.07864	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	3.55	7.07864	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	3	8.00	1.25	6.96261	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	3	8.00	3.55	6.96261	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	3	8.00	3.55	6.96261	26%-50% Below	Yes	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	3	8.00	3.57	6.96261	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	3	24.00	1.56	6.96261	76%-100% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	3	24.00	4.88	6.96261	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	10	8.00	3.48	6.85601	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	11	8.00	3.48	7.07357	26%-50% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	12	8.00	1.96	7.11045	51%-75% Below	No	No
00378464126	ESTRADIOL 0.075 MG PATCH(2/WK)	12	8.00	3.48	7.11045	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	0.64	7.14823	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	1.88	7.14823	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	2.86	7.14823	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 115

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	3.14	7.14823	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	5.97	7.14823	10%-25% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	24.00	0.83	7.14823	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	24.00	2.20	7.14823	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	1	24.00	5.86	7.14823	10%-25% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	0.63	7.25512	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	3.14	7.25512	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	3.16	7.25512	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	4.77	7.25512	26%-50% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	1.56	7.25512	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	1.88	7.25512	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	2.20	7.25512	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	3.14	7.25512	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	3.14	7.25512	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	0.63	7.27563	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	1.88	7.27563	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	2.86	7.27563	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	3.16	7.27563	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	3.26	7.27563	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	0.83	7.27563	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	3.16	7.27563	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	3.16	7.27563	51%-75% Below	Yes	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	3.26	7.33071	51%-75% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	12	8.00	0.63	7.24742	76%-100% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	12	8.00	3.17	7.24742	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 116

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	12	8.00	5.10	7.24742	26%-50% Below	No	No
00378464226	ESTRADIOL 0.05 MG PATCH (2/WK)	12	16.00	5.10	7.24742	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	8.00	3.54	6.70185	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	8.00	4.47	6.70185	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	2	8.00	3.54	6.64493	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	2	24.00	1.88	6.64493	51%-75% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	8.00	3.55	6.63983	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	8.00	4.56	6.63983	26%-50% Below	Yes	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	8.00	3.55	6.96625	26%-50% Below	No	No
00378464326	ESTRADIOL 0.0375 MG PATCH(2/WK)	12	8.00	4.47	6.93261	26%-50% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	1	8.00	4.57	6.65523	26%-50% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	1	24.00	4.57	6.65523	26%-50% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	2	8.00	4.46	6.55076	26%-50% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	2	16.00	4.46	6.55076	26%-50% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	3	8.00	3.55	6.76489	26%-50% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	3	24.00	3.55	6.76489	26%-50% Below	No	No
00378464426	ESTRADIOL 0.025 MG PATCH(2/WK)	4	8.00	3.55	7.04050	26%-50% Below	No	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	1	30.00	2.57	2.14940	10%-25% Above	Yes	No
00378470693	SAXAGLIPTIN HCL 5 MG TABLET	1	90.00	0.93	2.14940	51%-75% Below	Yes	No
00378479106	FLUOROURACIL 5% CREAM	12	40.00	0.41	0.61720	26%-50% Below	No	No
00378524685	ALMOTRIPTAN MALATE 12.5 MG TAB	3	12.00	9.10	17.40623	26%-50% Below	No	No
00378581477	VALSARTAN 160 MG TABLET	3	90.00	0.28	0.13856	101%-200% Above	No	No
00378581477	VALSARTAN 160 MG TABLET	12	90.00	0.28	0.13926	76%-100% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.04	0.02522	26%-50% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.07	0.02246	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 117

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378623101	CITALOPRAM HBR 10 MG TABLET	2	90.00	0.12	0.02512	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.04	0.02581	26%-50% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.06	0.02440	101%-200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	4	30.00	0.25	0.02462	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	5	30.00	0.15	0.02441	200% Above	No	No
00378623101	CITALOPRAM HBR 10 MG TABLET	12	30.00	0.05	0.02243	101%-200% Above	No	No
00378632001	VERAPAMIL ER 120 MG CAPSULE	1	90.00	0.69	1.68844	51%-75% Below	Yes	No
00378632001	VERAPAMIL ER 120 MG CAPSULE	12	30.00	0.52	1.58449	51%-75% Below	Yes	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	1	30.00	0.36	0.13761	101%-200% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	1	90.00	0.44	0.13761	200% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	2	90.00	0.16	0.13595	10%-25% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	4	90.00	0.16	0.13843	10%-25% Above	No	No
00378632177	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	4	90.00	0.36	0.13843	101%-200% Above	No	No
00378632277	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	12	30.00	0.31	0.14078	101%-200% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	30.00	0.18	0.15392	10%-25% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	2	30.00	0.18	0.14481	26%-50% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	2	90.00	0.18	0.14481	26%-50% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	3	30.00	0.18	0.13884	26%-50% Above	No	No
00378632377	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	12	30.00	0.18	0.15878	10%-25% Above	No	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	2	90.00	0.15	0.21279	26%-50% Below	Yes	No
00378632477	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	3	90.00	0.15	0.20746	26%-50% Below	Yes	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	1	30.00	0.32	0.21624	26%-50% Above	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	2	30.00	0.14	0.21967	26%-50% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	2	90.00	0.14	0.21967	26%-50% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	30.00	0.14	0.22201	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 118

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	0.14	0.22201	26%-50% Below	No	No
00378632577	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	4	30.00	0.14	0.21957	26%-50% Below	No	No
00378638001	VERAPAMIL ER 180 MG CAPSULE	2	180.00	0.63	2.29606	51%-75% Below	Yes	No
00378644001	VERAPAMIL ER 240 MG CAPSULE	1	90.00	0.87	2.22765	51%-75% Below	Yes	No
00378655053	LEVONOR-ETH ESTRAD 0.15-0.03	2	28.00	0.06	0.11168	26%-50% Below	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.09	0.04593	76%-100% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.10	0.04593	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.10	0.04593	101%-200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.29	0.04593	200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.07	0.04593	51%-75% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.08	0.04593	51%-75% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.09	0.04593	76%-100% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.13	0.04593	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.29	0.04593	200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.09	0.04496	101%-200% Above	Yes	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.10	0.04496	101%-200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.13	0.04496	101%-200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	6	30.00	0.16	0.04791	200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	7	15.00	0.16	0.04752	200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	9	30.00	0.13	0.04678	101%-200% Above	No	No
00378668877	PANTOPRAZOLE SOD DR 20 MG TAB	12	30.00	0.70	0.04659	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03603	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 119

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.25	0.03603	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	56.00	0.11	0.03603	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.25	0.03603	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.08	0.03603	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03603	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03603	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03603	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03603	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03603	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.25	0.03603	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	180.00	0.07	0.03603	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	1	180.00	0.10	0.03603	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	14.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.08	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	28.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 120

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	47.00	0.09	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.09	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	3	180.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.10	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	4	180.00	0.10	0.03540	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	0.10	0.03707	101%-200% Above	No	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	10.00	0.12	0.03598	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.02	0.03598	26%-50% Below	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.10	0.03598	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.03598	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	35.00	0.10	0.03598	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	60.00	0.11	0.03598	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.09	0.03598	101%-200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.10	0.03598	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 121

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.11	0.03598	200% Above	Yes	No
00378668910	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.25	0.03598	200% Above	Yes	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.25	0.03603	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.08	0.03603	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03603	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03603	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03603	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03603	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.11	0.03549	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03549	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.11	0.03540	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03540	101%-200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	4	180.00	0.11	0.03540	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.03598	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.70	0.03598	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.02	0.03598	26%-50% Below	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.25	0.03598	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 122

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.70	0.03598	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	180.00	0.11	0.03598	200% Above	No	No
00378668977	PANTOPRAZOLE SOD DR 40 MG TAB	12	180.00	0.70	0.03598	200% Above	No	No
00378685477	LISDEXAMFETAMINE 10 MG CAPSULE	2	30.00	1.89	3.22554	26%-50% Below	No	No
00378685577	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	4.81	3.17460	51%-75% Above	No	No
00378685577	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	3.04	2.64750	10%-25% Above	No	No
00378685577	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	4.81	2.64750	76%-100% Above	No	No
00378685677	LISDEXAMFETAMINE 30 MG CAPSULE	12	15.00	1.88	3.36979	26%-50% Below	No	No
00378685777	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.67	3.09944	76%-100% Below	No	No
00378698501	SOD CHLORIDE NEB 0.9% 3ML	3	300.00	0.08	.		Yes	No
00378698501	SOD CHLORIDE NEB 0.9% 3ML	12	300.00	0.11	.		Yes	No
00378698601	SOD CHLORIDE NEB 0.9% 5ML	2	90.00	0.08	.		No	No
00378699789	SOD CHLORIDE NEB 3%15ML	4	240.00	0.03	.		Yes	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	2	75.00	0.10	0.19840	26%-50% Below	Yes	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	2	75.00	0.11	0.19840	26%-50% Below	Yes	No
00378705752	ALBUTEROL SUL 0.63 MG/3 ML SOL	12	75.00	0.10	0.20859	51%-75% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	1	75.00	0.14	0.19236	10%-25% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	1	150.00	0.11	0.19236	26%-50% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	2	150.00	0.11	0.19071	26%-50% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	3	75.00	0.10	0.19929	26%-50% Below	No	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	3	75.00	0.11	0.18971	26%-50% Below	Yes	No
00378705852	ALBUTEROL SUL 1.25 MG/3 ML SOL	12	75.00	0.11	0.19446	26%-50% Below	Yes	No
00378718505	METFORMIN HCL 500 MG TABLET	1	15.00	0.06	0.01401	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	1	30.00	0.13	0.01401	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	3	30.00	0.06	0.01404	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 123

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378718505	METFORMIN HCL 500 MG TABLET	3	60.00	0.06	0.01404	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	4	60.00	0.06	0.01394	200% Above	No	No
00378718505	METFORMIN HCL 500 MG TABLET	12	15.00	0.06	0.01415	200% Above	No	No
00378718605	METFORMIN HCL 850 MG TABLET	1	270.00	0.12	0.02385	200% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	3	45.00	0.05	0.02458	101%-200% Above	No	No
00378718705	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.05	0.02487	101%-200% Above	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	1	10.30	1.88	20.53104	76%-100% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	1	10.30	8.53	20.53104	51%-75% Below	Yes	No
00378750232	BREYNA 80-4.5 MCG INHALER	1	10.30	9.61	20.53104	51%-75% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	1	10.30	11.37	20.53104	26%-50% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	1	30.90	9.61	20.53104	51%-75% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	2	10.30	1.88	20.22261	76%-100% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	2	10.30	4.37	20.22261	76%-100% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	3	30.90	1.88	19.94959	76%-100% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	3	30.90	9.64	19.94959	51%-75% Below	Yes	No
00378750232	BREYNA 80-4.5 MCG INHALER	4	10.30	9.81	20.18303	51%-75% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	12	10.30	8.53	20.59998	51%-75% Below	Yes	No
00378750232	BREYNA 80-4.5 MCG INHALER	12	10.30	9.39	20.59998	51%-75% Below	No	No
00378750232	BREYNA 80-4.5 MCG INHALER	12	10.30	12.36	20.59998	26%-50% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	1	10.30	2.14	23.58285	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	1	10.30	10.88	23.58285	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	1	10.30	13.27	23.58285	26%-50% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	1	30.90	13.27	23.58285	26%-50% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	2	10.30	2.14	23.51198	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	2	10.30	9.60	23.51198	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 124

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	2.11	23.15862	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	2.14	23.15862	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	9.60	23.15862	51%-75% Below	Yes	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	10.30	11.13	23.15862	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	3	30.90	11.13	23.15862	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	4	10.30	11.13	22.97897	51%-75% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	12	10.30	1.46	23.18055	76%-100% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	12	10.30	13.27	23.18055	26%-50% Below	No	No
00378750332	BREYNA 160-4.5 MCG INHALER	12	20.60	13.27	23.18055	26%-50% Below	No	No
00378797052	IPRATROPIUM BR 0.02% SOLN	3	62.50	0.07	0.09912	26%-50% Below	Yes	No
00378797093	IPRATROPIUM BR 0.02% SOLN	1	75.00	0.12	0.10447	10%-25% Above	No	No
00378801593	LANSOPRAZOLE DR 15 MG CAPSULE	2	30.00	0.37	0.16018	101%-200% Above	No	No
00378803093	LANSOPRAZOLE DR 30 MG CAPSULE	4	90.00	0.13	0.10802	10%-25% Above	No	No
00378808220	TRETINOIN 0.025% CREAM	1	20.00	1.65	0.98490	51%-75% Above	No	No
00378808245	TRETINOIN 0.025% CREAM	3	45.00	0.71	0.79702	10%-25% Below	No	No
00378808320	TRETINOIN 0.05% CREAM	2	20.00	0.75	1.58253	51%-75% Below	No	No
00378827052	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	26%-50% Below	Yes	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	180.00	0.03	0.06359	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	360.00	0.03	0.06359	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	0.03	0.06279	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.06347	26%-50% Below	No	No
00378827091	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.04	0.06441	26%-50% Below	No	No
00378876593	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	3	45.00	0.16	1.29416	76%-100% Below	No	No
00378876593	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	4	45.00	0.16	1.31386	76%-100% Below	No	No
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	14.00	1.67	2.06157	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 125

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00378876793	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	45.00	1.67	2.06752	10%-25% Below	No	No
00378877035	ESTRADIOL 0.01% CREAM	1	42.50	0.47	0.41977	10%-25% Above	Yes	No
00378877035	ESTRADIOL 0.01% CREAM	4	42.50	0.20	0.40019	26%-50% Below	Yes	No
00378910293	NITROGLYCERIN 0.1 MG/HR PATCH	3	30.00	0.26	0.47059	26%-50% Below	No	No
00378912398	FENTANYL 75 MCG/HR PATCH	1	10.00	6.91	13.63909	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	1	1.00	0.64	1.15428	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	1	60.00	0.64	1.15428	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	2	1.00	0.64	1.13144	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	2	60.00	0.17	1.13144	76%-100% Below	No	No
00378932032	WIXELA 100-50 INHUB	2	60.00	0.57	1.13144	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	2	60.00	0.64	1.13144	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	2	120.00	0.64	1.13144	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	3	60.00	0.64	1.12482	26%-50% Below	No	No
00378932032	WIXELA 100-50 INHUB	3	60.00	0.64	1.12482	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	3	180.00	0.35	1.12482	51%-75% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	4	60.00	0.08	1.12464	76%-100% Below	No	No
00378932032	WIXELA 100-50 INHUB	4	60.00	0.64	1.12464	26%-50% Below	Yes	No
00378932032	WIXELA 100-50 INHUB	12	60.00	0.25	1.16467	76%-100% Below	No	No
00378932032	WIXELA 100-50 INHUB	12	60.00	0.57	1.16467	51%-75% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.15	1.35123	76%-100% Below	No	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.68	1.35123	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.75	1.35123	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.75	1.35123	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.98	1.35123	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	1	60.00	0.98	1.35123	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 126

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.42	1.35123	51%-75% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	1	180.00	0.68	1.35123	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	2	60.00	0.68	1.32696	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	2	60.00	0.75	1.32696	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	2	60.00	0.75	1.32696	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	2	180.00	0.75	1.32696	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	3	60.00	0.66	1.32827	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	3	60.00	0.73	1.32827	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	3	60.00	0.75	1.32827	26%-50% Below	No	No
00378932132	WIXELA 250-50 INHUB	3	60.00	0.75	1.32827	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	4	60.00	0.83	1.33132	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	12	60.00	0.68	1.36459	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	12	60.00	0.77	1.36459	26%-50% Below	Yes	No
00378932132	WIXELA 250-50 INHUB	12	60.00	1.04	1.36459	10%-25% Below	No	No
00378932232	WIXELA 500-50 INHUB	1	60.00	0.98	1.73254	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	2	60.00	0.87	1.70511	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	2	60.00	0.98	1.70511	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	3	60.00	0.87	1.67560	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	3	60.00	0.98	1.67560	26%-50% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	3	180.00	0.22	1.67560	76%-100% Below	No	No
00378932232	WIXELA 500-50 INHUB	12	60.00	0.87	1.78338	51%-75% Below	Yes	No
00378932232	WIXELA 500-50 INHUB	12	60.00	1.01	1.78338	26%-50% Below	Yes	No
00378967130	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.04	0.08867	26%-50% Below	Yes	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	5.00	0.15	0.12931	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.15	0.12931	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 127

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.35	0.12931	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.15	0.12931	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.35	0.12931	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.19	0.12931	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.35	0.12931	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	18.00	0.35	0.12931	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.15	0.12931	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	21.00	0.35	0.12931	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	28.00	0.15	0.12931	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	120.00	0.35	0.12931	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	5.00	0.26	0.12860	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	7.00	0.15	0.12860	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.15	0.12860	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.18	0.12860	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	15.00	0.15	0.12860	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	16.00	0.15	0.12860	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.15	0.12860	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.17	0.12860	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	24.00	0.15	0.12860	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	0.15	0.12860	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.15	0.12893	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	9.00	0.15	0.12893	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.15	0.12893	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.15	0.12893	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.15	0.12893	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 128

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	15.00	0.21	0.12893	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	18.00	0.01	0.12893	76%-100% Below	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.15	0.12893	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	21.00	0.15	0.12893	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	25.00	0.15	0.12893	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	28.00	0.15	0.12893	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.15	0.12756	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	14.00	0.19	0.12756	51%-75% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	0.15	0.12756	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	16.00	0.18	0.12756	26%-50% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.15	0.12756	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.35	0.12981	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.24	0.12981	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.35	0.12981	101%-200% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	14.00	0.16	0.12981	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.00	0.16	0.12981	10%-25% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	60.00	0.24	0.12981	76%-100% Above	No	No
00406012301	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	60.00	0.35	0.12981	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	8.00	0.15	0.12931	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.22	0.12931	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.35	0.12931	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.35	0.12931	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	16.00	0.15	0.12931	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	16.00	0.35	0.12931	101%-200% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	84.00	0.17	0.12931	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 129

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12.00	0.15	0.12860	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.19	0.12860	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	15.00	0.15	0.12860	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	15.00	0.19	0.12860	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.15	0.12860	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.19	0.12860	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.20	0.12860	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	84.00	0.17	0.12860	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.19	0.12893	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	8.00	0.22	0.12756	51%-75% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.15	0.12756	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	15.00	0.15	0.12756	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	84.00	0.17	0.12756	26%-50% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	8.00	0.16	0.12981	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.16	0.12981	10%-25% Above	No	No
00406012305	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	84.00	0.09	0.12981	26%-50% Below	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	18.00	0.15	0.12931	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	90.00	0.15	0.12931	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.20	0.12860	51%-75% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	18.00	0.15	0.12860	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	24.00	0.15	0.12860	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	24.00	0.18	0.12860	26%-50% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	90.00	0.15	0.12860	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.15	0.12893	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.15	0.12893	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 130

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	90.00	0.15	0.12893	10%-25% Above	No	No
00406012310	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	90.00	0.16	0.12981	10%-25% Above	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	18.00	0.11	0.14240	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	28.00	0.11	0.14240	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	28.00	0.07	0.13969	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	30.00	0.11	0.13969	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	75.00	0.11	0.13969	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	20.00	0.08	0.13787	26%-50% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	56.00	0.11	0.13787	10%-25% Below	No	No
00406012401	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	16.00	0.27	0.14231	76%-100% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	9.00	0.11	0.14240	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	12.00	0.26	0.14240	76%-100% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	15.00	0.09	0.14240	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	18.00	0.26	0.14240	76%-100% Above	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	7.00	0.11	0.13969	10%-25% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	20.00	0.08	0.13787	26%-50% Below	No	No
00406012405	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	16.00	0.09	0.14231	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.11	0.14240	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	60.00	0.26	0.14240	76%-100% Above	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	75.00	0.11	0.14240	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	90.00	0.26	0.14240	76%-100% Above	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	112.00	0.06	0.14240	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	120.00	0.07	0.14240	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	60.00	0.11	0.13860	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	75.00	0.11	0.13860	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 131

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.11	0.13860	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	112.00	0.06	0.13860	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.07	0.13860	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.11	0.13860	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	10.00	0.09	0.13969	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.11	0.13969	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	60.00	0.11	0.13969	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	90.00	0.11	0.13969	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	112.00	0.06	0.13969	51%-75% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	0.07	0.13969	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	4.00	0.12	0.13787	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	60.00	0.11	0.13787	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	90.00	0.11	0.13787	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.00	0.10	0.14231	26%-50% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.00	0.12	0.14231	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	75.00	0.12	0.14231	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	90.00	0.12	0.14231	10%-25% Below	No	No
00406012410	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	112.00	0.07	0.14231	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	60.00	0.07	0.16072	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	75.00	0.19	0.16072	10%-25% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.08	0.16072	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.19	0.16072	10%-25% Above	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.08	0.16072	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	14.00	0.10	0.15609	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	28.00	0.08	0.15609	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 132

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	60.00	0.07	0.15609	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.08	0.15609	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	75.00	0.08	0.15609	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.08	0.15609	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.08	0.15609	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.07	0.15566	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.08	0.15566	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.08	0.15566	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.08	0.15566	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	75.00	0.07	0.15256	51%-75% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	90.00	0.09	0.15907	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.09	0.15907	26%-50% Below	No	No
00406012501	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.19	0.15907	10%-25% Above	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	20.00	0.08	0.16072	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	40.00	0.08	0.16072	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	60.00	0.07	0.16072	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	60.00	0.19	0.16072	10%-25% Above	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	84.00	0.19	0.16072	10%-25% Above	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.07	0.16072	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.07	0.16072	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.19	0.16072	10%-25% Above	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	112.00	0.07	0.16072	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	112.00	0.08	0.16072	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.06	0.16072	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.07	0.16072	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 133

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	120.00	0.08	0.16072	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	40.00	0.08	0.15609	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	48.00	0.08	0.15609	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	50.00	0.08	0.15609	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.07	0.15609	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.08	0.15609	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	84.00	0.08	0.15609	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.07	0.15609	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.08	0.15609	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	105.00	0.08	0.15609	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	112.00	0.07	0.15609	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.06	0.15609	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.07	0.15609	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.08	0.15609	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	12.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	14.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	30.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	40.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.07	0.15566	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	75.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	84.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.07	0.15566	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	105.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	112.00	0.08	0.15566	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 134

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	120.00	0.06	0.15566	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.07	0.15566	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.08	0.15566	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	60.00	0.08	0.15256	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	84.00	0.08	0.15256	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	90.00	0.07	0.15256	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	110.00	0.08	0.15256	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.06	0.15256	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	120.00	0.08	0.15256	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	40.00	0.09	0.15907	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	60.00	0.07	0.15907	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	84.00	0.09	0.15907	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	90.00	0.08	0.15907	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	112.00	0.07	0.15907	51%-75% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	112.00	0.09	0.15907	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.08	0.15907	26%-50% Below	No	No
00406012505	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.09	0.15907	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	56.00	0.19	0.16072	10%-25% Above	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.08	0.16072	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.19	0.16072	10%-25% Above	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.08	0.16072	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.19	0.16072	10%-25% Above	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	180.00	0.19	0.16072	10%-25% Above	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	12.00	0.11	0.15609	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	21.00	0.08	0.15609	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 135

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	56.00	0.08	0.15609	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.08	0.15609	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.08	0.15609	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	180.00	0.08	0.15609	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	20.00	0.08	0.15566	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	56.00	0.08	0.15566	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.06	0.15566	51%-75% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.08	0.15566	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.08	0.15566	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	180.00	0.08	0.15566	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	30.00	0.08	0.15256	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	56.00	0.08	0.15256	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	24.00	0.09	0.15907	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	56.00	0.09	0.15907	26%-50% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	90.00	0.00	0.15907	76%-100% Below	No	No
00406012510	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.09	0.15907	26%-50% Below	No	No
00406048301	ACETAMINOPHEN-COD #2 TABLET	1	12.00	0.12	0.25374	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	1	10.00	0.11	0.23381	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	1	14.00	0.12	0.23381	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	1	30.00	0.11	0.23381	51%-75% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.13	0.21773	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	8.00	0.11	0.21243	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	10.00	0.14	0.21243	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	12.00	0.11	0.21243	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	3	16.00	0.11	0.21243	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 136

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	26.00	0.11	0.21243	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.11	0.20903	26%-50% Below	No	No
00406048401	ACETAMINOPHEN-COD #3 TABLET	12	10.00	0.11	0.24887	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	1	10.00	0.14	0.23381	26%-50% Below	Yes	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.11	0.23381	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	1	120.00	0.11	0.23381	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	36.00	0.11	0.21773	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	2	120.00	0.11	0.21773	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	3	20.00	0.11	0.21243	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	3	28.00	0.11	0.21243	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	3	120.00	0.11	0.21243	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	4	8.00	0.11	0.20903	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	9	10.00	0.11	0.27483	51%-75% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	12	10.00	0.14	0.23491	26%-50% Below	No	No
00406048410	ACETAMINOPHEN-COD #3 TABLET	12	20.00	0.14	0.23491	26%-50% Below	No	No
00406048505	ACETAMINOPHEN-COD #4 TABLET	2	28.00	0.20	0.42856	51%-75% Below	No	No
00406048505	ACETAMINOPHEN-COD #4 TABLET	3	12.00	0.15	0.40780	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	5.00	0.40	0.11869	200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	14.00	0.08	0.11973	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	15.00	0.09	0.11973	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	6.00	0.17	0.12005	26%-50% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	10.00	0.17	0.12005	26%-50% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	18.00	0.17	0.12005	26%-50% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.08	0.12005	26%-50% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.17	0.12005	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 137

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	48.00	0.05	0.12005	51%-75% Below	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	10.00	0.40	0.11786	200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	28.00	0.48	0.11786	200% Above	No	No
00406051201	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	90.00	0.48	0.11786	200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	20.00	0.07	0.11869	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	60.00	0.17	0.11869	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.04	0.11973	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	12.00	0.08	0.11973	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	14.00	0.09	0.11973	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.17	0.11973	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	24.00	0.06	0.11973	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	30.00	0.06	0.11973	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	30.00	0.17	0.11973	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	40.00	0.17	0.11973	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	120.00	0.04	0.11973	51%-75% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	120.00	0.17	0.11973	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	7.00	0.17	0.12005	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	8.00	0.10	0.12005	10%-25% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	10.00	0.09	0.12005	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	12.00	0.17	0.12005	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	14.00	0.17	0.12005	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	18.00	0.01	0.12005	76%-100% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	24.00	0.06	0.12005	26%-50% Below	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	28.00	0.17	0.12005	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	43.00	0.17	0.12005	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 138

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	120.00	0.17	0.12005	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	6.00	0.16	0.11777	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	28.00	0.17	0.11777	26%-50% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	12.00	0.14	0.11786	10%-25% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	12.00	0.40	0.11786	200% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	28.00	0.14	0.11786	10%-25% Above	No	No
00406051205	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	30.00	0.18	0.11786	51%-75% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	10.00	0.30	0.18290	51%-75% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	60.00	0.08	0.18290	51%-75% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	105.00	0.30	0.18290	51%-75% Above	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	10.00	0.13	0.18002	26%-50% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.13	0.17728	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	46.00	0.13	0.17728	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	10.00	0.13	0.17341	10%-25% Below	No	No
00406052201	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	60.00	0.52	0.18421	101%-200% Above	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	16.00	0.30	0.18290	51%-75% Above	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	12.00	0.11	0.18002	26%-50% Below	No	No
00406052205	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	28.00	0.08	0.17728	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	70.00	0.14	0.24154	26%-50% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	90.00	0.06	0.24154	76%-100% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	90.00	0.11	0.24154	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	112.00	0.21	0.24154	10%-25% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	15.00	0.11	0.24056	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	90.00	0.06	0.24056	76%-100% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	112.00	0.11	0.24056	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 139

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.06	0.23814	76%-100% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	90.00	0.11	0.23814	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	112.00	0.11	0.23814	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.11	0.23814	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	90.00	0.06	0.23315	76%-100% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	112.00	0.11	0.23315	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	0.11	0.23315	51%-75% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	12.00	0.21	0.24567	10%-25% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	70.00	0.52	0.24567	101%-200% Above	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	90.00	0.21	0.24567	10%-25% Below	No	No
00406052301	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	120.00	0.11	0.24567	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	90.00	0.06	0.24154	76%-100% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	120.00	0.04	0.24056	76%-100% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	40.00	0.09	0.23814	51%-75% Below	No	No
00406052305	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.08	0.23814	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	1	20.00	0.06	0.09038	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2	5.00	0.18	0.08871	101%-200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2	20.00	0.06	0.08871	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	2	80.00	0.04	0.08871	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	3.00	0.18	0.08770	101%-200% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	10.00	0.10	0.08770	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	12.00	0.08	0.08770	10%-25% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	20.00	0.10	0.08770	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	21.00	0.10	0.08770	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	30.00	0.10	0.08770	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 140

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.06	0.08770	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	80.00	0.04	0.08770	51%-75% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	3	120.00	0.10	0.08770	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	15.00	0.10	0.08756	10%-25% Above	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	20.00	0.06	0.08756	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	30.00	0.05	0.08756	26%-50% Below	No	No
00406055201	OXYCODONE HCL (IR) 5 MG TABLET	4	30.00	0.05	0.08756	26%-50% Below	No	No
00406080301	DEXTROAMPH-AMPHET ER 25 MG CAP	1	60.00	0.92	8.48676	76%-100% Below	No	No
00406080401	DEXTROAMPH-AMPHET ER 50 MG CAP	2	30.00	7.34	8.52317	10%-25% Below	No	No
00406080401	DEXTROAMPH-AMPHET ER 50 MG CAP	3	30.00	7.34	8.52548	10%-25% Below	No	No
00406080701	DEXTROAMPH-AMPHET ER 37.5 MG CP	1	30.00	7.34	8.54560	10%-25% Below	No	No
00406080701	DEXTROAMPH-AMPHET ER 37.5 MG CP	2	30.00	0.90	8.71551	76%-100% Below	No	No
00406114201	METHYLPHENIDATE 5 MG TABLET	1	60.00	0.25	0.14339	51%-75% Above	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.10	0.18194	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.10	0.17135	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	2	60.00	0.10	0.17135	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.10	0.16762	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	3	60.00	0.10	0.16762	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	4	30.00	0.10	0.16306	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	12	30.00	0.10	0.18807	26%-50% Below	No	No
00406114401	METHYLPHENIDATE 10 MG TABLET	12	60.00	0.08	0.18807	51%-75% Below	No	No
00406114601	METHYLPHENIDATE 20 MG TABLET	4	60.00	0.12	0.19617	26%-50% Below	No	No
00406117001	NALTREXONE 50 MG TABLET	1	30.00	0.63	1.25205	26%-50% Below	No	No
00406117001	NALTREXONE 50 MG TABLET	3	30.00	0.63	1.22473	26%-50% Below	No	No
00406117001	NALTREXONE 50 MG TABLET	4	30.00	0.63	1.20952	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 141

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406117003	NALTREXONE 50 MG TABLET	1	15.00	0.13	1.25205	76%-100% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	1	90.00	0.28	1.25205	76%-100% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	2	15.00	0.63	1.22924	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	3	15.00	0.63	1.22473	26%-50% Below	No	No
00406117003	NALTREXONE 50 MG TABLET	12	15.00	0.72	1.26432	26%-50% Below	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	2	180.00	0.14	0.15604	10%-25% Below	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	30.00	0.29	0.16600	76%-100% Above	No	No
00406123601	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	60.00	0.24	0.16600	26%-50% Above	No	No
00406144501	METHYLPHENIDATE ER 10 MG TAB	2	30.00	0.87	0.45433	76%-100% Above	No	No
00406181001	METHYLPHENIDATE ER(CD) 10 MG CP	1	30.00	0.51	1.19184	51%-75% Below	No	No
00406181001	METHYLPHENIDATE ER(CD) 10 MG CP	1	30.00	0.57	1.19184	51%-75% Below	Yes	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	1	30.00	0.79	1.48463	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	2	30.00	0.69	1.32977	26%-50% Below	Yes	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	2	30.00	0.79	1.32977	26%-50% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	3	30.00	0.67	1.38310	51%-75% Below	No	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	3	30.00	0.69	1.38310	26%-50% Below	Yes	No
00406182001	METHYLPHENIDATE ER(CD) 20 MG CP	3	30.00	0.79	1.38310	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	1	30.00	0.90	1.54948	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	2	30.00	0.90	1.47592	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	4	30.00	0.90	1.39551	26%-50% Below	No	No
00406184001	METHYLPHENIDATE ER(CD) 40 MG CP	12	30.00	0.94	1.60326	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	1	26.00	0.08	0.16270	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	2	15.00	0.10	0.16604	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	2	20.00	0.08	0.16604	26%-50% Below	No	No
00406324301	HYDROMORPHONE 2 MG TABLET	3	20.00	0.08	0.16646	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 142

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406324301	HYDROMORPHONE 2 MG TABLET	12	24.00	0.11	0.16333	26%-50% Below	No	No
00406324401	HYDROMORPHONE 4 MG TABLET	1	60.00	0.10	0.19319	26%-50% Below	No	No
00406324401	HYDROMORPHONE 4 MG TABLET	2	60.00	0.10	0.19447	26%-50% Below	No	No
00406324401	HYDROMORPHONE 4 MG TABLET	4	60.00	0.10	0.20873	51%-75% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	1	120.00	0.29	0.56127	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	2	90.00	0.29	0.56814	26%-50% Below	No	No
00406324901	HYDROMORPHONE 8 MG TABLET	4	90.00	0.30	0.56370	26%-50% Below	No	No
00406511101	LISDEXAMFETAMINE 10 MG CAPSULE	1	60.00	1.87	3.54353	26%-50% Below	No	No
00406511101	LISDEXAMFETAMINE 10 MG CAPSULE	2	60.00	1.87	3.22554	26%-50% Below	No	No
00406511101	LISDEXAMFETAMINE 10 MG CAPSULE	3	60.00	1.89	3.07541	26%-50% Below	No	No
00406511101	LISDEXAMFETAMINE 10 MG CAPSULE	12	60.00	1.79	3.40197	26%-50% Below	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	6.58	3.17460	101%-200% Above	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	6.58	2.83330	101%-200% Above	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	6.58	2.64750	101%-200% Above	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	6.58	2.55885	101%-200% Above	No	No
00406511201	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.00	6.46	3.28728	76%-100% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	6.58	3.18381	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	1	60.00	6.58	3.18381	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	6.58	2.98082	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	2	60.00	6.58	2.98082	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	6.58	2.95842	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	3	60.00	6.58	2.95842	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	4	60.00	6.58	3.04859	101%-200% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	6.58	3.36979	76%-100% Above	No	No
00406511301	LISDEXAMFETAMINE 30 MG CAPSULE	12	60.00	6.58	3.36979	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 143

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	6.58	3.21897	101%-200% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	9.27	3.21897	101%-200% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	6.58	3.09944	101%-200% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	2	90.00	6.58	3.09944	101%-200% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	6.58	3.06463	101%-200% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	3	90.00	6.58	3.06463	101%-200% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	2.84	3.18407	10%-25% Below	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	6.46	3.18407	101%-200% Above	No	No
00406511401	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	6.58	3.18407	101%-200% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	1.70	2.97592	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	1.79	2.97592	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	6.58	2.97592	101%-200% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	1.70	2.90963	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	6.58	2.90963	101%-200% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	1.70	2.82863	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	1.79	2.82863	26%-50% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	6.58	2.82863	101%-200% Above	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	2.63	3.10267	10%-25% Below	No	No
00406511501	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	6.46	3.10267	101%-200% Above	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	6.58	3.03236	101%-200% Above	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	1.71	2.95753	26%-50% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	6.58	2.95753	101%-200% Above	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	1.71	2.92947	26%-50% Below	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	6.58	2.92947	101%-200% Above	No	No
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	6.58	2.94866	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 144

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406511601	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	1.80	3.17339	26%-50% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	1.66	2.96601	26%-50% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	6.58	2.96601	101%-200% Above	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	1.66	2.85019	26%-50% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	6.58	2.85019	101%-200% Above	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	1.66	2.88011	26%-50% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	6.58	2.88011	101%-200% Above	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	1.79	3.13242	26%-50% Below	No	No
00406511701	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	6.46	3.13242	101%-200% Above	No	No
00406511801	MORPHINE SULFATE IR 15 MG TAB	3	20.00	0.15	0.24715	26%-50% Below	No	No
00406575501	METHADONE HCL 5 MG TABLET	2	30.00	0.07	0.18425	51%-75% Below	No	No
00406575501	METHADONE HCL 5 MG TABLET	3	45.00	0.06	0.17787	51%-75% Below	No	No
00406802003	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	15.00	0.58	0.69990	10%-25% Below	No	No
00406831501	MORPHINE SULF ER 15 MG TABLET	1	60.00	0.12	0.28204	51%-75% Below	No	No
00406851001	OXYCODONE HCL (IR) 10 MG TAB	1	30.00	0.08	0.16272	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	1	120.00	0.13	0.21846	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	2	120.00	0.10	0.20925	26%-50% Below	No	No
00406851501	OXYCODONE HCL (IR) 15 MG TAB	3	120.00	0.10	0.20974	26%-50% Below	No	No
00406888401	DEXTROAMP-AMPHETAM 7.5 MG TAB	1	30.00	0.11	0.30296	51%-75% Below	No	No
00406888401	DEXTROAMP-AMPHETAM 7.5 MG TAB	3	30.00	0.11	0.29921	51%-75% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	30.00	0.11	0.27345	51%-75% Below	No	No
00406888501	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.18	0.27525	26%-50% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.11	0.24545	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.19	0.24545	10%-25% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.20	0.24545	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 145

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	40.00	0.11	0.24545	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.11	0.23861	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	40.00	0.11	0.23861	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.11	0.23910	51%-75% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.19	0.23910	10%-25% Below	No	No
00406889101	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.20	0.23910	10%-25% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.18	0.25130	26%-50% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.18	0.24258	26%-50% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.11	0.24340	51%-75% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.11	0.24340	51%-75% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.17	0.24340	26%-50% Below	Yes	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	No	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	Yes	No
00406889201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.12	0.23643	26%-50% Below	Yes	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.22	0.31944	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.08	0.31944	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.26	0.31944	10%-25% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.22	0.30691	26%-50% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.08	0.30691	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.11	0.30691	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.30691	26%-50% Below	Yes	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	75.00	0.11	0.30691	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.11	0.30965	51%-75% Below	No	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.11	0.30965	51%-75% Below	Yes	No
00406889301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.30965	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 146

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.15	0.31528	51%-75% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.18	0.31528	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.17	0.31166	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.16	0.31166	26%-50% Below	No	No
00406889401	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.16	0.31158	26%-50% Below	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	1	30.00	0.50	0.40319	10%-25% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	2	30.00	0.50	0.42049	10%-25% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	2	60.00	0.25	0.42049	26%-50% Below	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	2	60.00	3.50	0.42049	200% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	4	60.00	3.50	0.47205	200% Above	No	No
00406895101	DEXTROAMP-AMPHET ER 5 MG CAP	12	60.00	3.43	0.41994	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	1	28.00	3.50	0.52050	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	3.50	0.52050	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	2	28.00	3.50	0.50881	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	0.33	0.50881	26%-50% Below	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	3.50	0.50881	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	3.50	0.51448	200% Above	No	No
00406895201	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.98	0.51111	76%-100% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.33	0.56168	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.50	0.56168	10%-25% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	3.50	0.56168	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	4.93	0.56168	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	1	90.00	3.50	0.56168	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.33	0.55482	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.50	0.55482	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 147

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	3.50	0.55482	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	2	60.00	4.93	0.55482	200% Above	Yes	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.33	0.54976	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	3.50	0.54976	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.33	0.53855	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	3.50	0.53855	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	4.93	0.53855	200% Above	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.33	0.53884	26%-50% Below	No	No
00406895301	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	3.43	0.53884	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.33	0.61634	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.50	0.61634	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.50	0.61634	200% Above	Yes	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.50	0.60523	10%-25% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.50	0.60523	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	2	60.00	3.50	0.60523	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	2.05	0.61911	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	3.50	0.61911	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.33	0.61069	26%-50% Below	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	2.05	0.61069	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	3.50	0.61069	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	1.40	0.61941	101%-200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	3.50	0.61941	200% Above	No	No
00406895401	DEXTROAMP-AMPHET ER 20 MG CAP	12	60.00	0.21	0.61941	51%-75% Below	Yes	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	3.50	0.48958	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	1	60.00	3.50	0.48958	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 148

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	3.50	0.50155	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	2	60.00	3.50	0.50155	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	3.50	0.52848	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	3.50	0.55107	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	3.50	0.51221	200% Above	No	No
00406895501	DEXTROAMP-AMPHET ER 25 MG CAP	12	60.00	3.43	0.51221	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.33	0.48532	26%-50% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	3.50	0.48532	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	1	60.00	3.50	0.48532	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	1	90.00	3.50	0.48532	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.33	0.48569	26%-50% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.50	0.48569	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	2	60.00	3.50	0.48569	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	2	90.00	3.50	0.48569	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.33	0.52822	26%-50% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.50	0.52822	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	3	60.00	3.50	0.52822	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	3	90.00	3.50	0.52822	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.50	0.55958	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	4	90.00	3.50	0.55958	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.33	0.46213	26%-50% Below	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	3.43	0.46213	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	3.50	0.46213	200% Above	No	No
00406895601	DEXTROAMP-AMPHET ER 30 MG CAP	12	60.00	3.50	0.46213	200% Above	No	No
00406895901	DEXTROAMPHETAMINE 10 MG TAB	1	180.00	0.27	0.58818	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 149

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00406895901	DEXTROAMPHETAMINE 10 MG TAB	3	180.00	0.27	0.45948	26%-50% Below	No	No
00406896101	DEXTROAMPHETAMINE ER 10 MG CAP	1	30.00	1.99	0.98861	101%-200% Above	No	No
00406896101	DEXTROAMPHETAMINE ER 10 MG CAP	2	30.00	1.99	0.99797	76%-100% Above	No	No
00406896101	DEXTROAMPHETAMINE ER 10 MG CAP	4	30.00	1.99	1.04495	76%-100% Above	No	No
00406917576	FENTANYL 75 MCG/HR PATCH	3	10.00	6.90	14.56062	51%-75% Below	No	No
00406996001	TEMAZEPAM 7.5 MG CAPSULE	1	90.00	1.02	0.90065	10%-25% Above	No	No
00406996001	TEMAZEPAM 7.5 MG CAPSULE	2	1.00	0.93	0.80628	10%-25% Above	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.05	0.09101	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.05	0.08993	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.05	0.09099	26%-50% Below	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.18	0.09099	76%-100% Above	No	No
00406996201	TEMAZEPAM 30 MG CAPSULE	12	30.00	0.31	0.09262	200% Above	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	2	10.00	2.28	5.61501	51%-75% Below	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	2	10.00	2.41	5.61501	51%-75% Below	No	No
00409655701	TESTOSTERONE CYP 1,000 MG/10 ML	3	10.00	2.28	5.64247	51%-75% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	2	1.00	42.89	11.34861	200% Above	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.39	11.44764	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.39	11.44764	26%-50% Below	No	No
00409656201	TESTOSTERONE CYP 200 MG/ML	4	2.00	6.39	11.44878	26%-50% Below	No	No
00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	2	6.00	2.89	3.28594	10%-25% Below	No	No
00409656220	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	2.89	3.25944	10%-25% Below	No	No
00409733201	CEFTRIAXONE 1 GM VIAL	3	1.00	1.04	1.34019	10%-25% Below	No	No
00456120230	LINZESS 290 MCG CAPSULE	1	90.00	17.96	9.02534	76%-100% Above	Yes	No
00472016615	NYSTATIN 100,000 UNIT/GM OINT	2	15.00	0.17	0.27171	26%-50% Below	No	No
00472016630	NYSTATIN 100,000 UNIT/GM OINT	2	30.00	0.41	0.25652	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 150

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	15.00	0.31	0.21844	26%-50% Above	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	2	60.00	0.31	0.21844	26%-50% Above	No	No
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM	3	30.00	0.31	0.21538	26%-50% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.31	0.18551	51%-75% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.11	0.18355	26%-50% Below	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.31	0.18355	51%-75% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.15	0.18098	10%-25% Below	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	4	45.00	0.31	0.18505	51%-75% Above	No	No
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	0.22	0.18697	10%-25% Above	No	No
00472103016	HYDROMET 5 MG-1.5 MG/5 ML SOLN	2	60.00	0.05	0.09800	26%-50% Below	No	No
00480204356	VILAZODONE HCL 40 MG TABLET	12	30.00	2.07	1.21682	51%-75% Above	No	No
00480215757	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	1.50	2.25539	26%-50% Below	Yes	No
00480235756	TOPIRAMATE ER 50 MG CAPSULE	3	90.00	3.72	5.79541	26%-50% Below	Yes	No
00480235756	TOPIRAMATE ER 50 MG CAPSULE	12	90.00	3.88	6.75136	26%-50% Below	Yes	No
00480259634	FIDAXOMICIN 200 MG TABLET	1	20.00	23.03	189.95997	76%-100% Below	No	No
00480331565	AMPHETAMINE ODT 3.1MG ER	2	30.00	8.08	.		Yes	No
00480331665	AMPHETAMINE ER 6.3 MG ODT	4	30.00	7.00	16.38831	51%-75% Below	Yes	No
00480347868	NALOXONE HCL 4 MG NASAL SPRAY	1	2.00	35.05	15.42070	101%-200% Above	Yes	No
00480347868	NALOXONE HCL 4 MG NASAL SPRAY	2	2.00	35.05	15.42070	101%-200% Above	Yes	No
00480347868	NALOXONE HCL 4 MG NASAL SPRAY	3	2.00	35.05	15.42070	101%-200% Above	Yes	No
00480349316	CRYSELLE(28) TAB 0.3/30	1	28.00	0.21	.		No	No
00480349316	CRYSELLE-28 TABLET	2	28.00	0.04	0.32309	76%-100% Below	No	No
00480349316	CRYSELLE-28 TABLET	2	28.00	0.21	0.32309	26%-50% Below	No	No
00480349316	CRYSELLE-28 TABLET	3	28.00	0.04	0.29884	76%-100% Below	No	No
00480349316	CRYSELLE-28 TABLET	3	28.00	0.21	0.29884	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 151

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00480349316	CRYSSELLE-28 TABLET	3	84.00	0.21	0.29884	26%-50% Below	Yes	No
00480349316	CRYSSELLE-28 TABLET	4	28.00	0.21	0.30544	26%-50% Below	No	No
00480349405	GABAPENTIN 100 MG CAPSULE	3	60.00	0.02	0.02112	10%-25% Below	No	No
00480349405	GABAPENTIN 100 MG CAPSULE	3	90.00	0.05	0.02112	101%-200% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	3	28.00	0.04	0.03282	10%-25% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	3	30.00	0.06	0.03282	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	4	28.00	0.04	0.03246	10%-25% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	4	30.00	0.06	0.03246	76%-100% Above	No	No
00480349505	GABAPENTIN 300 MG CAPSULE	4	180.00	0.06	0.03246	76%-100% Above	No	No
00480349505	GABAPENTIN CAP 300MG	2	90.00	0.03	.		No	No
00480349505	GABAPENTIN CAP 300MG	2	90.00	0.06	.		No	No
00480356801	LISDEXAMFETAMINE 40 MG CAPSULE	1	60.00	1.76	3.21897	26%-50% Below	No	No
00480356801	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	1.77	2.93842	26%-50% Below	No	No
00480356801	LISDEXAMFETAMINE 40 MG CAPSULE	12	60.00	1.76	3.18407	26%-50% Below	No	No
00480366722	LIRAGLUTIDE 3-PAK 18 MG/3 ML	4	27.00	25.47	35.39192	26%-50% Below	Yes	No
00480413806	LUBIPROSTONE 24 MCG CAPSULE	12	180.00	1.35	0.79265	51%-75% Above	No	No
00480706856	PERAMPANEL 12 MG TABLET	1	30.00	15.48	31.83901	51%-75% Below	Yes	No
00480706856	PERAMPANEL 12 MG TABLET	2	30.00	7.08	31.92075	76%-100% Below	Yes	No
00480706856	PERAMPANEL 12 MG TABLET	3	30.00	4.90	31.03058	76%-100% Below	Yes	No
00480706856	PERAMPANEL 12 MG TABLET	12	30.00	15.72	31.69987	26%-50% Below	Yes	No
00485008001	RYMED TABLET	1	10.00	0.15	0.22396	26%-50% Below	No	No
00485008001	RYMED TABLET	4	60.00	0.17	0.22396	26%-50% Below	No	No
00485015130	UROGESIC-BLUE TABLET	4	40.00	5.44	4.18266	26%-50% Above	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	90.00	0.05	0.09057	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 152

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	360.00	0.05	0.09057	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	540.00	0.03	0.09057	51%-75% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	90.00	0.05	0.08841	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.04	0.08867	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.04	0.08867	26%-50% Below	No	No
00487020103	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	180.00	0.05	0.08768	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	360.00	0.04	0.08506	51%-75% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	180.00	0.05	0.08468	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	360.00	0.04	0.08468	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.04	0.08445	26%-50% Below	No	No
00487020160	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	180.00	0.05	0.08528	26%-50% Below	No	No
00487030101	ALBUTEROL SUL 0.63 MG/3 ML SOL	2	90.00	0.08	0.25979	51%-75% Below	No	No
00487030101	ALBUTEROL SUL 0.63 MG/3 ML SOL	2	90.00	0.08	0.26168	51%-75% Below	No	No
00487030101	ALBUTEROL SUL 0.63 MG/3 ML SOL	2	90.00	0.11	0.26168	51%-75% Below	No	No
00487900330	SOD CHLORIDE NEB 3%4MLX30	1	240.00	0.11	.		No	No
00487930103	SOD CHLORIDE NEB 0.9% 3ML	1	300.00	0.06	.		No	No
00487930103	SOD CHLORIDE NEB 0.9% 3ML	3	300.00	0.06	.		No	No
00487930103	SOD CHLORIDE NEB 0.9% 3ML	12	90.00	0.09	.		No	No
00487930133	SOD CHLORIDE NEB 0.9%	12	90.00	0.05	.		No	No
00487930133	SOD CHLORIDE NEB 0.9%	12	90.00	0.07	.		No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.06447	51%-75% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.06447	51%-75% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	270.00	0.08	0.06447	10%-25% Above	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	360.00	0.03	0.06447	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	360.00	0.03	0.06480	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 153

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.06542	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	360.00	0.03	0.06542	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	360.00	0.03	0.06584	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	90.00	0.04	0.06432	26%-50% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	90.00	0.06	0.06432	10%-25% Below	No	No
00487950101	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	360.00	0.04	0.06432	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.06447	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	360.00	0.02	0.06447	51%-75% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	0.03	0.06480	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	0.03	0.06542	26%-50% Below	No	No
00487950103	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	90.00	0.03	0.06432	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.06106	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.06106	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.02	0.06037	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.03	0.05994	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.03	0.05994	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.04	0.05994	26%-50% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.03	0.05994	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	225.00	0.02	0.05994	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	375.00	0.02	0.05994	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.00	0.03	0.06237	51%-75% Below	No	No
00487950125	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.00	0.04	0.06237	26%-50% Below	No	No
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	180.00	0.08	0.06359	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 154

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	0.03	0.06279	26%-50% Below	No	No
00487950160	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.06347	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	1	120.00	0.55	0.77586	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	2	60.00	0.28	0.75026	51%-75% Below	No	No
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	3	120.00	0.55	0.71992	10%-25% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	12	120.00	0.57	0.79599	26%-50% Below	No	No
00487970130	BUDESONIDE 0.5 MG/2 ML SUSP	12	180.00	0.57	0.79599	26%-50% Below	No	No
00487990130	ALBUTEROL 2.5 MG/0.5 ML SOL	2	30.00	0.17	0.48093	51%-75% Below	No	No
00487990130	ALBUTEROL 2.5 MG/0.5 ML SOL	2	30.00	0.25	0.48093	26%-50% Below	No	No
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	1	90.00	0.11	0.24370	51%-75% Below	No	No
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	4	180.00	0.11	0.22297	51%-75% Below	No	No
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	8	90.00	0.07	0.23872	51%-75% Below	No	No
00487990401	ALBUTEROL SUL 1.25 MG/3 ML SOL	8	90.00	0.11	0.23872	51%-75% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.17	1.57560	26%-50% Above	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	1	2.00	0.67	1.57560	51%-75% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.93	1.52535	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	2	2.00	0.67	1.52535	51%-75% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.93	1.50210	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.94	1.50210	26%-50% Below	No	No
00517003125	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	0.93	1.50471	26%-50% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	2	5.00	10.31	23.44422	51%-75% Below	No	No
00517042001	ESTRADIOL VALERATE 100 MG/5 ML	3	5.00	10.38	22.37099	51%-75% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.11	0.25130	51%-75% Below	No	No
00527076237	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.11	0.24340	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 155

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.13	0.29359	51%-75% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.13	0.26594	51%-75% Below	No	No
00527076437	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.14	0.27525	26%-50% Below	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	2	30.00	3.50	0.42049	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	3	30.00	3.50	0.47391	200% Above	No	No
00527079037	DEXTROAMP-AMPHET ER 5 MG CAP	12	30.00	3.43	0.41994	200% Above	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	3.50	0.52050	200% Above	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	0.17	0.50881	51%-75% Below	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	3.50	0.51448	200% Above	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	7	30.00	0.34	0.63023	26%-50% Below	No	No
00527079137	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.82	0.51111	51%-75% Above	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	3.50	0.56168	200% Above	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	4	60.00	0.25	0.53855	51%-75% Below	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.82	0.53884	51%-75% Above	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	3.43	0.53884	200% Above	No	No
00527079237	DEXTROAMP-AMPHET ER 15 MG CAP	12	60.00	0.82	0.53884	51%-75% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.50	0.61634	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.50	0.60523	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.61911	10%-25% Below	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	3.50	0.61911	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	3	60.00	3.50	0.61911	200% Above	No	No
00527079337	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.50	0.61941	10%-25% Below	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	3.50	0.48958	200% Above	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	3.50	0.50155	200% Above	No	No
00527079437	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	3.50	0.52848	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 156

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.17	0.48532	51%-75% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	3.50	0.48532	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.17	0.48569	51%-75% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.26	0.52822	26%-50% Below	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.50	0.52822	200% Above	No	No
00527079537	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.21	0.46213	51%-75% Below	No	No
00527128201	DICYCLOMINE 20 MG TABLET	3	30.00	0.10	0.05828	51%-75% Above	No	No
00527128210	DICYCLOMINE 20 MG TABLET	1	90.00	0.23	0.06315	200% Above	No	No
00527128210	DICYCLOMINE 20 MG TABLET	12	60.00	0.17	0.06376	101%-200% Above	No	No
00527131301	PILOCARPINE HCL 5 MG TABLET	3	90.00	0.21	0.34860	26%-50% Below	Yes	No
00527133850	DOXYCYCLINE MONO 100 MG TABLET	4	14.00	0.23	0.26369	10%-25% Below	No	No
00527133850	DOXYCYCLINE MONO 100 MG TABLET	4	20.00	0.23	0.26369	10%-25% Below	No	No
00527140701	PILOCARPINE HCL 7.5 MG TABLET	12	90.00	0.78	0.42619	76%-100% Above	No	No
00527143501	METAXALONE 800 MG TABLET	1	90.00	0.21	0.39518	26%-50% Below	No	No
00527143501	METAXALONE 800 MG TABLET	3	90.00	0.22	0.37720	26%-50% Below	No	No
00527181843	SUMATRIPTAN 5 MG NASAL SPRAY	12	6.00	25.29	21.10321	10%-25% Above	Yes	No
00527185943	SUMATRIPTAN 20 MG NASAL SPRAY	3	12.00	1.76	15.88418	76%-100% Below	No	No
00527185943	SUMATRIPTAN 20 MG NASAL SPRAY	4	12.00	1.76	15.99637	76%-100% Below	No	No
00527213335	POSACONAZOLE DR 100 MG TABLET	2	90.00	6.22	2.59038	101%-200% Above	No	No
00527213335	POSACONAZOLE DR 100 MG TABLET	3	90.00	6.22	2.43820	101%-200% Above	No	No
00527224432	FEBUXOSTAT 40 MG TABLET	1	90.00	1.36	0.20161	200% Above	No	No
00527239519	AZITHROMYCIN 500 MG TABLET	1	3.00	1.15	0.61802	76%-100% Above	No	No
00527239519	AZITHROMYCIN 500 MG TABLET	12	3.00	1.20	0.60967	76%-100% Above	No	No
00527242546	OLMESARTAN MEDOXOMIL 5 MG TAB	3	90.00	0.20	0.05809	200% Above	No	No
00527242546	OLMESARTAN MEDOXOMIL 5 MG TAB	12	90.00	0.20	0.05880	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 157

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527242632	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	1.03	0.07315	200% Above	No	No
00527242632	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.11	0.07348	51%-75% Above	No	No
00527242632	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	1.03	0.07348	200% Above	No	No
00527301248	MESALAMINE DR 1.2 GM TABLET	3	60.00	0.49	0.89053	26%-50% Below	No	No
00527328143	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.15	0.04588	200% Above	No	No
00527328243	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.32	0.05283	200% Above	No	No
00527328246	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.33	0.05283	200% Above	No	No
00527328446	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.31	0.05258	200% Above	No	No
00527329046	LEVOTHYROXINE 200 MCG TABLET	12	90.00	0.05	0.08400	26%-50% Below	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	1	30.00	0.25	0.17803	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	1	30.00	0.57	0.17803	200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	2	30.00	0.25	0.17645	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	0.25	0.17175	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	0.50	0.17175	101%-200% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	3	90.00	0.25	0.17175	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	4	30.00	0.25	0.17048	26%-50% Above	No	No
00527411637	PROPRANOLOL ER 60 MG CAPSULE	12	30.00	0.26	0.17911	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	1	30.00	0.61	0.19522	200% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	2	30.00	0.26	0.19211	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	3	30.00	0.26	0.19177	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	3	90.00	0.26	0.19177	26%-50% Above	No	No
00527411737	PROPRANOLOL ER 80 MG CAPSULE	4	30.00	0.26	0.19262	26%-50% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	1	30.00	0.36	0.20289	51%-75% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	1	30.00	0.62	0.20289	200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	1	90.00	0.83	0.20289	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 158

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527411837	PROPRANOLOL ER 120 MG CAPSULE	2	30.00	0.36	0.20166	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	2	90.00	0.02	0.20166	76%-100% Below	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	2	90.00	0.36	0.20166	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	3	30.00	0.36	0.19774	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	3	90.00	0.36	0.19774	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	4	90.00	0.36	0.19660	76%-100% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	4	90.00	0.50	0.19660	101%-200% Above	No	No
00527411837	PROPRANOLOL ER 120 MG CAPSULE	12	90.00	0.50	0.20007	101%-200% Above	No	No
00527411937	PROPRANOLOL ER 160 MG CAPSULE	1	90.00	0.50	0.33987	26%-50% Above	No	No
00527457937	METHYLPHENIDATE CD 10 MG CAP	11	30.00	0.72	1.13468	26%-50% Below	No	No
00527458037	METHYLPHENIDATE CD 20 MG CAP	1	30.00	0.69	1.48463	51%-75% Below	Yes	No
00527458037	METHYLPHENIDATE CD 20 MG CAP	1	30.00	0.79	1.48463	26%-50% Below	Yes	No
00527458037	METHYLPHENIDATE CD 20 MG CAP	3	30.00	0.79	1.38310	26%-50% Below	Yes	No
00527458137	METHYLPHENIDATE CD 30 MG CAP	2	30.00	0.95	1.83819	26%-50% Below	Yes	No
00527458137	METHYLPHENIDATE CD 30 MG CAP	3	30.00	0.94	1.74746	26%-50% Below	Yes	No
00527459213	OSELTAMIVIR PHOS 45 MG CAPSULE	12	10.00	2.00	1.15007	51%-75% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.36	0.90366	26%-50% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.90	0.99337	76%-100% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.13	0.90366	200% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.21	0.88849	26%-50% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.27	0.88849	26%-50% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.21	0.90290	26%-50% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.30	0.91339	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 159

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	10.00	1.86	0.91339	101%-200% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	2.06	0.91339	101%-200% Above	No	No
00527459313	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	4.13	0.91339	200% Above	No	No
00527466137	LISDEXAMFETAMINE 10 MG CAPSULE	3	30.00	7.57	3.07541	101%-200% Above	Yes	No
00527466137	LISDEXAMFETAMINE 10 MG CAPSULE	12	30.00	7.57	3.40197	101%-200% Above	Yes	No
00527466237	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	1.02	2.64750	51%-75% Below	No	No
00527466337	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	7.57	2.95842	101%-200% Above	Yes	No
00527466337	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	7.57	3.04859	101%-200% Above	Yes	No
00527466337	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	2.13	3.36979	26%-50% Below	No	No
00527466437	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	7.57	3.21897	101%-200% Above	Yes	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	7.57	2.97592	101%-200% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	7.57	2.90963	101%-200% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	7.57	2.82863	101%-200% Above	No	No
00527466537	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	7.57	3.10267	101%-200% Above	No	No
00527512570	LACTULOSE 10 GM/15 ML SOLUTION	2	75.00	0.01	0.02432	26%-50% Below	No	No
00527513762	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.07	0.16549	51%-75% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	1	25.00	0.31	0.60699	26%-50% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	1	33.00	0.22	0.60699	51%-75% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	1	35.00	0.14	0.60699	76%-100% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	1	45.00	0.31	0.60699	26%-50% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	1	50.00	0.20	0.60699	51%-75% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	2	20.00	0.30	0.61001	26%-50% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	2	50.00	0.30	0.61001	26%-50% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	3	70.00	0.30	0.61271	26%-50% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	3	80.00	0.30	0.61271	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 160

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	8	45.00	0.30	0.66881	51%-75% Below	No	No
00527540670	PREDNISOLONE 15 MG/5 ML SYRUP	12	30.00	0.30	0.62169	51%-75% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	1	60.00	0.12	1.69780	76%-100% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	2	60.00	0.12	1.69995	76%-100% Below	No	No
00527810737	DEXMETHYLPHENIDATE ER 10 MG CP	3	60.00	0.12	1.54468	76%-100% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	1.08	1.92686	26%-50% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	1.08	1.95843	26%-50% Below	No	No
00527810937	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.00	1.13	1.87146	26%-50% Below	No	No
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	1	30.00	0.04	0.02603	26%-50% Above	No	No
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	2	90.00	0.04	0.02608	26%-50% Above	No	No
00536100836	ASPIRIN 81 MG CHEWABLE TABLET	3	90.00	0.04	0.02569	26%-50% Above	No	No
00536100901	FERROUS SULF TAB 325MG	1	15.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	1	30.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	1	36.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	2	15.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	2	30.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	2	90.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	3	15.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	3	30.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	3	45.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	3	90.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	3	180.00	0.06	.		Yes	No
00536100901	FERROUS SULF TAB 325MG	12	90.00	0.06	.		Yes	No
00536117201	ACETAMINOPHEN 500 MG TABLET	2	40.00	0.15	0.03310	200% Above	No	No
00536117201	ACETAMINOPHEN 500 MG TABLET	12	84.00	0.40	0.03351	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 161

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00536118399	FLUTICASONE PROP 50 MCG SPRAY	1	9.90	1.92	0.86438	101%-200% Above	No	No
00536123441	ASPIRIN EC 81 MG TABLET	12	30.00	0.01	0.01491	26%-50% Below	No	No
00536124701	SENEXON-S 50-8.6 MG TABLET	1	60.00	0.05	0.03188	51%-75% Above	Yes	No
00536132710	ACETAMINOPHEN 325 MG TABLET	1	60.00	0.43	0.02613	200% Above	No	No
00536132710	ACETAMINOPHEN 325 MG TABLET	12	60.00	0.32	0.02668	200% Above	No	No
00536135301	VITAMIN D3 CAP 50MCG	4	30.00	0.04	.		No	No
00536406301	CL PRENATAL TAB 28-0.8MG	3	30.00	0.50	.		Yes	No
00536408501	PRENATAL TAB 28-0.8MG	1	30.00	0.45	.		No	No
00536408501	PRENATAL TAB 28-0.8MG	1	30.00	0.50	.		Yes	No
00536408501	PRENATAL TAB 28-0.8MG	2	30.00	0.50	.		Yes	No
00536408501	PRENATAL TAB 28-0.8MG	2	90.00	0.17	.		Yes	No
00536408501	PRENATAL TAB 28-0.8MG	3	30.00	0.50	.		Yes	No
00536408501	PRENATAL TAB 28-0.8MG	3	90.00	0.16	.		No	No
00536589588	NICOTINE 14 MG/24HR PATCH	3	28.00	0.90	1.69281	26%-50% Below	Yes	No
00536589688	NICOTINE 21 MG/24HR PATCH	3	28.00	0.96	1.63066	26%-50% Below	Yes	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	10.18	21.68725	51%-75% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	10.87	20.26495	26%-50% Below	No	No
00548540000	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	10.78	22.12764	51%-75% Below	No	No
00548540025	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	10.87	20.73774	26%-50% Below	No	No
00548570100	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	11.06	29.45966	51%-75% Below	No	No
00548585000	GLUCAGON 1 MG EMERGENCY KIT	3	1.00	117.35	197.68732	26%-50% Below	No	No
00555032304	HYDROXYZINE PAM 25 MG CAP	1	270.00	0.13	0.06403	76%-100% Above	No	No
00555032304	HYDROXYZINE PAM 25 MG CAP	4	270.00	0.05	0.06383	10%-25% Below	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	2	60.00	0.68	0.43897	51%-75% Above	No	No
00555032402	HYDROXYZINE PAM 100 MG CAP	2	90.00	0.68	0.43897	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 162

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555057202	METHOTREXATE 2.5 MG TABLET	1	30.00	0.19	0.16393	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	1	32.00	0.31	0.16393	76%-100% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	1	32.00	0.31	0.16393	76%-100% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	2	30.00	0.19	0.16022	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	2	32.00	0.31	0.16022	76%-100% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	2	96.00	0.19	0.16022	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	3	32.00	0.31	0.15848	76%-100% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	4	30.00	0.19	0.16046	10%-25% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	12	30.00	0.20	0.15807	26%-50% Above	No	No
00555057202	METHOTREXATE 2.5 MG TABLET	12	104.00	0.52	0.15807	200% Above	No	No
00555060602	MEGESTROL 20 MG TABLET	2	30.00	0.10	0.19008	26%-50% Below	No	No
00555060602	MEGESTROL 20 MG TABLET	3	60.00	0.11	0.19309	26%-50% Below	Yes	No
00555060702	MEGESTROL 40 MG TABLET	1	30.00	0.13	0.22858	26%-50% Below	Yes	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.19	0.29359	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	90.00	0.11	0.29359	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.11	0.27345	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	90.00	0.11	0.27345	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	180.00	0.18	0.27345	26%-50% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.11	0.26594	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	90.00	0.11	0.26594	51%-75% Below	No	No
00555077702	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.17	0.27525	26%-50% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	6.00	0.25	0.14339	51%-75% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	10.00	0.17	0.14339	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	10.00	0.25	0.14339	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	30.00	0.11	0.14339	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 163

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	30.00	0.16	0.14339	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	30.00	0.25	0.14339	51%-75% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	90.00	0.11	0.14339	10%-25% Below	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	1	90.00	0.25	0.14339	51%-75% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	7.00	0.19	0.14071	26%-50% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	10.00	0.11	0.14071	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	10.00	0.18	0.14071	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	14.00	0.11	0.14071	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	2	30.00	0.11	0.14071	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	5.00	0.11	0.14140	10%-25% Below	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	7.00	0.11	0.14140	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	7.00	0.20	0.14140	26%-50% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	10.00	0.11	0.14140	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	10.00	0.17	0.14140	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	14.00	0.11	0.14140	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	30.00	0.11	0.14140	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	42.00	0.11	0.14140	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	3	90.00	0.11	0.14140	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	5.00	0.11	0.14225	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	7.00	0.17	0.14225	10%-25% Above	Yes	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	4	10.00	0.11	0.14225	10%-25% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	10.00	0.00	0.14664	76%-100% Below	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	10.00	0.16	0.14664	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	30.00	0.17	0.14664	10%-25% Above	No	No
00555077902	MEDROXYPROGESTERONE 10 MG TAB	12	30.00	0.25	0.14664	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 164

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555077904	MEDROXYPROGESTERONE 10 MG TAB	1	10.00	0.11	0.14339	10%-25% Below	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	2	10.00	0.11	0.14071	10%-25% Below	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	3	10.00	0.11	0.14140	10%-25% Below	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	4	10.00	0.11	0.14225	10%-25% Below	No	No
00555077904	MEDROXYPROGESTERONE 10 MG TAB	12	10.00	0.11	0.14664	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	1	30.00	0.09	0.11583	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	1	30.00	0.16	0.11583	26%-50% Above	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	1	90.00	0.09	0.11583	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	2	30.00	0.09	0.11414	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	2	90.00	0.08	0.11414	26%-50% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	3	30.00	0.09	0.11415	10%-25% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	3	90.00	0.07	0.11415	26%-50% Below	No	No
00555087202	MEDROXYPROGESTERONE 2.5 MG TAB	12	90.00	0.07	0.11964	26%-50% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	1	30.00	0.13	0.14667	10%-25% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	2	90.00	0.10	0.14179	26%-50% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	3	5.00	0.10	0.13837	10%-25% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	3	60.00	0.12	0.13837	10%-25% Below	No	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	3	90.00	0.10	0.13837	10%-25% Below	Yes	No
00555087302	MEDROXYPROGESTERONE 5 MG TAB	12	90.00	0.11	0.14753	26%-50% Below	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	1	30.00	0.09	0.06982	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	1	30.00	0.10	0.06982	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	1	30.00	0.10	0.06982	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	1	30.00	0.11	0.06982	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	1	30.00	0.12	0.06982	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	1	30.00	0.24	0.06982	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 165

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.09	0.06982	10%-25% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	1	90.00	0.10	0.06982	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	1	90.00	0.10	0.06982	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	2	10.00	0.10	0.06850	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	2	30.00	0.09	0.06850	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	2	30.00	0.10	0.06850	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	2	30.00	0.10	0.06850	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	2	30.00	0.12	0.06850	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	2	90.00	0.10	0.06850	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	2	90.00	0.10	0.06850	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	2	90.00	0.11	0.06850	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	2	180.00	0.09	0.06850	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	3	30.00	0.09	0.06733	26%-50% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	3	30.00	0.10	0.06733	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	3	30.00	0.10	0.06733	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	30.00	0.12	0.06733	76%-100% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	90.00	0.09	0.06733	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	90.00	0.10	0.06733	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	90.00	0.10	0.06733	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	3	90.00	0.10	0.06733	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	3	180.00	0.10	0.06733	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	30.00	0.10	0.06578	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	0.09	0.06578	26%-50% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	0.10	0.06578	51%-75% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	4	90.00	0.11	0.06578	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 166

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.11	0.07031	51%-75% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	12	30.00	0.17	0.07031	101%-200% Above	No	No
00555088602	ESTRADIOL 1 MG TABLET	12	30.00	0.24	0.07031	200% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	12	90.00	0.09	0.07031	10%-25% Above	Yes	No
00555088602	ESTRADIOL 1 MG TABLET	12	90.00	0.21	0.07031	101%-200% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	2	90.00	0.10	0.06850	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	3	90.00	0.10	0.06733	51%-75% Above	No	No
00555088604	ESTRADIOL 1 MG TABLET	12	90.00	0.24	0.07031	200% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	1	6.00	0.20	0.08708	101%-200% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	1	90.00	0.20	0.08708	101%-200% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	2	18.00	0.14	0.08575	51%-75% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	2	270.00	0.12	0.08575	26%-50% Above	No	No
00555088702	ESTRADIOL 2 MG TABLET	3	30.00	0.12	0.08430	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	3	90.00	0.12	0.08430	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	4	90.00	0.10	0.08146	26%-50% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	12	90.00	0.11	0.08851	10%-25% Above	Yes	No
00555088702	ESTRADIOL 2 MG TABLET	12	180.00	0.11	0.08851	26%-50% Above	Yes	No
00555088704	ESTRADIOL 2 MG TABLET	1	30.00	0.20	0.08708	101%-200% Above	No	No
00555088704	ESTRADIOL 2 MG TABLET	12	30.00	0.20	0.08851	101%-200% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	1	90.00	0.07	0.06330	10%-25% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	1	90.00	0.26	0.06330	200% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	30.00	0.08	0.06046	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	30.00	0.09	0.06046	51%-75% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	90.00	0.09	0.06046	26%-50% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	2	90.00	0.11	0.06046	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 167

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555089902	ESTRADIOL 0.5 MG TABLET	3	90.00	0.07	0.05932	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	3	90.00	0.07	0.05932	10%-25% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	4	90.00	0.11	0.05847	76%-100% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	30.00	0.12	0.06603	76%-100% Above	No	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	30.00	0.12	0.06603	76%-100% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	90.00	0.09	0.06603	26%-50% Above	Yes	No
00555089902	ESTRADIOL 0.5 MG TABLET	12	90.00	0.26	0.06603	200% Above	Yes	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	1	60.00	0.24	0.58818	51%-75% Below	Yes	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	2	60.00	0.24	0.52368	51%-75% Below	Yes	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	3	30.00	0.92	0.45948	76%-100% Above	Yes	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	3	60.00	0.19	0.45948	51%-75% Below	Yes	No
00555095302	DEXTROAMPHETAMINE 10 MG TAB	3	60.00	0.24	0.45948	26%-50% Below	Yes	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	30.00	0.15	0.25954	26%-50% Below	No	No
00555097102	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.17	0.23861	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	1	30.00	0.11	0.25130	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	1	30.00	0.19	0.25130	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	2	30.00	0.11	0.24258	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	2	30.00	0.19	0.24258	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	2	45.00	0.11	0.24258	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	2	60.00	0.11	0.24258	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	2	60.00	0.18	0.24258	26%-50% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	2	90.00	0.20	0.24258	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	2	90.00	0.21	0.24258	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	3	30.00	0.11	0.24340	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMINE 10 MG TAB	3	30.00	0.20	0.24340	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 168

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	45.00	0.11	0.24340	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.11	0.24340	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.19	0.24340	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	20.00	0.11	0.23643	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.18	0.23643	10%-25% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.11	0.23643	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.12	0.24917	51%-75% Below	No	No
00555097202	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	45.00	0.12	0.24917	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.16	0.31944	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.19	0.31944	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.21	0.31944	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.26	0.31944	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.08	0.31944	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.11	0.31944	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.17	0.31944	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.18	0.31944	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.18	0.31944	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.26	0.31944	10%-25% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.11	0.31944	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.21	0.31944	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.11	0.30691	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.16	0.30691	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.19	0.30691	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.21	0.30691	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 169

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.08	0.30691	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.11	0.30691	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.30691	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.30691	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.18	0.30691	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.11	0.30691	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.11	0.30965	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.19	0.30965	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.08	0.30965	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.11	0.30965	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.18	0.30965	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	75.00	0.11	0.30965	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	90.00	0.11	0.30965	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	120.00	0.11	0.30965	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	180.00	0.11	0.30965	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	45.00	0.11	0.30747	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.11	0.30747	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	90.00	0.11	0.30747	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.18	0.32297	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.10	0.32297	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.12	0.32297	51%-75% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.17	0.32297	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.17	0.32297	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.23	0.32297	26%-50% Below	No	No
00555097302	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.26	0.32297	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 170

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.15	0.31528	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.21	0.31528	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.25	0.31528	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.11	0.31528	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.15	0.31528	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.17	0.31528	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.25	0.31528	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.15	0.31166	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.14	0.31166	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.14	0.31166	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.15	0.31166	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.16	0.31166	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.17	0.31166	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.17	0.31166	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	90.00	0.15	0.31166	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.16	0.31364	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.14	0.31364	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.16	0.31364	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.17	0.31364	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.18	0.31364	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	90.00	0.16	0.31364	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	180.00	0.16	0.31364	26%-50% Below	Yes	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.16	0.31158	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	0.15	0.31244	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	45.00	0.15	0.31244	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 171

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.15	0.31244	51%-75% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	0.18	0.31244	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	0.18	0.31244	26%-50% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	60.00	0.25	0.31244	10%-25% Below	No	No
00555097402	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	90.00	0.17	0.31244	26%-50% Below	Yes	No
00555900867	NORTREL 0.5-35-28 TABLET	1	28.00	0.45	0.50379	10%-25% Below	No	No
00555900867	NORTREL 0.5-35-28 TABLET	2	84.00	0.27	0.48306	26%-50% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	1	21.00	0.12	0.39898	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	1	21.00	0.14	0.39898	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	2	21.00	0.12	0.38918	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	3	21.00	0.12	0.37510	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	4	21.00	0.12	0.36447	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	4	63.00	0.12	0.36447	51%-75% Below	No	No
00555900942	NORTREL 1-35 21 TABLET	12	21.00	0.14	0.40007	51%-75% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	1	28.00	0.14	0.21988	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	2	28.00	0.12	0.20538	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	3	28.00	0.12	0.20344	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	3	84.00	0.02	0.20344	76%-100% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	4	28.00	0.12	0.19807	26%-50% Below	No	No
00555901058	NORTREL 1-35 28 TABLET	12	28.00	0.12	0.22173	26%-50% Below	No	No
00555901258	NORTREL 7-7-7-28 TABLET	3	28.00	0.14	0.29617	51%-75% Below	No	No
00555901467	LESSINA-28 TABLET	1	84.00	0.08	0.17411	51%-75% Below	Yes	No
00555901467	LESSINA-28 TABLET	2	84.00	0.08	0.16317	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	28.00	0.25	0.12299	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	28.00	0.30	0.12299	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 172

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	56.00	0.30	0.12299	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.01	0.12299	76%-100% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.06	0.12299	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.07	0.12299	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	1	84.00	0.30	0.12299	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	2	28.00	0.25	0.12401	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	28.00	0.07	0.12394	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	28.00	0.25	0.12394	76%-100% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	3	84.00	0.07	0.12394	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	4	84.00	0.07	0.12601	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	5	28.00	0.27	0.13060	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	6	28.00	0.16	0.13507	10%-25% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.00	0.06	0.12304	26%-50% Below	Yes	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.00	0.07	0.12304	26%-50% Below	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	28.00	0.30	0.12304	101%-200% Above	No	No
00555901658	SPRINTEC 28 DAY TABLET	12	84.00	0.09	0.12304	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	2	28.00	0.07	0.13255	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	2	84.00	0.07	0.13255	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	3	28.00	0.07	0.13077	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	3	84.00	0.07	0.13077	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	4	28.00	0.07	0.13320	26%-50% Below	No	No
00555901858	TRI-SPRINTEC TABLET	12	84.00	0.07	0.13234	26%-50% Below	No	No
00555902058	PORTIA-28 TABLET	1	28.00	0.06	0.11371	26%-50% Below	No	No
00555902058	PORTIA-28 TABLET	2	28.00	0.06	0.11168	26%-50% Below	No	No
00555902058	PORTIA-28 TABLET	3	28.00	0.06	0.11231	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 173

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555902058	PORTIA-28 TABLET	12	28.00	0.06	0.12099	26%-50% Below	No	No
00555902542	JUNEL 1 MG-20 MCG TABLET	1	21.00	0.14	0.17326	10%-25% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	28.00	0.06	0.13571	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	28.00	0.35	0.13571	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	28.00	0.35	0.13571	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.06	0.13571	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.07	0.13571	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.24	0.13571	51%-75% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.35	0.13571	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	1	84.00	0.35	0.13571	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	28.00	0.35	0.12836	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	28.00	0.35	0.12836	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.06	0.12836	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.07	0.12836	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.24	0.12836	76%-100% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.35	0.12836	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	84.00	0.44	0.12836	200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	2	112.00	0.06	0.12836	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	0.07	0.12767	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	0.35	0.12767	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	0.35	0.12767	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	28.00	0.35	0.12767	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	84.00	0.07	0.12767	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	3	84.00	0.35	0.12767	101%-200% Above	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	28.00	0.35	0.12836	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 174

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	28.00	0.35	0.12836	101%-200% Above	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	4	84.00	0.02	0.12836	76%-100% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	11	28.00	0.08	0.15167	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	28.00	0.08	0.14161	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	28.00	0.08	0.14161	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	28.00	0.08	0.14161	26%-50% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	84.00	0.06	0.14161	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	84.00	0.07	0.14161	51%-75% Below	Yes	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	84.00	0.08	0.14161	26%-50% Below	No	No
00555902658	JUNEL FE 1 MG-20 MCG TABLET	12	84.00	0.08	0.14161	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	1	63.00	0.20	0.37792	26%-50% Below	Yes	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	3	84.00	0.21	0.33441	26%-50% Below	No	No
00555902742	JUNEL 1.5 MG-30 MCG TABLET	4	63.00	0.19	0.34622	26%-50% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	28.00	0.05	0.13767	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	84.00	0.04	0.13767	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	84.00	0.05	0.13767	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	1	112.00	0.10	0.13767	10%-25% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	28.00	0.05	0.13030	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	2	84.00	0.05	0.13030	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	28.00	0.05	0.13707	51%-75% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	84.00	0.02	0.13707	76%-100% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	84.00	0.04	0.13707	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	3	84.00	0.05	0.13707	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	84.00	0.04	0.14287	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	84.00	0.05	0.14287	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 175

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	84.00	0.05	0.14287	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	4	112.00	0.05	0.14287	51%-75% Below	Yes	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	28.00	0.10	0.14564	26%-50% Below	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	28.00	0.43	0.14564	101%-200% Above	No	No
00555902858	JUNEL FE 1.5 MG-30 MCG TABLET	12	84.00	0.05	0.14564	51%-75% Below	Yes	No
00555903270	TRI-LEGEST FE-28 DAY TABLET	3	84.00	0.65	0.98458	26%-50% Below	No	No
00555904358	APRI 28 DAY TABLET	1	84.00	0.06	0.14016	51%-75% Below	Yes	No
00555904358	APRI 28 DAY TABLET	4	84.00	0.06	0.13240	51%-75% Below	Yes	No
00555904558	AVIANE-28 TABLET	1	84.00	0.08	0.17411	51%-75% Below	No	No
00555904558	AVIANE-28 TABLET	2	84.00	0.08	0.16317	51%-75% Below	Yes	No
00555904558	AVIANE-28 TABLET	4	84.00	0.08	0.15184	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	1	28.00	0.04	0.35376	76%-100% Below	No	No
00555904958	CRYSELLE-28 TABLET	1	28.00	0.24	0.35376	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	1	84.00	0.24	0.35376	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	2	28.00	0.21	0.32309	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	3	28.00	0.21	0.29884	26%-50% Below	No	No
00555904958	CRYSELLE-28 TABLET	12	28.00	0.20	0.38126	26%-50% Below	No	No
00555905167	VELIVET 28 DAY TABLET	3	84.00	0.07	0.60574	76%-100% Below	No	No
00555905167	VELIVET 28 DAY TABLET	12	84.00	0.17	0.67164	51%-75% Below	No	No
00574061105	PODOFILOX 0.5% TOPICAL SOLN	3	3.50	8.62	15.52000	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	1	2.00	6.47	11.38382	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	2	1.00	9.90	11.34861	10%-25% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	2	1.00	36.96	11.34861	200% Above	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.39	11.34861	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.39	11.34861	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 176

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574082001	TESTOSTERONE CYP 200 MG/ML	3	6.00	6.39	11.44764	26%-50% Below	No	No
00574082001	TESTOSTERONE CYP 200 MG/ML	3	6.00	9.70	11.44764	10%-25% Below	No	No
00574082010	TESTOSTERONE CYP 2,000 MG/10 ML	1	10.00	5.78	3.36599	51%-75% Above	No	No
00574082010	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	2.89	3.28594	10%-25% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	1	4.00	6.47	11.38382	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	1	12.00	13.21	11.38382	10%-25% Above	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.47	11.34861	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.47	11.34861	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	2	12.00	6.47	11.34861	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	1.00	6.39	11.44764	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.39	11.44764	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.39	11.44764	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	3	4.00	6.47	11.44764	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	4	1.00	6.39	11.44878	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	4	2.00	6.39	11.44878	26%-50% Below	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	12	4.00	12.98	11.54345	10%-25% Above	No	No
00574082701	TESTOSTERONE CYP 200 MG/ML	12	6.00	6.67	11.54345	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.05	0.07682	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	100.00	0.05	0.07908	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	0.04	0.07908	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	118.00	0.05	0.08020	26%-50% Below	No	No
00574110404	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.08020	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	100.00	0.05	0.07858	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	118.00	0.05	0.07858	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	118.00	0.05	0.07858	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 177

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	120.00	0.04	0.07858	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.07858	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.07858	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	140.00	0.04	0.07858	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	140.00	0.05	0.07858	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	150.00	0.04	0.07858	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	180.00	0.04	0.07858	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.04	0.07858	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.05	0.07858	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	240.00	0.04	0.07858	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	300.00	0.05	0.07858	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	75.00	0.05	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	100.00	0.05	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.04	0.07322	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.05	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.05	0.07322	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.01	0.07322	76%-100% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.04	0.07322	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.07322	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.07322	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.07322	10%-25% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	150.00	0.05	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	0.04	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	0.05	0.07322	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 178

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	200.00	0.04	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.07322	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	0.02	0.07322	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	0.04	0.07322	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	0.05	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	0.06	0.08343	10%-25% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	300.00	0.04	0.07322	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	100.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.04	0.07424	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.05	0.07424	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.05	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.05	0.07424	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.05	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	118.00	0.06	0.09145	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.04	0.07424	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	120.00	0.05	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	150.00	0.04	0.07424	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	178.00	0.05	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	0.05	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	200.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	200.00	0.05	0.07424	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 179

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	240.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	240.00	0.04	0.07424	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	252.00	0.05	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	300.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	400.00	0.04	0.07424	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	40.00	0.05	0.07091	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	200.00	0.05	0.07091	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	200.00	0.05	0.07091	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	240.00	0.04	0.07091	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	5	240.00	0.05	0.08798	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	40.00	0.05	0.08012	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	75.00	0.00	0.08012	76%-100% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	100.00	0.04	0.08012	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	100.00	0.04	0.08012	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	100.00	0.05	0.08012	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	118.00	0.04	0.08012	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.04	0.08012	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.08012	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.08012	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.06	0.08012	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.00	0.00	0.08012	76%-100% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.00	0.04	0.08012	51%-75% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.00	0.04	0.08012	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.00	0.05	0.08012	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	240.00	0.05	0.08012	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 180

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	240.00	0.06	0.08012	26%-50% Below	No	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	280.00	0.05	0.08012	26%-50% Below	Yes	No
00574110416	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	300.00	0.04	0.08012	26%-50% Below	Yes	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	1	60.00	0.15	0.27772	26%-50% Below	No	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	1	60.00	0.39	0.27772	26%-50% Above	No	No
00574200802	NYSTOP 100,000 UNIT/GM POWDER	3	60.00	0.15	0.27546	26%-50% Below	No	No
00574200830	NYSTOP 100,000 UNIT/GM POWDER	3	30.00	0.17	0.31069	26%-50% Below	No	No
00574200830	NYSTOP 100,000 UNIT/GM POWDER	12	30.00	0.17	0.32407	26%-50% Below	No	No
00574200830	NYSTOP 100,000 UNIT/GM POWDER	12	30.00	0.39	0.32407	10%-25% Above	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	1	30.00	0.17	0.26977	26%-50% Below	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	1	30.00	0.34	0.26977	26%-50% Above	No	No
00574204230	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	4	30.00	0.16	0.22483	26%-50% Below	No	No
00574220120	TRETINOIN 0.1% CREAM	1	20.00	0.83	1.06284	10%-25% Below	No	No
00574220145	TRETINOIN 0.1% CREAM	3	45.00	0.71	0.90870	10%-25% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	1	20.00	0.64	1.57025	51%-75% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	1	20.00	0.68	1.57025	51%-75% Below	No	No
00574220520	TRETINOIN 0.05% CREAM	1	20.00	0.68	1.57025	51%-75% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	3	20.00	0.64	1.62678	51%-75% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	3	20.00	0.68	1.62678	51%-75% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	4	20.00	0.64	1.63695	51%-75% Below	Yes	No
00574220520	TRETINOIN 0.05% CREAM	12	20.00	0.64	1.69898	51%-75% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	1	45.00	0.68	1.01528	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	2	45.00	0.59	0.93610	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	2	45.00	0.60	0.93610	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	3	45.00	0.50	0.93485	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 181

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574220545	TRETINOIN 0.05% CREAM	3	45.00	0.60	0.93485	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	3	45.00	0.68	0.93485	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	4	45.00	0.60	0.93837	26%-50% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	12	45.00	0.51	1.14203	51%-75% Below	Yes	No
00574220545	TRETINOIN 0.05% CREAM	12	45.00	0.71	1.14203	26%-50% Below	Yes	No
00574222520	TRETINOIN 0.025% CREAM	1	20.00	0.57	0.98490	26%-50% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	1	20.00	0.58	0.98490	26%-50% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	2	20.00	0.53	0.96234	26%-50% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	2	20.00	0.71	0.96234	10%-25% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	3	20.00	0.57	0.87441	26%-50% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	3	20.00	0.71	0.87441	10%-25% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	12	20.00	0.49	0.99639	26%-50% Below	No	No
00574222520	TRETINOIN 0.025% CREAM	12	20.00	0.74	0.99639	10%-25% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	1	45.00	0.39	0.92953	51%-75% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	1	45.00	1.65	0.92953	76%-100% Above	No	No
00574222545	TRETINOIN 0.025% CREAM	1	90.00	0.50	0.92953	26%-50% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	2	45.00	0.41	0.88844	51%-75% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	2	45.00	0.71	0.88844	10%-25% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	3	45.00	0.39	0.79702	51%-75% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	3	45.00	0.71	0.79702	10%-25% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	12	45.00	0.33	0.95752	51%-75% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	12	45.00	0.39	0.95752	51%-75% Below	No	No
00574222545	TRETINOIN 0.025% CREAM	12	45.00	1.08	0.95752	10%-25% Above	No	No
00574232545	TRETINOIN 0.025% GEL	3	45.00	1.21	2.47312	51%-75% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	5.00	1.00	4.28765	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 182

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	5.00	8.44	4.28765	76%-100% Above	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	5.00	3.64	4.40596	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	3.64	4.76511	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	3.64	4.76511	10%-25% Below	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.00	3.80	4.26767	10%-25% Below	No	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	5.00	3.80	4.26767	10%-25% Below	Yes	No
00574403105	TOBRAMYCIN-DEXAMETH OPHTH SUSP	12	10.00	1.69	4.26767	51%-75% Below	Yes	No
00574403125	TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	2.50	8.44	4.48816	76%-100% Above	No	No
00574709012	HYDROCORT AC SUP 25MG	1	12.00	0.55	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	1	12.00	2.58	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	2	12.00	2.58	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	2	30.00	0.55	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	3	14.00	2.58	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	3	20.00	0.55	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	3	20.00	2.58	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	3	28.00	2.59	.		Yes	No
00574709012	HYDROCORT AC SUP 25MG	4	12.00	0.83	.		Yes	No
00591034301	VERAPAMIL 80 MG TABLET	1	30.00	0.08	0.06492	10%-25% Above	Yes	No
00591034301	VERAPAMIL 80 MG TABLET	2	90.00	0.08	0.06346	10%-25% Above	Yes	No
00591034501	VERAPAMIL 120 MG TABLET	2	90.00	0.06	0.08718	26%-50% Below	No	No
00591034501	VERAPAMIL 120 MG TABLET	3	90.00	0.06	0.08362	26%-50% Below	No	No
00591034805	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	1	90.00	0.01	0.11510	76%-100% Below	No	No
00591040401	VERAPAMIL 40 MG TABLET	1	180.00	0.06	0.13095	51%-75% Below	No	No
00591040401	VERAPAMIL 40 MG TABLET	1	180.00	0.09	0.13095	26%-50% Below	No	No
00591040401	VERAPAMIL 40 MG TABLET	12	180.00	0.06	0.13301	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 183

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591042401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.14	0.09680	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.08	0.09680	10%-25% Below	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.19	0.09680	76%-100% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.19	0.09680	76%-100% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.13	0.09299	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	90.00	0.08	0.09299	10%-25% Below	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.13	0.09622	26%-50% Above	No	No
00591042405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.08	0.09622	10%-25% Below	No	No
00591045301	GUANFACINE 2 MG TABLET	1	30.00	0.39	0.25542	26%-50% Above	No	No
00591045301	GUANFACINE 2 MG TABLET	2	30.00	0.17	0.24096	26%-50% Below	No	No
00591045301	GUANFACINE 2 MG TABLET	3	30.00	0.17	0.24175	26%-50% Below	No	No
00591045301	GUANFACINE 2 MG TABLET	4	30.00	0.17	0.25146	26%-50% Below	No	No
00591046001	GLIPIZIDE 5 MG TABLET	2	90.00	0.06	0.03561	51%-75% Above	No	No
00591046010	GLIPIZIDE 5 MG TABLET	2	180.00	0.02	0.03561	26%-50% Below	Yes	No
00591046010	GLIPIZIDE 5 MG TABLET	2	180.00	0.06	0.03561	51%-75% Above	No	No
00591046110	GLIPIZIDE 10 MG TABLET	12	180.00	0.02	0.04758	51%-75% Below	Yes	No
00591046110	GLIPIZIDE 10 MG TABLET	12	180.00	0.07	0.04758	26%-50% Above	Yes	No
00591079401	DICYCLOMINE 10 MG CAPSULE	1	28.00	0.15	0.08099	76%-100% Above	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	1	60.00	0.11	0.08099	26%-50% Above	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	3	28.00	0.13	0.07527	51%-75% Above	No	No
00591079401	DICYCLOMINE 10 MG CAPSULE	3	60.00	0.06	0.07527	10%-25% Below	No	No
00591224522	MESALAMINE DR 1.2 GM TABLET	1	180.00	0.21	0.86434	51%-75% Below	No	No
00591224522	MESALAMINE DR 1.2 GM TABLET	2	90.00	1.07	0.86822	10%-25% Above	No	No
00591224522	MESALAMINE DR 1.2 GM TABLET	3	90.00	1.07	0.89053	10%-25% Above	No	No
00591224522	MESALAMINE DR 1.2 GM TABLET	12	60.00	1.40	0.87347	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 184

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591243615	ISOTRETINOIN 40 MG CAPSULE	1	30.00	1.70	12.10022	76%-100% Below	No	No
00591247330	TAMOXIFEN 20 MG TABLET	3	30.00	0.02	0.28175	76%-100% Below	No	No
00591247330	TAMOXIFEN 20 MG TABLET	12	90.00	0.00	0.28757	76%-100% Below	No	No
00591264101	BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-40-30 MG CP	1	30.00	2.74	4.98611	26%-50% Below	No	No
00591271202	ALBENDAZOLE 200 MG TABLET	3	4.00	3.75	4.40289	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	1	15.00	1.66	3.46906	51%-75% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	1	15.00	2.80	3.46906	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	1	15.00	2.80	3.46906	10%-25% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2	15.00	0.67	3.42151	76%-100% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2	15.00	1.00	3.42151	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	2	15.00	1.66	3.42151	51%-75% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	1.00	3.45255	51%-75% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	1.66	3.45255	51%-75% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	1.89	3.45255	26%-50% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	2.80	3.45255	10%-25% Below	No	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	3	15.00	3.05	3.45255	10%-25% Below	Yes	No
00591292754	LEVALBUTEROL TAR HFA 45 MCG INH	12	15.00	1.66	3.47294	51%-75% Below	Yes	No
00591405289	IVERMECTIN 1% CREAM	1	45.00	9.12	3.18141	101%-200% Above	No	No
00591405289	IVERMECTIN 1% CREAM	3	45.00	4.31	3.02351	26%-50% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	1	21.00	0.10	0.03767	101%-200% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	1	150.00	0.06	0.03767	51%-75% Above	No	No
00591505210	PREDNISONE 5 MG TABLET	4	180.00	0.06	0.03732	51%-75% Above	No	No
00591505243	PREDNISONE 5 MG TAB DOSE PACK	1	48.00	0.23	0.39409	26%-50% Below	No	No
00591530701	PROMETHAZINE 25 MG TABLET	2	12.00	0.09	0.04710	76%-100% Above	No	No
00591544201	PREDNISONE 10 MG TABLET	2	10.00	0.08	0.05836	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 185

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591544210	PREDNISONE 10 MG TABLET	1	3.00	0.22	0.05909	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	7.00	0.15	0.05909	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	10.00	0.08	0.05909	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	10.00	0.13	0.05909	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	14.00	0.08	0.05909	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	14.00	0.12	0.05909	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	14.00	0.13	0.05909	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	20.00	0.10	0.05909	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	27.00	0.13	0.05909	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	30.00	0.13	0.05909	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	60.00	0.09	0.05909	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	1	90.00	0.09	0.05909	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	7.00	0.16	0.05836	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	8.00	0.14	0.05836	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	9.00	0.08	0.05836	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	10.00	0.08	0.05836	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	10.00	0.14	0.05836	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	14.00	0.08	0.05836	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	14.00	0.12	0.05836	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	15.00	0.08	0.05836	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	18.00	0.11	0.05836	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	20.00	0.10	0.05836	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	21.00	0.10	0.05836	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	30.00	0.11	0.05836	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	2	60.00	0.09	0.05836	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 186

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591544210	PREDNISONE 10 MG TABLET	3	5.00	0.08	0.05793	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	5.00	0.19	0.05793	200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	10.00	0.08	0.05793	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	10.00	0.14	0.05793	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	14.00	0.12	0.05793	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	18.00	0.08	0.05793	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	20.00	0.08	0.05793	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	21.00	0.08	0.05793	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	24.00	0.10	0.05793	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	28.00	0.10	0.05793	51%-75% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	30.00	0.08	0.05793	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	3	35.00	0.08	0.05793	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	14.00	0.08	0.05754	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	30.00	0.11	0.05754	76%-100% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	4	48.00	0.08	0.05754	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	10.00	0.03	0.05943	26%-50% Below	No	No
00591544210	PREDNISONE 10 MG TABLET	12	10.00	0.13	0.05943	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	11.00	0.09	0.05943	26%-50% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	14.00	0.12	0.05943	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	14.00	0.13	0.05943	101%-200% Above	No	No
00591544210	PREDNISONE 10 MG TABLET	12	30.00	0.11	0.05943	76%-100% Above	No	No
00591544221	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.25	0.52613	51%-75% Below	No	No
00591544221	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.29	0.53161	26%-50% Below	No	No
00591544305	PREDNISONE 20 MG TABLET	1	14.00	0.14	0.07398	76%-100% Above	No	No
00591544305	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 187

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591544305	PREDNISONE 20 MG TABLET	4	6.00	0.11	0.07110	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	2	8.00	0.11	0.07099	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	2	15.00	0.11	0.07099	51%-75% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	3	7.00	0.17	0.07142	101%-200% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	No	No
00591544310	PREDNISONE 20 MG TABLET	4	15.00	0.14	0.07110	76%-100% Above	No	No
00591554405	ALLOPURINOL 300 MG TABLET	1	90.00	0.12	0.06202	76%-100% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	1	7.00	0.16	0.09566	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	1	30.00	0.20	0.09566	101%-200% Above	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	1	90.00	0.08	0.09566	10%-25% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	1	120.00	0.16	0.09566	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	2	30.00	0.16	0.09413	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	2	90.00	0.16	0.09413	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	3	30.00	0.16	0.09542	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	3	45.00	0.04	0.09542	51%-75% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	3	45.00	0.16	0.09542	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	3	46.00	0.16	0.09542	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	3	90.00	0.11	0.09542	10%-25% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	3	90.00	0.16	0.09542	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	3	120.00	0.16	0.09542	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	4	23.00	0.16	0.09483	51%-75% Above	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	4	30.00	0.01	0.09483	76%-100% Below	No	No
00591564201	MINOXIDIL 2.5 MG TABLET	12	45.00	0.04	0.09678	51%-75% Below	Yes	No
00591564201	MINOXIDIL 2.5 MG TABLET	12	90.00	0.16	0.09678	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 188

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00591564301	MINOXIDIL 10 MG TABLET	2	45.00	0.09	0.17443	26%-50% Below	No	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	1	90.00	0.22	0.27906	10%-25% Below	Yes	No
00591578201	ATENOLOL-CHLORTHALIDONE 50-25	2	90.00	0.15	0.26740	26%-50% Below	Yes	No
00591578301	ATENOLOL-CHLORTHALIDONE 100-25	4	90.00	0.17	0.33415	26%-50% Below	Yes	No
00591578301	ATENOLOL-CHLORTHALIDONE 100-25	12	90.00	0.18	0.35090	26%-50% Below	Yes	No
00597013830	GILOTRIF TAB 40MG	1	30.00	379.59	.		No	No
00597013830	GILOTRIF TAB 40MG	12	30.00	372.15	.		No	No
00597015390	JARDIANCE 25 MG TABLET	1	90.00	0.01	11.19650	76%-100% Below	No	No
00603188016	LIDOCAINE 5% PATCH	1	20.00	1.03	2.11796	51%-75% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	1	30.00	1.13	2.11796	26%-50% Below	No	No
00603188016	LIDOCAINE 5% PATCH	2	30.00	1.03	2.04549	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	2	90.00	0.42	2.04549	76%-100% Below	No	No
00603188016	LIDOCAINE 5% PATCH	3	30.00	1.03	1.97295	26%-50% Below	Yes	No
00603188016	LIDOCAINE 5% PATCH	12	30.00	1.74	2.10222	10%-25% Below	No	No
00603211521	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	Yes	No
00603211521	ALLOPURINOL 100 MG TABLET	4	90.00	0.08	0.03304	101%-200% Above	Yes	No
00603211532	ALLOPURINOL 100 MG TABLET	1	15.00	0.08	0.03584	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	1	30.00	0.08	0.03584	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	1	30.00	0.20	0.03584	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	1	30.00	0.22	0.03584	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	1	90.00	0.08	0.03584	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	1	90.00	0.20	0.03584	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	1	90.00	0.20	0.03584	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.03476	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	2	30.00	0.22	0.03476	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 189

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00603211532	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	2	180.00	0.08	0.03476	101%-200% Above	Yes	No
00603211532	ALLOPURINOL 100 MG TABLET	3	15.00	0.08	0.03313	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	3	30.00	0.08	0.03313	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	3	30.00	0.22	0.03313	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	4	15.00	0.08	0.03304	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	4	30.00	0.22	0.03304	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	12	30.00	0.09	0.03660	101%-200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	12	30.00	0.22	0.03660	200% Above	No	No
00603211532	ALLOPURINOL 100 MG TABLET	12	90.00	0.09	0.03660	101%-200% Above	No	No
00603211632	ALLOPURINOL 300 MG TABLET	12	45.00	0.29	0.06302	200% Above	Yes	No
00603243321	BENZTROPINE MES 0.5 MG TAB	1	180.00	0.08	0.07049	10%-25% Above	No	No
00603254021	BUTALBITAL-ACETAMINOPHEN 50-325 MG TAB	2	30.00	0.33	0.71216	51%-75% Below	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.19	0.11538	51%-75% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.45	0.11538	200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.19	0.11432	51%-75% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.19	0.11432	51%-75% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.47	0.11432	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.68	0.11432	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.19	0.11554	51%-75% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.19	0.11554	51%-75% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.23	0.11554	101%-200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.45	0.11554	200% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.63	0.11554	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 190

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.19	0.11381	51%-75% Above	Yes	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.53	0.11381	200% Above	No	No
00603459315	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.53	0.11636	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	1	21.00	0.47	0.14948	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	2	10.00	0.24	0.14032	51%-75% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	3	6.00	0.66	0.13236	200% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	3	60.00	0.08	0.13236	26%-50% Below	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	4	14.00	0.24	0.12115	76%-100% Above	No	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	4	21.00	0.24	0.12115	76%-100% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	4	90.00	0.24	0.12115	76%-100% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	12	21.00	0.25	0.14280	51%-75% Above	Yes	No
00603459321	METHYLPREDNISOLONE 4 MG TABLET	12	60.00	0.07	0.14280	26%-50% Below	Yes	No
00603533621	PREDNISONE 2.5 MG TABLET	1	10.00	0.04	0.07203	26%-50% Below	No	No
00603533621	PREDNISONE 2.5 MG TABLET	1	10.00	0.09	0.07203	26%-50% Above	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.21	0.39409	26%-50% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.33	0.39409	10%-25% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.33	0.39409	10%-25% Below	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.46	0.39409	10%-25% Above	No	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	0.33	0.38092	10%-25% Below	Yes	No
00603533715	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	0.33	0.39830	10%-25% Below	No	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.25	0.52202	51%-75% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.46	0.52202	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.25	0.52402	51%-75% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.46	0.52402	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.25	0.52613	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 191

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00603533815	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.46	0.52613	10%-25% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	0.23	0.53832	51%-75% Below	Yes	No
00603533815	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.29	0.53161	26%-50% Below	Yes	No
00703024101	TRIAMCINOLONE ACET 40 MG/ML VL	12	1.00	5.44	6.80550	10%-25% Below	No	No
00713022815	TRIAMCINOLONE 0.1% OINTMENT	3	30.00	0.06	0.11289	26%-50% Below	No	No
00713022815	TRIAMCINOLONE 0.1% OINTMENT	12	30.00	0.04	0.11575	51%-75% Below	No	No
00713022880	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.03	0.06432	26%-50% Below	No	No
00713022880	TRIAMCINOLONE 0.1% OINTMENT	12	80.00	0.04	0.06562	26%-50% Below	No	No
00713022915	TRIAMCINOLONE 0.025% OINT	1	15.00	0.06	0.24589	51%-75% Below	No	No
00713033915	HALOBETASOL PROP 0.05% OINTMNT	3	15.00	0.36	0.83078	51%-75% Below	No	No
00713033986	HALOBETASOL PROP 0.05% OINTMNT	3	50.00	0.61	0.49355	10%-25% Above	No	No
00713050312	ANUCORT-HC SUP 25MG	1	42.00	0.61	.		No	No
00713050312	ANUCORT-HC SUP 25MG	4	42.00	0.61	.		No	No
00713050324	ANUCORT-HC SUP 25MG	1	14.00	7.27	.		No	No
00713050324	ANUCORT-HC SUP 25MG	1	30.00	0.61	.		No	No
00713050324	ANUCORT-HC SUP 25MG	2	10.00	1.50	.		No	No
00713050324	ANUCORT-HC SUP 25MG	4	30.00	1.50	.		No	No
00713050324	ANUCORT-HC SUP 25MG	12	28.00	0.61	.		No	No
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	1	12.00	1.54	2.10818	26%-50% Below	No	No
00713052612	PROMETHEGAN 25 MG SUPPOSITORY	1	12.00	3.57	2.10818	51%-75% Above	No	No
00713055273	TERCONAZOLE 80 MG SUPPOSITORY	3	3.00	10.55	19.91141	26%-50% Below	No	No
00713057460	METRONIDAZOLE TOPICAL 1% GEL	1	60.00	0.44	0.68378	26%-50% Below	No	No
00713057460	METRONIDAZOLE TOPICAL 1% GEL	3	60.00	0.47	0.66324	26%-50% Below	No	No
00713057571	METRONIDAZOLE VAGINAL 0.75% GL	12	70.00	0.59	0.18394	200% Above	No	No
00713063115	FLUTICASONE CRE 0.05%	3	15.00	0.33	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 192

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00713063337	METRONIDAZOLE 0.75% CREAM	3	45.00	0.44	0.29251	51%-75% Above	No	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	1	30.00	0.19	0.40952	51%-75% Below	Yes	No
00713063415	MOMETASONE FUROATE 0.1% CREAM	3	15.00	0.19	0.40870	51%-75% Below	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	1	45.00	0.19	0.27261	26%-50% Below	Yes	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	1	45.00	0.22	0.27261	10%-25% Below	Yes	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	2	45.00	0.22	0.27292	10%-25% Below	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	2	45.00	0.46	0.27292	51%-75% Above	No	No
00713063437	MOMETASONE FUROATE 0.1% CREAM	4	45.00	0.22	0.28466	10%-25% Below	Yes	No
00713063515	MOMETASONE FUROATE 0.1% OINT	3	45.00	0.16	0.31622	26%-50% Below	No	No
00713063815	CICLOPIROX 0.77% CREAM	1	60.00	0.09	0.25890	51%-75% Below	No	No
00713064015	HALOBETASOL PROP 0.05% CREAM	12	45.00	0.51	0.71119	26%-50% Below	No	No
00713065540	TRIAMCINOLONE 0.1% PASTE	1	5.00	1.62	2.91526	26%-50% Below	No	No
00713065631	CLOBETASOL 0.05% OINTMENT	1	30.00	2.76	0.16438	200% Above	No	No
00713065631	CLOBETASOL 0.05% OINTMENT	12	30.00	1.24	0.16413	200% Above	No	No
00713065637	CLOBETASOL 0.05% OINTMENT	12	45.00	1.24	0.13801	200% Above	No	No
00713065660	CLOBETASOL 0.05% OINTMENT	1	60.00	1.19	0.11591	200% Above	No	No
00713065660	CLOBETASOL 0.05% OINTMENT	3	60.00	1.19	0.11007	200% Above	No	No
00713065915	BETAMETHASONE DP 0.05% CRM	2	45.00	0.33	0.50801	26%-50% Below	No	No
00713065937	BETAMETHASONE DP 0.05% CRM	1	45.00	0.33	0.42212	10%-25% Below	No	No
00713065937	BETAMETHASONE DP 0.05% CRM	1	45.00	0.56	0.42212	26%-50% Above	No	No
00713065937	BETAMETHASONE DP 0.05% CRM	2	45.00	0.33	0.41670	10%-25% Below	Yes	No
00713065937	BETAMETHASONE DP 0.05% CRM	12	45.00	0.77	0.43124	76%-100% Above	No	No
00713066160	DESONIDE 0.05% CREAM	1	60.00	0.33	0.19317	51%-75% Above	No	No
00713066160	DESONIDE 0.05% CREAM	12	60.00	0.25	0.19499	26%-50% Above	No	No
00713066315	FLUOCINONIDE 0.05% CREAM	3	15.00	0.16	0.35842	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 193

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00713066331	FLUOCINONIDE 0.05% CREAM	2	30.00	0.37	0.31385	10%-25% Above	No	No
00713066360	FLUOCINONIDE 0.05% CREAM	2	60.00	0.19	0.31995	26%-50% Below	No	No
00713066360	FLUOCINONIDE 0.05% CREAM	2	60.00	0.37	0.31995	10%-25% Above	No	No
00713067031	TAZAROTENE 0.1% CREAM	1	30.00	1.04	2.18863	51%-75% Below	No	No
00713067653	TRIAMCINOLONE 0.1% LOTION	3	60.00	0.15	0.28049	26%-50% Below	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.19	0.15235	10%-25% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.43	0.15235	101%-200% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	8	30.00	0.19	0.15225	26%-50% Above	No	No
00713067831	NYSTATIN 100,000 UNIT/GM CREAM	11	30.00	0.42	0.13664	200% Above	No	No
00713068215	GENTAMICIN 0.1% OINTMENT	3	450.00	0.50	0.99993	26%-50% Below	No	No
00713068615	NYSTATIN 100,000 UNIT/GM OINT	3	30.00	0.17	0.25690	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	100.00	0.03	0.04253	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	100.00	0.05	0.04253	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.03	0.04253	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.05	0.04253	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	121.00	0.05	0.04253	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	150.00	0.05	0.04253	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	160.00	0.05	0.04253	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	473.00	0.05	0.04253	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	100.00	0.03	0.04068	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	118.00	0.03	0.04068	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	118.00	0.04	0.04068	10%-25% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	120.00	0.03	0.04068	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	150.00	0.03	0.04068	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	100.00	0.03	0.03933	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 194

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	118.00	0.03	0.03933	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	50.00	0.03	0.03887	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	100.00	0.03	0.04377	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	118.00	0.03	0.04377	26%-50% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	118.00	0.04	0.04377	10%-25% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.05	0.04377	10%-25% Above	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	140.00	0.04	0.04377	10%-25% Below	No	No
00713078075	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	240.00	0.05	0.04377	10%-25% Above	No	No
00761009450	VITAMIN C TAB 500MG	1	30.00	0.20	.		No	No
00761009450	VITAMIN C TAB 500MG	2	30.00	0.20	.		No	No
00761087840	FOLIC ACID TAB 400MCG	12	30.00	0.01	.		Yes	No
00781106105	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.04	0.02455	76%-100% Above	No	No
00781106105	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.04	0.02504	51%-75% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.10	0.02495	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.10	0.02495	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	2.00	0.24	0.02455	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	10.00	0.06	0.02455	101%-200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	25.00	0.04	0.02455	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.03	0.02455	26%-50% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.04	0.02455	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.02	0.02455	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.04	0.02455	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	5.00	0.10	0.02434	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.01	0.02434	51%-75% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.03	0.02434	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 195

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.04	0.02434	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.02	0.02434	26%-50% Below	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.04	0.02434	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	4	2.00	0.24	0.02435	200% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.04	0.02435	76%-100% Above	No	No
00781106110	ALPRAZOLAM 0.25 MG TABLET	12	60.00	0.02	0.02504	26%-50% Below	No	No
00781107705	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.07	0.02280	200% Above	Yes	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	20.00	0.05	0.02312	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.03	0.02312	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.07	0.02312	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.17	0.02312	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	40.00	0.07	0.02312	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	40.00	0.17	0.02312	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	45.00	0.07	0.02312	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.02	0.02312	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.17	0.02312	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.01	0.02312	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.07	0.02312	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	10.00	0.08	0.02294	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.03	0.02294	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.03	0.02294	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.07	0.02294	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	40.00	0.07	0.02294	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	45.00	0.01	0.02294	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	45.00	0.07	0.02294	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 196

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.07	0.02294	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.01	0.02294	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	10.00	0.08	0.02284	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	14.00	0.07	0.02284	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	20.00	0.07	0.02284	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.03	0.02284	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.03	0.02284	26%-50% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.07	0.02284	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	45.00	0.07	0.02284	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.02	0.02284	10%-25% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.07	0.02284	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.01	0.02284	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.07	0.02284	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	10.00	0.08	0.02280	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	20.00	0.05	0.02280	101%-200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	20.00	0.07	0.02280	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.01	0.02280	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.07	0.02280	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.01	0.02280	51%-75% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	60.00	0.07	0.02280	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.01	0.02280	26%-50% Below	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	14.00	0.08	0.02323	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.08	0.02323	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.11	0.02323	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	40.00	0.08	0.02323	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 197

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	45.00	0.08	0.02323	200% Above	No	No
00781107710	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.08	0.02323	200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	1	30.00	0.06	0.02701	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	1	30.00	0.06	0.02701	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	1	60.00	0.02	0.02701	26%-50% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	1	60.00	0.06	0.02701	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	15.00	0.03	0.02761	10%-25% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	30.00	0.02	0.02761	10%-25% Below	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	30.00	0.06	0.02761	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	30.00	0.06	0.02761	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	2	60.00	0.06	0.02761	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	30.00	0.03	0.02734	10%-25% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	30.00	0.06	0.02734	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	3	30.00	0.06	0.02734	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	30.00	0.06	0.02668	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	4	60.00	0.06	0.02668	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	30.00	0.06	0.02617	101%-200% Above	No	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	30.00	0.06	0.02617	101%-200% Above	Yes	No
00781107905	ALPRAZOLAM 1 MG TABLET	12	60.00	0.14	0.02617	200% Above	Yes	No
00781107910	ALPRAZOLAM 1 MG TABLET	1	20.00	0.05	0.02701	51%-75% Above	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	1	30.00	0.02	0.02701	10%-25% Below	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	1	30.00	0.03	0.02701	10%-25% Above	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	1	120.00	0.02	0.02701	26%-50% Below	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	2	1.00	0.06	0.02761	101%-200% Above	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	2	20.00	0.05	0.02761	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 198

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781107910	ALPRAZOLAM 1 MG TABLET	2	30.00	0.02	0.02761	10%-25% Below	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	2	30.00	0.06	0.02761	101%-200% Above	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	2	120.00	0.02	0.02761	26%-50% Below	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	3	20.00	0.05	0.02734	51%-75% Above	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	3	30.00	0.02	0.02734	10%-25% Below	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	3	30.00	0.03	0.02734	10%-25% Above	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	4	30.00	0.02	0.02668	10%-25% Below	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	12	20.00	0.00	0.02617	76%-100% Below	No	No
00781107910	ALPRAZOLAM 1 MG TABLET	12	120.00	0.00	0.02617	76%-100% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	1	90.00	0.02	0.04798	26%-50% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	2	90.00	0.02	0.04711	26%-50% Below	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	3	1.00	0.07	0.04659	26%-50% Above	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	3	2.00	0.08	0.04659	51%-75% Above	No	No
00781108901	ALPRAZOLAM 2 MG TABLET	12	45.00	0.26	0.04784	200% Above	No	No
00781108905	ALPRAZOLAM 2 MG TABLET	1	30.00	0.16	0.04798	200% Above	Yes	No
00781108905	ALPRAZOLAM 2 MG TABLET	2	30.00	0.07	0.04711	51%-75% Above	Yes	No
00781108905	ALPRAZOLAM 2 MG TABLET	3	30.00	0.07	0.04659	51%-75% Above	Yes	No
00781148701	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.19	0.05416	200% Above	No	No
00781148701	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.10	0.05416	76%-100% Above	No	No
00781148710	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.19	0.05416	200% Above	No	No
00781148710	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.19	0.05282	200% Above	No	No
00781148710	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	0.19	0.05232	200% Above	No	No
00781148710	AMITRIPTYLINE HCL 25 MG TAB	12	90.00	0.11	0.05664	76%-100% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.35	0.27974	10%-25% Above	No	No
00781185220	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.25	0.27974	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 199

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781185220	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.34	0.27974	10%-25% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.24	0.27114	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.45	0.27114	51%-75% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	2	28.00	0.24	0.27114	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.24	0.28117	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.25	0.28117	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.34	0.28117	10%-25% Above	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.24	0.28438	10%-25% Below	Yes	No
00781185220	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.35	0.29770	10%-25% Above	Yes	No
00781202001	AMOXICILLIN 250 MG CAPSULE	12	6.00	0.06	0.06651	10%-25% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	2	14.00	0.37	0.46319	10%-25% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	2	60.00	0.37	0.46319	10%-25% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	3	21.00	0.24	0.45794	26%-50% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	3	28.00	0.37	0.45794	10%-25% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	3	60.00	0.37	0.45794	10%-25% Below	No	No
00781214501	AMPICILLIN 500 MG CAPSULE	12	60.00	0.36	0.46958	10%-25% Below	No	No
00781223410	OMEPRazole DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
00781223410	OMEPRazole DR 40 MG CAPSULE	12	90.00	0.26	0.05199	200% Above	No	No
00781227001	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAPSULE	1	30.00	0.48	0.98900	51%-75% Below	No	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	1	30.00	0.50	3.54353	76%-100% Below	No	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	1	30.00	1.63	3.54353	51%-75% Below	Yes	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	1	30.00	5.70	3.54353	51%-75% Above	No	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	1	30.00	5.70	3.54353	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 200

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	2	30.00	5.70	3.22554	76%-100% Above	Yes	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	3	30.00	1.63	3.07541	26%-50% Below	Yes	No
00781229901	LISDEXAMFETAMINE 10 MG CAPSULE	12	60.00	5.60	3.40197	51%-75% Above	Yes	No
00781238401	METHYLPHENIDATE ER(LA) 20 MG CP	4	30.00	0.91	1.82768	26%-50% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	1.64	3.17460	26%-50% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	5.70	3.17460	76%-100% Above	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	8.07	3.17460	101%-200% Above	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	1.59	2.83330	26%-50% Below	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	5.70	2.83330	101%-200% Above	Yes	No
00781247601	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	5.70	2.64750	101%-200% Above	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	1.71	3.18381	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	5.70	3.18381	76%-100% Above	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	1	60.00	1.71	3.18381	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	1	90.00	5.70	3.18381	76%-100% Above	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	1.71	2.98082	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	5.70	2.98082	76%-100% Above	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	2	60.00	1.71	2.98082	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	0.92	2.95842	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	5.70	2.95842	76%-100% Above	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	3	60.00	0.92	2.95842	51%-75% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	3	90.00	5.70	2.95842	76%-100% Above	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	1.71	3.36979	26%-50% Below	Yes	No
00781247701	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	5.60	3.36979	51%-75% Above	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	5.70	3.21897	76%-100% Above	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.92	3.09944	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 201

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	5.70	3.09944	76%-100% Above	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	0.92	3.06463	51%-75% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	5.70	3.06463	76%-100% Above	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.92	2.93842	51%-75% Below	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	5.70	2.93842	76%-100% Above	Yes	No
00781247801	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	5.60	3.18407	51%-75% Above	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	1.50	2.97592	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	5.70	2.97592	76%-100% Above	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	1.50	2.90963	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	5.70	2.90963	76%-100% Above	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	1.41	2.82863	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	1.50	2.82863	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	5.70	2.82863	101%-200% Above	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	1.41	2.79284	26%-50% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	1.50	3.10267	51%-75% Below	Yes	No
00781247901	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	5.60	3.10267	76%-100% Above	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	0.67	3.03236	76%-100% Below	No	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	5.70	3.03236	76%-100% Above	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	8.08	3.03236	101%-200% Above	No	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	5.70	2.95753	76%-100% Above	No	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	5.70	2.95753	76%-100% Above	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	5.70	2.92947	76%-100% Above	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	5.70	2.94866	76%-100% Above	Yes	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	0.50	3.17339	76%-100% Below	No	No
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	0.67	3.17339	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 202

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781248001	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	5.60	3.17339	76%-100% Above	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	1.57	2.96601	26%-50% Below	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	5.70	2.96601	76%-100% Above	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	1.48	2.85019	26%-50% Below	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	5.70	2.85019	76%-100% Above	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	1.43	2.88011	26%-50% Below	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	5.70	2.88011	76%-100% Above	Yes	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	5.60	3.13242	76%-100% Above	No	No
00781248101	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	5.60	3.13242	76%-100% Above	Yes	No
00781261301	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08722	10%-25% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.06	0.08502	26%-50% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.06	0.08502	10%-25% Below	No	No
00781261301	AMOXICILLIN 500 MG CAPSULE	3	30.00	0.06	0.08381	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.20	0.08722	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	22.00	0.07	0.08722	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.20	0.08722	101%-200% Above	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	1	42.00	0.06	0.08722	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.06	0.08502	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08502	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.06	0.08502	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.04	0.09188	51%-75% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.06	0.08321	10%-25% Below	Yes	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	20.00	0.07	0.09053	10%-25% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	30.00	0.06	0.09053	26%-50% Below	No	No
00781261305	AMOXICILLIN 500 MG CAPSULE	12	40.00	0.08	0.09053	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 203

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.09	0.02971	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.10	0.02971	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.23	0.02971	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.05	0.02971	51%-75% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.07	0.02921	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.09	0.02921	101%-200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.10	0.02921	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.10	0.02884	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.09	0.02847	200% Above	No	No
00781286810	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.10	0.02847	200% Above	No	No
00781324664	ENOXAPARIN 40 MG/0.4 ML SYR	2	4.00	6.10	8.03817	10%-25% Below	Yes	No
00781324664	ENOXAPARIN 40 MG/0.4 ML SYR	2	8.00	6.61	8.03817	10%-25% Below	Yes	No
00781528364	CETIRIZINE HCL 5 MG CHEW TAB	4	60.00	1.26	2.01133	26%-50% Below	No	No
00781528464	CETIRIZINE HCL 10 MG CHEW TAB	2	30.00	3.06	2.21882	26%-50% Above	No	No
00781600078	DIFLUPREDNATE 0.05% EYE DROP	1	5.00	14.80	10.45989	26%-50% Above	Yes	No
00781602246	CLARITHROMYCIN 125 MG/5 ML SUS	4	100.00	0.85	0.99206	10%-25% Below	No	No
00781603946	AMOXICILLIN 125 MG/5 ML SUSP	1	100.00	0.01	0.02006	26%-50% Below	No	No
00781603946	AMOXICILLIN 125 MG/5 ML SUSP	1	200.00	0.01	0.02006	51%-75% Below	No	No
00781603946	AMOXICILLIN 125 MG/5 ML SUSP	2	100.00	0.01	0.02037	51%-75% Below	No	No
00781603946	AMOXICILLIN 125 MG/5 ML SUSP	3	100.00	0.01	0.02039	51%-75% Below	No	No
00781603946	AMOXICILLIN 125 MG/5 ML SUSP	4	100.00	0.01	0.02043	51%-75% Below	No	No
00781613948	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	200.00	0.04	0.06214	26%-50% Below	No	No
00781613948	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	200.00	0.08	0.06214	26%-50% Above	No	No
00781613948	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	200.00	0.04	0.06298	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.04	0.06422	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 204

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06422	26%-50% Above	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	250.00	0.04	0.06170	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	250.00	0.04	0.06132	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	150.00	0.04	0.06297	26%-50% Below	No	No
00781613954	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.08	0.06530	26%-50% Above	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	75.00	0.04	0.07231	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	150.00	0.04	0.07231	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	150.00	0.04	0.07005	26%-50% Below	No	No
00781613957	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	150.00	0.04	0.06970	26%-50% Below	No	No
00781615646	AMOXICILLIN 200 MG/5 ML SUSP	3	100.00	0.02	0.03087	26%-50% Below	No	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	1	50.00	0.02	0.04451	26%-50% Below	Yes	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	1	250.00	0.02	0.04451	51%-75% Below	Yes	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.02	0.04421	51%-75% Below	No	No
00781615752	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.02	0.04489	51%-75% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	14.69	8.68153	51%-75% Above	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	1.41	8.44583	76%-100% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	4.31	8.30836	26%-50% Below	Yes	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	7.02	8.61573	10%-25% Below	No	No
00781618667	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	14.69	8.61573	51%-75% Above	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	2	4.00	6.49	11.80291	26%-50% Below	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	2	4.00	10.05	11.80291	10%-25% Below	No	No
00781710454	ESTRADIOL 0.1 MG PATCH (1/WK)	3	4.00	5.90	11.88853	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	1	4.00	6.83	11.01067	26%-50% Below	No	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	1	4.00	6.83	11.01067	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	2	4.00	6.83	10.72657	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 205

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	3	4.00	6.83	10.56264	26%-50% Below	Yes	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	4	4.00	6.83	10.27942	26%-50% Below	No	No
00781711954	ESTRADIOL 0.025 MG PATCH(1/WK)	12	4.00	8.24	10.99994	10%-25% Below	Yes	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	1	4.00	5.68	11.52491	26%-50% Below	No	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	1	12.00	6.05	11.52491	26%-50% Below	Yes	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	2	4.00	6.14	11.54217	26%-50% Below	No	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	2	12.00	5.68	11.54217	26%-50% Below	Yes	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	2	12.00	6.25	11.54217	26%-50% Below	No	No
00781712254	ESTRADIOL 0.0375 MG PATCH(1/WK)	12	4.00	6.39	11.00777	26%-50% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	1	8.00	4.57	6.65523	26%-50% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	1	24.00	4.65	6.65523	26%-50% Below	Yes	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	2	8.00	3.54	6.55076	26%-50% Below	No	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	4	24.00	4.65	7.04050	26%-50% Below	Yes	No
00781712983	ESTRADIOL 0.025 MG PATCH(2/WK)	12	8.00	3.28	6.41632	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	1	4.00	1.25	12.50090	76%-100% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	1	4.00	6.15	12.50090	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	1	4.00	9.80	12.50090	10%-25% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	1	8.00	5.54	12.50090	51%-75% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	2	4.00	2.50	11.74386	76%-100% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	2	4.00	9.80	11.74386	10%-25% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	2	8.00	5.54	11.74386	51%-75% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	2	12.00	6.15	11.74386	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	3	4.00	2.50	11.27425	76%-100% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	3	4.00	6.20	11.27425	26%-50% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	3	4.00	9.80	11.27425	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 206

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	3	8.00	5.54	11.27425	26%-50% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	3	12.00	6.20	11.27425	26%-50% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	4	4.00	2.50	10.62802	76%-100% Below	No	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	12	8.00	5.54	12.49155	51%-75% Below	Yes	No
00781713354	ESTRADIOL 0.05 MG PATCH (1/WK)	12	12.00	10.21	12.49155	10%-25% Below	Yes	No
00781713654	ESTRADIOL 0.075 MG PATCH(1/WK)	2	4.00	1.59	13.70880	76%-100% Below	No	No
00781713654	ESTRADIOL 0.075 MG PATCH(1/WK)	3	4.00	1.59	13.22820	76%-100% Below	No	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	24.00	4.47	6.70185	26%-50% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	2	8.00	4.56	6.64493	26%-50% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	8.00	3.55	6.63983	26%-50% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	24.00	1.58	6.63983	76%-100% Below	No	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	24.00	3.55	6.63983	26%-50% Below	Yes	No
00781713883	ESTRADIOL 0.0375 MG PATCH(2/WK)	4	8.00	4.56	6.96625	26%-50% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	1	24.00	0.83	7.14823	76%-100% Below	No	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	2.86	7.25512	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	4.77	7.25512	26%-50% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	5.86	7.25512	10%-25% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	3.16	7.27563	51%-75% Below	Yes	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	5.89	7.27563	10%-25% Below	No	No
00781714483	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	1.88	7.33071	51%-75% Below	No	No
00781715683	ESTRADIOL 0.075 MG PATCH(2/WK)	1	8.00	0.70	7.23626	76%-100% Below	No	No
00781715683	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	0.70	7.07864	76%-100% Below	No	No
00781715683	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	3.53	7.07864	26%-50% Below	No	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	2	24.00	3.83	6.78954	26%-50% Below	Yes	No
00781716783	ESTRADIOL 0.1 MG PATCH (2/WK)	3	8.00	3.44	6.77538	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 207

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	3	8.00	3.44	6.77538	26%-50% Below	Yes	No
00781717250	AZELAIC ACID 15% GEL	12	50.00	0.80	0.68903	10%-25% Above	Yes	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.11	2.18751	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.11	2.18751	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.13	2.18751	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.48	2.18751	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.95	2.18751	10%-25% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	1	20.10	1.11	2.18751	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.13	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.17	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.20	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.22	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.31	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.43	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.11	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	20.10	1.11	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	2	33.50	1.11	2.13810	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.11	2.13443	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.11	2.13443	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.13	2.13443	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.15	2.13443	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.17	2.13443	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.22	2.13443	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 208

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	6.70	1.43	2.13443	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	13.40	1.11	2.13443	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	3	20.10	1.11	2.13443	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.11	2.13190	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.13	2.13190	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.11	2.23739	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.13	2.23739	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.39	2.23739	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.43	2.23739	26%-50% Below	No	No
00781729685	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.95	2.23739	10%-25% Below	No	No
00781804601	PERPHENAZINE 2 MG TABLET	1	90.00	0.22	0.18438	10%-25% Above	No	No
00781804601	PERPHENAZINE 2 MG TABLET	2	90.00	0.22	0.19664	10%-25% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.13	0.30083	51%-75% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.17	0.30083	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.39	0.30083	26%-50% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.30083	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	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	0.17	0.28827	26%-50% Below	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.51	0.28827	51%-75% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	3	6.00	0.65	0.28827	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.00	0.39	0.31612	10%-25% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.00	0.67	0.31612	101%-200% Above	No	No
00781808926	AZITHROMYCIN 250 MG TABLET	12	6.00	1.50	0.31612	200% Above	No	No
00832054011	BUMETANIDE 0.5 MG TABLET	12	60.00	0.25	0.13149	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 209

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00832054111	BUMETANIDE 1 MG TABLET	3	30.00	0.33	0.17447	76%-100% Above	No	No
00832059530	EXEMESTANE 25 MG TABLET	4	90.00	0.87	0.62072	26%-50% Above	No	No
00832059530	EXEMESTANE 25 MG TABLET	12	90.00	2.02	0.61723	200% Above	No	No
00832105415	BACLOFEN 10 MG TABLET	1	30.00	0.20	0.03471	200% Above	No	No
00832112005	TESTOSTERONE 50 MG/5 GRAM GEL	3	150.00	2.53	0.72538	200% Above	No	No
00832121100	JANTOVEN 1 MG TABLET	1	90.00	0.11	0.08423	26%-50% Above	No	No
00832121300	JANTOVEN 2.5 MG TABLET	3	60.00	0.14	0.08380	51%-75% Above	No	No
00832125011	RAMELTEON 8 MG TABLET	2	90.00	0.94	0.71273	26%-50% Above	No	No
00832141003	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	7.96	1.82235	200% Above	Yes	No
00832142505	BRIMONIDINE-TIMOLOL 0.2%-0.5%	1	5.00	8.57	3.40979	101%-200% Above	No	No
00832142505	BRIMONIDINE-TIMOLOL 0.2%-0.5%	1	5.00	19.88	3.40979	200% Above	No	No
00832142505	BRIMONIDINE-TIMOLOL 0.2%-0.5%	3	5.00	8.57	3.23279	101%-200% Above	No	No
00832142515	BRIMONIDINE-TIMOLOL 0.2%-0.5%	3	15.00	7.58	2.29820	200% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.28	0.13336	101%-200% Above	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.12	0.13386	10%-25% Below	No	No
00832532411	POTASSIUM CL ER 10 MEQ TABLET	12	60.00	0.06	0.12638	51%-75% Below	Yes	No
00832532510	POTASSIUM CL ER 20 MEQ TABLET	2	15.00	0.10	0.13587	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	0.10	0.13587	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.02	0.13587	76%-100% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	3	30.00	0.10	0.13661	10%-25% Below	No	No
00832532511	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	0.10	0.13796	10%-25% Below	No	No
00832532515	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.22	0.13587	51%-75% Above	No	No
00832532515	POTASSIUM CL ER 20 MEQ TABLET	3	30.00	0.10	0.13661	10%-25% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	1	38.00	0.12	0.21571	26%-50% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	1	230.00	0.11	0.21571	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 210

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	2	230.00	0.11	0.21523	26%-50% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	3	230.00	0.11	0.21267	26%-50% Below	No	No
00832603212	FLUOXETINE 20 MG/5 ML SOLUTION	12	230.00	0.12	0.22517	26%-50% Below	No	No
00832604515	FAMOTIDINE SUS 40MG/5ML	3	150.00	0.34	.		No	No
00832604890	PITAVASTATIN 1 MG TABLET	2	90.00	0.17	1.21589	76%-100% Below	No	No
00832604890	PITAVASTATIN 1 MG TABLET	4	90.00	0.73	1.20479	26%-50% Below	Yes	No
00832604890	PITAVASTATIN 1 MG TABLET	12	90.00	0.52	1.53118	51%-75% Below	No	No
00832604990	PITAVASTATIN 2 MG TABLET	1	90.00	1.70	1.33118	26%-50% Above	Yes	No
00832605090	PITAVASTATIN 4 MG TABLET	1	90.00	0.14	1.53849	76%-100% Below	No	No
00832605612	MESALAMINE ER 0.375 GRAM CAP	2	360.00	0.70	0.41963	51%-75% Above	Yes	No
00832605612	MESALAMINE ER 0.375 GRAM CAP	12	120.00	0.21	0.44655	51%-75% Below	Yes	No
00832607211	METHIMAZOLE 5 MG TABLET	1	45.00	0.09	0.07588	10%-25% Above	No	No
00904386575	DEEP SEA SPR 0.65%	1	44.00	0.30	.		No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	1	90.00	0.02	0.02603	26%-50% Below	No	No
00904404073	ASPIRIN 81 MG CHEWABLE TABLET	4	30.00	0.02	0.02622	26%-50% Below	No	No
00904572514	MINTOX MAXIMUM STRENGTH SUSP	1	120.00	0.17	0.01183	200% Above	No	No
00904583348	LORATADINE-D 24HR TABLET	1	30.00	0.50	0.56775	10%-25% Below	No	No
00904583348	LORATADINE-D 24HR TABLET	2	30.00	0.50	0.56398	10%-25% Below	No	No
00904583348	LORATADINE-D 24HR TABLET	3	30.00	0.50	0.57468	10%-25% Below	No	No
00904585540	IBUPROFEN 800 MG TABLET	6	90.00	0.09	0.06198	26%-50% Above	No	No
00904637061	AMLODIPINE BESYLATE 5 MG TAB	3	10.00	0.11	0.01069	200% Above	No	No
00904651961	MIRTAZAPINE 15 MG TABLET	3	10.00	0.13	0.06757	76%-100% Above	No	No
00904671740	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.03	0.06636	51%-75% Below	No	No
00904671746	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06636	26%-50% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.03	0.06636	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 211

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00904671760	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.03	0.06232	51%-75% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.03	0.06109	26%-50% Below	No	No
00904671760	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.03	0.07146	51%-75% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06636	26%-50% Below	No	No
00904671772	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06109	26%-50% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	1	30.00	0.01	0.01418	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	1	30.00	0.01	0.01418	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	1	90.00	0.01	0.01418	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	1	90.00	0.01	0.01418	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	2	30.00	0.20	0.01426	200% Above	No	No
00904675180	ASPIRIN EC 81 MG TABLET	2	90.00	0.01	0.01426	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	2	90.00	0.01	0.01426	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	3	30.00	0.01	0.01442	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	3	56.00	0.01	0.01442	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	3	90.00	0.01	0.01442	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	4	30.00	0.20	0.01466	200% Above	No	No
00904675180	ASPIRIN EC 81 MG TABLET	4	90.00	0.01	0.01466	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	12	30.00	0.01	0.01491	51%-75% Below	No	No
00904675180	ASPIRIN EC 81 MG TABLET	12	30.00	0.01	0.01491	51%-75% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	1	75.00	0.02	0.03589	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	1	75.00	0.03	0.03589	10%-25% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	2	118.00	0.04	0.03680	10%-25% Above	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	3	70.00	0.02	0.03744	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	3	75.00	0.02	0.03744	26%-50% Below	No	No
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	3	75.00	0.05	0.03744	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 212

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00904676520	CHILD CETIRIZINE HCL 1 MG/ML	12	140.00	0.02	0.03609	26%-50% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	1	90.00	0.01	0.01418	26%-50% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	3	30.00	0.01	0.01442	26%-50% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	3	90.00	0.01	0.01442	26%-50% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	12	60.00	0.17	0.01491	200% Above	No	No
00904678370	ASPIRIN EC 81 MG TABLET	12	90.00	0.01	0.01491	51%-75% Below	No	No
00904678370	ASPIRIN EC 81 MG TABLET	12	90.00	0.01	0.01491	26%-50% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	1	30.00	0.01	0.02603	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	1	90.00	0.01	0.02603	76%-100% Below	Yes	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	2	30.00	0.01	0.02608	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	3	30.00	0.01	0.02569	76%-100% Below	No	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	3	30.00	0.50	0.02569	200% Above	Yes	No
00904679480	ASPIRIN 81 MG CHEWABLE TABLET	12	30.00	0.01	0.02664	76%-100% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	1	90.00	0.01	0.02603	51%-75% Below	Yes	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	2	30.00	0.01	0.02608	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	3	30.00	0.01	0.02569	51%-75% Below	No	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	3	90.00	0.01	0.02569	51%-75% Below	Yes	No
00904679489	ASPIRIN 81 MG CHEWABLE TABLET	12	90.00	0.01	0.02664	51%-75% Below	Yes	No
00904685272	LORATADINE 10 MG TABLET	2	60.00	0.03	0.05314	51%-75% Below	No	No
00904685289	LORATADINE 10 MG TABLET	3	90.00	0.03	0.05353	26%-50% Below	No	No
00904723724	BANOPHEN 25 MG CAPSULE	12	2.00	6.98	0.06319	200% Above	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	2	10.00	0.06	0.02748	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	2	40.00	0.17	0.02748	200% Above	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	2	60.00	0.06	0.02748	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	3	5.00	0.53	0.02763	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 213

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	3	30.00	0.18	0.02763	200% Above	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	3	30.00	0.20	0.02763	200% Above	No	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	3	60.00	0.06	0.02763	101%-200% Above	Yes	No
00904728060	DOCUSATE SODIUM 100 MG SOFTGEL	4	30.00	0.06	0.02720	101%-200% Above	Yes	No
00904728080	DOCUSATE SODIUM 100 MG SOFTGEL	1	28.00	0.92	0.02816	200% Above	No	No
00904728080	DOCUSATE SODIUM 100 MG SOFTGEL	3	60.00	0.23	0.02763	200% Above	No	No
00904759080	FEROSUL TAB 325MG	1	90.00	0.11	.		No	No
00904759080	FEROSUL TAB 325MG	2	30.00	0.96	.		No	No
00904759080	FEROSUL TAB 325MG	3	12.00	26.02	.		No	No
00904759080	FEROSUL TAB 325MG	3	30.00	0.35	.		No	No
00904759080	FEROSUL TAB 325MG	3	30.00	0.62	.		No	No
00904759080	FEROSUL TAB 325MG	4	90.00	0.11	.		No	No
00904759080	FEROSUL TAB 325MG	12	30.00	0.35	.		No	No
00904759160	FEROSUL TAB 325MG	1	36.00	0.39	.		No	No
00955100610	ENOXAPARIN 60 MG/0.6 ML SYR	6	4.80	10.38	9.33033	10%-25% Above	No	No
07610017840	VITAMIN D-3 TAB 5000UNIT	4	30.00	0.50	.		Yes	No
08214056529	PX LANCETS MIS 28G	2	100.00	0.04	.		No	No
08214056529	PX LANCETS MIS 28G	3	100.00	0.04	.		No	No
08214058529	PX LANCETS MIS 33G	2	100.00	0.04	.		No	No
08214058529	PX LANCETS MIS 33G	2	100.00	0.04	.		No	No
08290305269	BD INTEG 3ML SYN 25GX5/8"	2	3.00	0.68	.		No	No
08290305540	ALLERGIST KIT 27GX1/2"	3	25.00	0.63	.		No	No
08290305766	BD ECLIPSE MIS 18GX1.5"	2	12.00	1.81	.		No	No
08290309571	BD LUER 3ML SYN 23GX1"	3	8.00	0.26	.		Yes	No
08290309574	3ML LL SYRNG MIS 22GX1.5"	2	12.00	1.75	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 214

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08290320119	BD PEN NEEDL MIS 31GX5MM	3	100.00	0.63	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	1	100.00	0.63	.		No	No
08290320122	BD PEN NEEDL MIS 32GX4MM	3	100.00	0.63	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	100.00	0.60	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	2	100.00	0.63	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	3	100.00	0.62	.		No	No
08290320550	BD NANO 2NDG PEN 32GX4MM	12	300.00	0.07	.		No	No
08290320882	BD MINI NDL PEN 31GX5MM	2	100.00	0.38	.		No	No
08290324910	BDVEO HALF-U SYN 31GX6MM	2	20.00	0.44	.		No	No
08290328203	BD ORIG NDL PEN 29GX12.7	2	100.00	0.64	.		No	No
08290328203	BD ORIG NDL PEN 29GX12.7	3	100.00	0.64	.		No	No
08373982600	OPTICHAMBER MIS DIA MD	2	1.00	23.19	.		No	No
08496331001	EASY TOUCH LNC TWST/33G	12	100.00	0.05	.		No	No
08508300001	OMNIPOD 5 DX KIT INT G7G6	1	1.00	593.27	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	10.00	58.88	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	10.00	58.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	10.00	60.15	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	15.00	59.33	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	15.00	60.26	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	1	30.00	60.15	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	10.00	56.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	10.00	58.88	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	10.00	58.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	10.00	60.15	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	10.00	61.34	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 215

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	15.00	56.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	15.00	60.26	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	30.00	56.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	30.00	60.15	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	45.00	56.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	2	45.00	57.84	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	10.00	58.88	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	10.00	58.99	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	10.00	58.99	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	10.00	60.15	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	10.00	61.34	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	15.00	56.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	15.00	60.26	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	30.00	59.33	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	30.00	60.15	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	3	45.00	59.70	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	10.00	58.99	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	15.00	56.34	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	15.00	60.26	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	20.00	60.26	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	4	30.00	60.15	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	12	10.00	58.69	.		Yes	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	12	30.00	59.07	.		No	No
08508300021	OMNIPOD 5 DX MIS POD G7G6	12	45.00	59.70	.		No	No
08508300042	OMNIPOD 5 L2 MIS PODS G6	2	45.00	59.70	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 216

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08508300042	OMNIPOD 5 L2 MIS PODS G6	3	15.00	61.34	.		No	No
08508300042	OMNIPOD 5 L2 MIS PODS G6	3	30.00	58.99	.		Yes	No
08508300088	OMNIPOD 5 L2 KIT INTRO G6	2	1.00	597.00	.		No	No
08508300088	OMNIPOD 5 L2 KIT INTRO G6	12	1.00	589.91	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	224.14	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	230.08	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	1	1.00	234.68	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	2	1.00	224.14	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	2	1.00	236.02	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	2	1.00	239.73	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	3	1.00	234.68	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	3	1.00	236.02	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	4	1.00	230.08	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	4	1.00	239.29	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	4	1.00	244.01	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	12	1.00	234.54	.		Yes	No
08627001601	DEXCOM G6 MIS TRANSMIT	12	1.00	234.98	.		No	No
08627001601	DEXCOM G6 MIS TRANSMIT	12	1.00	237.50	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	1.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	127.76	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	129.30	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	3.00	132.84	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	1	9.00	125.26	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 217

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	1.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	129.30	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	130.51	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	3.00	132.84	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	2	9.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	2	9.00	127.76	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	3	1.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	127.76	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	132.84	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	3.00	132.84	.		Yes	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	122.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	3	9.00	128.49	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	4	3.00	129.30	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	124.05	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	124.20	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	124.83	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	3.00	125.54	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	9.00	119.03	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	9.00	123.81	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	9.00	124.20	.		No	No
08627005303	DEXCOM G6 MIS SENSOR	12	9.00	125.54	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 218

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	1.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	1.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	1.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	127.51	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	127.75	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	3.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	6.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	6.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	8.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	125.25	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	9.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	1	12.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	1.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	2.00	127.76	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	122.02	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 219

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	127.51	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	3.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	125.25	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	126.62	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	2	9.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	127.51	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	127.75	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	128.48	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	3.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	6.00	128.48	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 220

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	132.07	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	132.07	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	3	9.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	129.29	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	130.50	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	132.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	3.00	132.83	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	122.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	127.75	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	4	9.00	130.26	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	2.00	125.54	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	123.42	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	123.42	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	123.81	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	124.05	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	124.05	.		Yes	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	124.83	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	3.00	125.54	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	119.02	.		No	No
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	125.19	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
08627007701	DEXCOM G7 MIS SENSOR	12	9.00	125.19	.		Yes	No
08627007801	DEXCOM G7 MIS RECEIVER	1	1.00	295.45	.		Yes	No
08627007801	DEXCOM G7 MIS RECEIVER	1	1.00	299.00	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	1	1.00	301.80	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	2	1.00	297.13	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	3	1.00	295.45	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	3	1.00	295.45	.		Yes	No
08627007801	DEXCOM G7 MIS RECEIVER	3	1.00	297.13	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	3	1.00	301.24	.		Yes	No
08627007801	DEXCOM G7 MIS RECEIVER	3	1.00	307.19	.		No	No
08627007801	DEXCOM G7 MIS RECEIVER	4	1.00	295.45	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	1	2.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	1	6.00	195.38	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	2	2.00	191.63	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	2	2.00	192.72	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	2	2.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	2	2.00	195.75	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	2	6.00	191.63	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	2	6.00	195.38	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	2	6.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	1.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	2.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	2.00	191.63	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	2.00	191.63	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	2.00	192.72	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 222

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
08627007901	DEXCOM G7 MIS SNSR 15D	3	2.00	193.93	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	2.00	195.75	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	2.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	6.00	191.63	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	3	6.00	195.38	.		Yes	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	1.00	191.26	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	1.00	192.72	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	2.00	183.02	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	2.00	192.72	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	2.00	199.24	.		No	No
08627007901	DEXCOM G7 MIS SNSR 15D	4	6.00	195.38	.		Yes	No
08627009111	DEXCOM G6 MIS RECEIVER	3	1.00	360.67	.		Yes	No
10006073038	MAG OXIDE TAB 400MG	1	60.00	0.17	.		Yes	No
10006073038	MAG OXIDE TAB 400MG	1	90.00	0.17	.		Yes	No
10135077805	PREDNISONE TAB 20MG	1	10.00	0.09	.		No	No
10135077805	PREDNISONE TAB 20MG	2	5.00	0.08	.		No	No
10135077901	PREDNISONE TAB 50MG	3	5.00	0.15	.		No	No
10135078705	EZETIMIBE TAB 10MG	3	90.00	0.07	.		No	No
10370036511	TOPIRAMATE ER 25 MG CAPSULE	1	30.00	0.67	4.12648	76%-100% Below	No	No
10370036511	TOPIRAMATE ER 25 MG CAPSULE	2	30.00	0.50	3.81443	76%-100% Below	No	No
10370036511	TOPIRAMATE ER 25 MG CAPSULE	3	30.00	0.67	3.72410	76%-100% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	1	60.00	1.38	12.60224	76%-100% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	1	60.00	7.37	12.60224	26%-50% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	2	60.00	0.75	12.44308	76%-100% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	2	60.00	7.37	12.44308	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 223

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10370036711	TOPIRAMATE ER 100 MG CAPSULE	3	60.00	0.75	12.33220	76%-100% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	3	60.00	7.37	12.33220	26%-50% Below	No	No
10370036711	TOPIRAMATE ER 100 MG CAPSULE	12	60.00	7.70	13.06161	26%-50% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	2	30.00	0.13	0.14896	10%-25% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	2	90.00	0.13	0.14896	10%-25% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	3	30.00	0.01	0.15028	76%-100% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	3	30.00	0.13	0.15028	10%-25% Below	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	3	90.00	0.26	0.15028	51%-75% Above	No	No
10370082909	DILTIAZEM 24H ER(CD) 120 MG CP	4	30.00	0.13	0.14581	10%-25% Below	No	No
10572001201	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.06	0.12364	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	1	4000.00	0.00	0.00437	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	1	4000.00	0.00	0.00437	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2	4000.00	0.00	0.00444	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	2	4000.00	0.00	0.00444	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	3	4000.00	0.00	0.00451	26%-50% Below	No	No
10572010001	PEG-3350 AND ELECTROLYTES SOLN	12	4000.00	0.00	0.00443	26%-50% Below	No	No
10572030201	PEG 3350-ELECTROLYTE SOLUTION	12	4000.00	0.00	0.00613	51%-75% Below	No	No
10702000301	PROMETHAZINE 25 MG TABLET	2	12.00	0.09	0.04710	76%-100% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	2	10.00	0.09	0.04710	76%-100% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	12	20.00	0.22	0.04917	200% Above	No	No
10702000310	PROMETHAZINE 25 MG TABLET	12	30.00	0.22	0.04917	200% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	2	30.00	0.09	0.04710	76%-100% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	4	30.00	0.09	0.04708	76%-100% Above	No	No
10702000350	PROMETHAZINE 25 MG TABLET	12	10.00	0.10	0.04917	76%-100% Above	No	No
10702001110	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.07	0.03557	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 224

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	5.00	0.12	0.09038	26%-50% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	12.00	0.06	0.09038	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	12.00	0.23	0.09038	101%-200% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	20.00	0.05	0.09038	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	20.00	0.05	0.09038	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	20.00	0.08	0.09038	10%-25% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	28.00	0.06	0.09038	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	1	40.00	0.04	0.09038	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	8.00	0.14	0.08871	51%-75% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	12.00	0.06	0.08871	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	12.00	0.07	0.08871	10%-25% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	20.00	0.06	0.08871	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	20.00	0.06	0.08871	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	2	30.00	0.04	0.08871	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	3.00	0.10	0.08770	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	5.00	0.10	0.08770	10%-25% Above	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	10.00	0.12	0.08770	26%-50% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	20.00	0.07	0.08770	10%-25% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	28.00	0.04	0.08770	26%-50% Below	Yes	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	28.00	0.10	0.08770	10%-25% Above	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	3	30.00	0.05	0.08770	26%-50% Below	No	No
10702001801	OXYCODONE HCL (IR) 5 MG TABLET	6	15.00	0.12	0.09239	26%-50% Above	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	3	30.00	0.10	0.08770	10%-25% Above	No	No
10702001850	OXYCODONE HCL (IR) 5 MG TABLET	4	120.00	0.10	0.08756	10%-25% Above	No	No
10702002301	OXYCODONE HCL (IR) 5 MG CAP	4	5.00	0.36	0.42369	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 225

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1.23	0.06959	200% Above	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	1	20.00	0.08	0.16272	26%-50% Below	No	No
10702005601	OXYCODONE HCL (IR) 10 MG TAB	4	90.00	0.08	0.16429	26%-50% Below	No	No
10702005701	OXYCODONE HCL (IR) 20 MG TAB	3	90.00	0.10	0.23417	51%-75% Below	Yes	No
10702005701	OXYCODONE HCL (IR) 20 MG TAB	3	150.00	0.11	0.23417	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	1	120.00	0.11	0.24407	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	3	120.00	0.11	0.23417	51%-75% Below	No	No
10702005750	OXYCODONE HCL (IR) 20 MG TAB	4	120.00	0.11	0.23517	51%-75% Below	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.25	0.14339	51%-75% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	1	60.00	0.17	0.14339	10%-25% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	1	60.00	0.25	0.14339	51%-75% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	2	30.00	0.11	0.14119	10%-25% Below	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	2	60.00	0.17	0.14119	10%-25% Above	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	2	60.00	0.33	0.14119	101%-200% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	3	30.00	0.11	0.14060	10%-25% Below	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	3	30.00	0.33	0.14060	101%-200% Above	No	No
10702010001	METHYLPHENIDATE 5 MG TABLET	3	60.00	0.17	0.14060	10%-25% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	3	60.00	0.25	0.14060	76%-100% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	3	60.00	0.33	0.14060	101%-200% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	3	90.00	0.17	0.14060	10%-25% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	4	30.00	0.11	0.13720	10%-25% Below	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	4	60.00	0.30	0.13720	101%-200% Above	Yes	No
10702010001	METHYLPHENIDATE 5 MG TABLET	12	60.00	0.33	0.14118	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.10	0.18194	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.22	0.18194	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 226

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702010101	METHYLPHENIDATE 10 MG TABLET	1	60.00	0.08	0.18194	51%-75% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.10	0.17135	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.10	0.17135	26%-50% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.50	0.17135	101%-200% Above	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	2	60.00	0.14	0.17135	10%-25% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.10	0.16762	26%-50% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.33	0.16762	76%-100% Above	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	4	14.00	0.10	0.16306	26%-50% Below	Yes	No
10702010101	METHYLPHENIDATE 10 MG TABLET	4	30.00	0.10	0.16306	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	4	60.00	0.08	0.16306	26%-50% Below	No	No
10702010101	METHYLPHENIDATE 10 MG TABLET	12	30.00	0.33	0.18807	76%-100% Above	No	No
10702010201	METHYLPHENIDATE 20 MG TABLET	1	30.00	0.12	0.22658	26%-50% Below	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	1	60.00	0.12	0.22658	26%-50% Below	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	2	60.00	0.25	0.21337	10%-25% Above	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	3	60.00	0.12	0.20238	26%-50% Below	Yes	No
10702010201	METHYLPHENIDATE 20 MG TABLET	4	30.00	0.12	0.19617	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	2	14.00	0.15	0.28788	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	2	60.00	0.15	0.28788	26%-50% Below	No	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	3	30.00	0.12	0.29153	51%-75% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	3	30.00	0.15	0.29153	26%-50% Below	Yes	No
10702010701	DEXMETHYLPHENIDATE 5 MG TAB	3	60.00	0.15	0.29153	26%-50% Below	Yes	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	1	60.00	0.17	0.37357	51%-75% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	2	30.00	0.16	0.37834	51%-75% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	2	60.00	0.18	0.37834	51%-75% Below	No	No
10702010801	DEXMETHYLPHENIDATE 10 MG TAB	3	30.00	0.18	0.37717	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 227

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
10702010801	DESMETHYLPHENIDATE 10 MG TAB	4	30.00	0.18	0.36802	51%-75% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	1	118.00	0.08	0.09626	10%-25% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	1	120.00	0.08	0.09626	10%-25% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	2	120.00	0.08	0.09800	10%-25% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	2	150.00	0.08	0.09800	10%-25% Below	No	No
10702015016	HYDROCODONE-HOMATROPINE SOLN	3	210.00	0.05	0.09792	26%-50% Below	No	No
10702018501	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	25.00	0.40	0.11869	200% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	60.00	0.32	0.13984	101%-200% Above	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	0.07	0.13454	26%-50% Below	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.07	0.13099	26%-50% Below	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	30.00	0.07	0.12339	26%-50% Below	No	No
10702025301	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	30.00	0.49	0.13882	200% Above	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	40.00	0.07	0.13984	51%-75% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	48.00	0.32	0.13984	101%-200% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	50.00	0.07	0.13984	51%-75% Below	No	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	72.00	0.32	0.13984	101%-200% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	14.00	0.08	0.12339	26%-50% Below	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	72.00	0.14	0.12339	10%-25% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	12.00	0.32	0.13882	101%-200% Above	Yes	No
10702025350	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	30.00	0.32	0.13882	101%-200% Above	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	2	100.00	0.13	0.09795	26%-50% Above	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	3	100.00	0.09	0.09980	10%-25% Below	Yes	No
11527073044	SODIUM FLUORIDE 5000 PPM PASTE	3	100.00	0.13	0.09980	26%-50% Above	Yes	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	3	100.00	0.13	0.09980	26%-50% Above	Yes	No
11527075043	SODIUM FLUORIDE 5000 PPM PASTE	4	100.00	0.13	0.10161	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 228

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	1	100.00	0.05	0.09603	26%-50% Below	Yes	No
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	2	100.00	0.05	0.09795	26%-50% Below	Yes	No
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	3	100.00	0.05	0.09980	26%-50% Below	Yes	No
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	3	100.00	0.13	0.09980	26%-50% Above	Yes	No
11527075534	SODIUM FLUORIDE 5000 DRY MOUTH	4	100.00	0.13	0.10161	26%-50% Above	Yes	No
11534016003	PHENTERMINE 37.5 MG TABLET	2	30.00	0.63	0.06968	200% Above	No	No
11534016003	PHENTERMINE 37.5 MG TABLET	12	30.00	0.63	0.06817	200% Above	No	No
11534016003	PHENTERMINE 37.5 MG TABLET	12	30.00	1.13	0.06817	200% Above	No	No
11534016501	FOLIC ACID 1 MG TABLET	3	90.00	0.02	0.01899	26%-50% Above	No	No
11534016501	FOLIC ACID 1 MG TABLET	4	180.00	0.02	0.01899	26%-50% Above	No	No
11534016501	FOLIC ACID 1 MG TABLET	12	180.00	0.03	0.02307	10%-25% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	30.00	0.01	0.02111	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	30.00	0.03	0.02111	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	60.00	0.01	0.02111	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02111	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02111	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	2	30.00	0.01	0.02008	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	2	30.00	0.03	0.02008	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	2	60.00	0.01	0.02008	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02008	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	30.00	0.01	0.01899	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	30.00	0.03	0.01899	51%-75% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	60.00	0.01	0.01899	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.01899	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.01899	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 229

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.01	0.01899	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	4	60.00	0.01	0.01899	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	4	90.00	0.01	0.01899	51%-75% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	30.00	0.00	0.02307	76%-100% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	30.00	0.01	0.02307	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	30.00	0.03	0.02307	26%-50% Above	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	60.00	0.01	0.02307	26%-50% Below	No	No
11534016503	FOLIC ACID 1 MG TABLET	12	90.00	0.01	0.02307	51%-75% Below	No	No
11845009661	B-12 SUB 1000MCG	1	90.00	0.17	.		Yes	No
11845011831	VITAMIN D3 CAP 400UNIT	3	180.00	0.08	.		Yes	No
11917021854	WAL-FEX ALRG TAB 60MG 12H	3	24.00	0.08	.		No	No
12547020436	ZYRTEC ALLGY TAB 10MG	3	90.00	0.09	.		Yes	No
13107000105	MIRTAZAPINE 7.5 MG TABLET	1	30.00	0.17	0.37808	51%-75% Below	No	No
13107000105	MIRTAZAPINE 7.5 MG TABLET	2	30.00	0.17	0.36520	51%-75% Below	No	No
13107000105	MIRTAZAPINE 7.5 MG TABLET	3	30.00	0.17	0.36074	51%-75% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	1	30.00	0.17	0.37808	51%-75% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	2	30.00	0.17	0.36520	51%-75% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	2	30.00	0.50	0.36520	26%-50% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	3	30.00	0.50	0.36074	26%-50% Above	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	4	30.00	0.17	0.36385	51%-75% Below	No	No
13107000130	MIRTAZAPINE 7.5 MG TABLET	12	30.00	0.52	0.38810	26%-50% Above	No	No
13107000305	MIRTAZAPINE 30 MG TABLET	2	30.00	0.12	0.08581	26%-50% Above	No	No
13107000305	MIRTAZAPINE 30 MG TABLET	4	90.00	0.12	0.08965	26%-50% Above	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	1	60.00	0.12	0.08726	26%-50% Above	No	No
13107000334	MIRTAZAPINE 30 MG TABLET	2	60.00	0.12	0.08581	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 230

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107000334	MIRTAZAPINE 30 MG TABLET	3	60.00	0.12	0.08769	26%-50% Above	No	No
13107001401	GLYCOPYRROLATE 1 MG TABLET	2	90.00	0.08	0.10513	26%-50% Below	No	No
13107001401	GLYCOPYRROLATE 1 MG TABLET	3	90.00	0.06	0.10285	26%-50% Below	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	1	30.00	0.09	0.07039	26%-50% Above	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	2	30.00	0.09	0.06878	26%-50% Above	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	3	30.00	0.08	0.06757	10%-25% Above	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	3	30.00	0.09	0.06757	26%-50% Above	No	No
13107003105	MIRTAZAPINE 15 MG TABLET	4	30.00	0.09	0.06668	26%-50% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	3	90.00	0.08	0.06757	10%-25% Above	No	No
13107003134	MIRTAZAPINE 15 MG TABLET	12	90.00	0.14	0.07233	76%-100% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	1	30.00	0.15	0.11129	26%-50% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	1	30.00	0.34	0.11129	200% Above	No	No
13107003234	MIRTAZAPINE 45 MG TABLET	2	30.00	0.15	0.10566	26%-50% Above	No	No
13107007201	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.21	0.29359	26%-50% Below	No	No
13107007201	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.21	0.26594	10%-25% Below	No	No
13107007301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.11	0.30691	51%-75% Below	No	No
13107007901	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03479	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	1	30.00	0.18	0.03479	200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	1	60.00	0.08	0.03479	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	1	60.00	0.18	0.03479	200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	1	90.00	0.08	0.03479	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	1	180.00	0.06	0.03479	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03401	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	2	30.00	0.09	0.03401	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 231

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.06	0.03351	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	3	90.00	0.08	0.03351	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	3	180.00	0.04	0.03351	26%-50% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	4	30.00	0.07	0.03309	76%-100% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	4	60.00	0.08	0.03309	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	4	90.00	0.06	0.03309	51%-75% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	12	60.00	0.08	0.03489	101%-200% Above	No	No
13107007901	TRAZODONE 50 MG TABLET	12	90.00	0.14	0.03489	200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	1	30.00	0.06	0.03479	76%-100% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	3	30.00	0.06	0.03351	76%-100% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	3	30.00	0.09	0.03351	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	3	90.00	0.06	0.03351	76%-100% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	3	180.00	0.08	0.03351	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
13107007905	TRAZODONE 50 MG TABLET	12	30.00	0.08	0.03489	101%-200% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	1	30.00	0.21	0.05198	200% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	1	60.00	0.21	0.05198	200% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	1	90.00	0.09	0.05198	51%-75% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	1	90.00	0.21	0.05198	200% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	2	30.00	0.09	0.05068	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	2	60.00	0.09	0.05068	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	3	60.00	0.09	0.05082	76%-100% Above	No	No
13107008001	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	76%-100% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	1	30.00	0.04	0.03804	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 232

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107008305	LORAZEPAM 0.5 MG TABLET	1	30.00	0.10	0.03804	101%-200% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	2	30.00	0.04	0.03502	10%-25% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	2	60.00	0.04	0.03502	10%-25% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	1.00	0.04	0.03354	10%-25% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	60.00	0.04	0.03354	26%-50% Above	Yes	No
13107008305	LORAZEPAM 0.5 MG TABLET	3	90.00	0.04	0.03354	26%-50% Above	No	No
13107008305	LORAZEPAM 0.5 MG TABLET	12	60.00	0.10	0.04198	101%-200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	1	30.00	0.06	0.04302	26%-50% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	1	30.00	0.14	0.04302	200% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	2	10.00	0.05	0.03811	26%-50% Above	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	12	30.00	0.02	0.04692	51%-75% Below	Yes	No
13107008405	LORAZEPAM 1 MG TABLET	12	30.00	0.03	0.04692	26%-50% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	1	30.00	0.03	0.06816	51%-75% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	2	30.00	0.12	0.06721	51%-75% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	2	90.00	0.12	0.06721	51%-75% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	3	30.00	0.03	0.06603	51%-75% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	3	90.00	0.12	0.06603	76%-100% Above	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	4	30.00	0.03	0.06490	51%-75% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	12	30.00	0.03	0.07080	51%-75% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	12	30.00	0.03	0.07080	51%-75% Below	Yes	No
13107015490	PAROXETINE HCL 10 MG TABLET	12	90.00	0.12	0.07080	51%-75% Above	Yes	No
13107015530	PAROXETINE HCL 20 MG TABLET	1	90.00	0.12	0.07218	51%-75% Above	No	No
13107015530	PAROXETINE HCL 20 MG TABLET	2	90.00	0.12	0.06975	76%-100% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	1	90.00	0.12	0.07218	51%-75% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	2	90.00	0.03	0.06975	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 233

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13107015590	PAROXETINE HCL 20 MG TABLET	2	90.00	0.12	0.06975	76%-100% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	7	30.00	0.15	0.07434	76%-100% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	8	30.00	0.12	0.07297	51%-75% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	9	30.00	0.12	0.07289	51%-75% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	10	30.00	0.12	0.07129	51%-75% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	11	30.00	0.12	0.07205	51%-75% Above	No	No
13107015590	PAROXETINE HCL 20 MG TABLET	12	30.00	0.12	0.07395	51%-75% Above	Yes	No
13107015590	PAROXETINE HCL 20 MG TABLET	12	30.00	0.27	0.07395	200% Above	No	No
13107015599	PAROXETINE HCL 20 MG TABLET	3	90.00	0.12	0.06882	76%-100% Above	No	No
13107015599	PAROXETINE HCL 20 MG TABLET	12	90.00	0.12	0.07395	51%-75% Above	No	No
13107015690	PAROXETINE HCL 30 MG TABLET	2	30.00	0.20	0.09713	101%-200% Above	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	3	30.00	0.20	0.09832	101%-200% Above	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	3	60.00	0.08	0.09832	10%-25% Below	Yes	No
13107015690	PAROXETINE HCL 30 MG TABLET	4	90.00	0.20	0.09569	101%-200% Above	Yes	No
13107015730	PAROXETINE HCL 40 MG TABLET	1	30.00	0.29	0.10838	101%-200% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	1	90.00	0.29	0.10838	101%-200% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	2	30.00	0.13	0.10882	10%-25% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	3	30.00	0.13	0.11309	10%-25% Above	No	No
13107015730	PAROXETINE HCL 40 MG TABLET	4	30.00	0.13	0.11158	10%-25% Above	No	No
13107015790	PAROXETINE HCL 40 MG TABLET	2	90.00	0.13	0.10882	10%-25% Above	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	3	90.00	0.13	0.11309	10%-25% Above	Yes	No
13107015790	PAROXETINE HCL 40 MG TABLET	12	90.00	0.13	0.10938	10%-25% Above	Yes	No
13107032001	CLORAZEPATE 7.5 MG TABLET	12	60.00	0.51	0.92064	26%-50% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.05	0.03456	26%-50% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.13	0.03456	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 234

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	2	90.00	0.13	0.03456	200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.02	0.03472	26%-50% Below	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.13	0.03472	200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.13	0.03473	200% Above	No	No
13668000701	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.00	0.13	0.03481	200% Above	No	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	1.00	0.13	0.03423	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	10.00	0.05	0.03423	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	15.00	0.05	0.03423	51%-75% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.03	0.03423	10%-25% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.13	0.03423	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.28	0.03423	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.03	0.03456	10%-25% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.13	0.03456	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	2	90.00	0.13	0.03456	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.13	0.03472	200% Above	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.00	0.01	0.03481	51%-75% Below	Yes	No
13668000705	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.00	0.13	0.03481	200% Above	Yes	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	2	15.00	0.13	0.03456	200% Above	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.13	0.03456	200% Above	No	No
13668000710	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.13	0.03472	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.02	0.03778	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.24	0.03778	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.53	0.03778	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.02	0.03778	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.02	0.03773	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 235

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.24	0.03773	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	0.24	0.03773	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03844	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.24	0.03844	200% Above	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.02	0.03844	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	4	90.00	0.24	0.03854	200% Above	Yes	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.02	0.03859	26%-50% Below	No	No
13668000801	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.53	0.03859	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	5.00	0.24	0.03778	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	15.00	0.05	0.03778	26%-50% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	15.00	0.06	0.03778	51%-75% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.03	0.03778	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.04	0.03778	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.05	0.03778	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.05	0.03778	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.24	0.03778	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.24	0.03778	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.53	0.03778	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.53	0.03778	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.02	0.03778	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.03	0.03778	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.03	0.03778	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	15.00	0.07	0.03773	51%-75% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.03	0.03773	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.04	0.03773	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 236

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.05	0.03773	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.05	0.03773	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.24	0.03773	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.24	0.03773	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	0.02	0.03773	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	0.24	0.03773	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	0.24	0.03773	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.01	0.03844	51%-75% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.03	0.03844	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.04	0.03844	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.05	0.03844	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.05	0.03844	10%-25% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.24	0.03844	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.24	0.03844	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.02	0.03844	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.03	0.03844	26%-50% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.03	0.03844	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	3	90.00	0.24	0.03844	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.01	0.03854	51%-75% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	45.00	0.03	0.03854	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	4	90.00	0.03	0.03854	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	14.00	0.07	0.03859	76%-100% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.01	0.03859	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 237

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.03	0.03859	10%-25% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.03	0.03859	10%-25% Below	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.05	0.03859	10%-25% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.24	0.03859	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.24	0.03859	200% Above	Yes	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.52	0.03859	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.68	0.03859	200% Above	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.00	0.03	0.03859	26%-50% Below	No	No
13668000805	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.00	0.24	0.03859	200% Above	Yes	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.24	0.03778	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.53	0.03778	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.24	0.03773	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.24	0.03844	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.06	0.03859	51%-75% Above	No	No
13668000810	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.24	0.03859	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	1	90.00	0.03	0.02522	26%-50% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	1	90.00	0.04	0.02522	51%-75% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	2	90.00	0.12	0.02512	200% Above	No	No
13668000901	CITALOPRAM HBR 10 MG TABLET	3	90.00	0.03	0.02581	26%-50% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.01	0.02522	51%-75% Below	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.12	0.02522	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.28	0.02522	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.28	0.02522	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	1	90.00	0.03	0.02522	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 238

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.12	0.02522	200% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	2	30.00	0.12	0.02512	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	2	90.00	0.04	0.02512	26%-50% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.12	0.02581	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	3	90.00	0.04	0.02581	51%-75% Above	Yes	No
13668000905	CITALOPRAM HBR 10 MG TABLET	12	30.00	0.12	0.02442	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	12	90.00	0.12	0.02442	200% Above	No	No
13668000905	CITALOPRAM HBR 10 MG TABLET	12	90.00	0.12	0.02442	200% Above	Yes	No
13668001001	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.04	0.02892	26%-50% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.04	0.02892	26%-50% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.11	0.02892	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.24	0.02892	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.04	0.02884	26%-50% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.11	0.02884	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.02	0.02884	10%-25% Below	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.04	0.02885	26%-50% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.11	0.02885	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.11	0.02885	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	3	135.00	0.11	0.02885	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.11	0.02890	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.11	0.02907	200% Above	No	No
13668001001	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.11	0.02907	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.04	0.02892	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.04	0.02892	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.04	0.02892	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 239

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.05	0.02892	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.05	0.02892	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.11	0.02892	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.24	0.02892	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.24	0.02892	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	60.00	0.01	0.02892	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.02	0.02892	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.11	0.02892	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	1	90.00	0.24	0.02892	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.01	0.02884	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.01	0.02884	51%-75% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.04	0.02884	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.05	0.02884	51%-75% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.11	0.02884	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.11	0.02884	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.11	0.02884	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.11	0.02884	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	135.00	0.02	0.02884	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	2	180.00	0.11	0.02884	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.01	0.02885	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.01	0.02885	51%-75% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.01	0.02885	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.04	0.02885	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.04	0.02885	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.05	0.02885	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 240

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.11	0.02885	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.11	0.02885	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.01	0.02885	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.02	0.02885	10%-25% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.11	0.02885	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.11	0.02885	200% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	30.00	0.04	0.02890	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.01	0.02890	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.11	0.02890	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	14.00	0.11	0.02907	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.04	0.02907	26%-50% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.04	0.02907	26%-50% Above	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.01	0.02907	51%-75% Below	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.02	0.02907	10%-25% Below	Yes	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.03	0.02907	10%-25% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.11	0.02907	200% Above	No	No
13668001005	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.24	0.02907	200% Above	Yes	No
13668001101	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.11	0.04526	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.25	0.04526	200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.03	0.04526	26%-50% Below	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.11	0.04526	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.11	0.04420	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.11	0.04420	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.11	0.04431	101%-200% Above	No	No
13668001101	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.03	0.04431	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 241

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668001101	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.11	0.04431	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.02	0.04526	51%-75% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.05	0.04526	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.11	0.04526	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	30.00	0.25	0.04526	200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.02	0.04526	51%-75% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.11	0.04526	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.25	0.04526	200% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.02	0.04420	51%-75% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.05	0.04420	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.04	0.04420	10%-25% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.11	0.04420	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.11	0.04420	101%-200% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.02	0.04431	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.05	0.04431	10%-25% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.11	0.04431	101%-200% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.02	0.04431	51%-75% Below	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.11	0.04431	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.11	0.04431	101%-200% Above	Yes	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	30.00	0.11	0.04366	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	45.00	0.03	0.04366	26%-50% Below	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.11	0.04366	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	30.00	0.11	0.04603	101%-200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	30.00	0.25	0.04603	200% Above	No	No
13668001105	CITALOPRAM HBR 40 MG TABLET	12	90.00	0.11	0.04603	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 242

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668003560	RISPERIDONE 0.25 MG TABLET	3	60.00	0.02	0.03605	26%-50% Below	Yes	No
13668003560	RISPERIDONE 0.25 MG TABLET	3	60.00	0.09	0.03605	101%-200% Above	Yes	No
13668003560	RISPERIDONE 0.25 MG TABLET	3	90.00	0.02	0.03605	51%-75% Below	Yes	No
13668003560	RISPERIDONE 0.25 MG TABLET	4	60.00	0.02	0.03670	26%-50% Below	Yes	No
13668003560	RISPERIDONE TAB 0.25MG	2	60.00	0.09	.		Yes	No
13668003860	RISPERIDONE 2 MG TABLET	3	75.00	0.02	0.05033	51%-75% Below	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	1	46.00	0.06	0.02947	76%-100% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	2	46.00	0.08	0.02913	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	2	180.00	0.08	0.02913	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	3	60.00	0.08	0.02924	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	3	360.00	0.05	0.02924	51%-75% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	4	30.00	0.06	0.02939	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	4	180.00	0.08	0.02939	101%-200% Above	Yes	No
13668004501	LAMOTRIGINE 25 MG TABLET	12	90.00	0.08	0.03008	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	1	30.00	0.06	0.04550	26%-50% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	1	30.00	0.07	0.04550	51%-75% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	1	30.00	0.20	0.04550	200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	1	90.00	0.09	0.04550	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	1	90.00	0.20	0.04550	200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	1	180.00	0.09	0.04550	76%-100% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	2	30.00	0.07	0.04411	51%-75% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	2	30.00	0.09	0.04411	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	2	90.00	0.09	0.04411	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	2	135.00	0.09	0.04411	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	2	305.00	0.09	0.04411	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 243

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668004701	LAMOTRIGINE 100 MG TABLET	3	90.00	0.06	0.04414	10%-25% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	3	90.00	0.06	0.04414	26%-50% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	3	90.00	0.09	0.04414	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	3	180.00	0.02	0.04414	26%-50% Below	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	4	30.00	0.09	0.04454	101%-200% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	12	30.00	0.07	0.04582	51%-75% Above	Yes	No
13668004701	LAMOTRIGINE 100 MG TABLET	12	90.00	0.07	0.04582	26%-50% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	3	180.00	0.09	0.06504	26%-50% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	4	30.00	0.09	0.06722	26%-50% Above	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	12	30.00	0.03	0.06625	51%-75% Below	Yes	No
13668004801	LAMOTRIGINE 150 MG TABLET	12	30.00	0.07	0.06625	10%-25% Above	Yes	No
13668004905	LAMOTRIGINE 200 MG TABLET	3	180.00	0.18	0.08161	101%-200% Above	No	No
13668004960	LAMOTRIGINE 200 MG TABLET	1	90.00	0.07	0.08016	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	1	90.00	0.18	0.08016	101%-200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	1	90.00	0.39	0.08016	200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	3	180.00	0.18	0.08161	101%-200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	4	90.00	0.07	0.08328	10%-25% Below	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	12	30.00	0.18	0.08032	101%-200% Above	Yes	No
13668004960	LAMOTRIGINE 200 MG TABLET	12	180.00	0.18	0.08032	101%-200% Above	Yes	No
13668007905	MONTELUKAST SOD 4 MG TAB CHEW	4	30.00	0.15	0.07560	76%-100% Above	No	No
13668008005	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	0.33	0.06967	200% Above	No	No
13668008030	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	0.15	0.07101	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	1	30.00	0.09	0.04050	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	1	30.00	0.20	0.04050	200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	2	30.00	0.09	0.04100	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 244

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668009190	PRAMIPEXOLE 0.125 MG TABLET	2	90.00	0.09	0.04100	101%-200% Above	No	No
13668009190	PRAMIPEXOLE 0.125 MG TABLET	3	30.00	0.09	0.04063	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	1	30.00	0.11	0.04626	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	2	30.00	0.11	0.04612	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	2	90.00	0.09	0.04612	76%-100% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	2	270.00	0.11	0.04612	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	3	30.00	0.11	0.04630	101%-200% Above	No	No
13668009290	PRAMIPEXOLE 0.25 MG TABLET	12	30.00	0.11	0.04733	101%-200% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	1	30.00	0.08	0.05567	26%-50% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	2	30.00	0.08	0.05534	26%-50% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	3	30.00	0.08	0.05568	26%-50% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	4	30.00	0.11	0.05574	76%-100% Above	No	No
13668009390	PRAMIPEXOLE 0.5 MG TABLET	12	90.00	0.24	0.05593	200% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	1	30.00	0.26	0.06253	200% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	2	30.00	0.12	0.05988	76%-100% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	3	30.00	0.09	0.05908	26%-50% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	3	30.00	0.12	0.05908	76%-100% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	3	180.00	0.12	0.05908	76%-100% Above	No	No
13668009490	PRAMIPEXOLE 1 MG TABLET	12	180.00	0.12	0.06150	76%-100% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.13	0.04593	101%-200% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.29	0.04593	200% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.09	0.04496	101%-200% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.11	0.04496	101%-200% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.07	0.04496	51%-75% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	4	90.00	0.13	0.04493	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 245

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	12	90.00	0.08	0.04659	51%-75% Above	No	No
13668009690	PANTOPRAZOLE SOD DR 20 MG TAB	12	90.00	0.09	0.04659	76%-100% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	1	90.00	0.19	0.06990	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2	15.00	0.22	0.07002	200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	2	90.00	0.12	0.07002	51%-75% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	3	15.00	0.22	0.07064	200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	3	90.00	0.17	0.07064	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	3	90.00	0.18	0.07064	101%-200% Above	No	No
13668010401	ISOSORBIDE MONONIT ER 30 MG TB	12	90.00	0.26	0.06958	200% Above	No	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	1	60.00	0.17	0.06990	101%-200% Above	Yes	No
13668010410	ISOSORBIDE MONONIT ER 30 MG TB	3	30.00	0.18	0.07064	101%-200% Above	Yes	No
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	2	30.00	0.24	0.09715	101%-200% Above	No	No
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	3	5.00	0.36	0.09616	200% Above	No	No
13668010501	ISOSORBIDE MONONIT ER 60 MG TB	3	90.00	0.22	0.09616	101%-200% Above	No	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	1	30.00	0.23	0.09708	101%-200% Above	Yes	No
13668010510	ISOSORBIDE MONONIT ER 60 MG TB	2	90.00	0.21	0.09715	101%-200% Above	Yes	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	3	30.00	0.33	0.17513	76%-100% Above	No	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	4	30.00	0.19	0.17211	10%-25% Above	No	No
13668010601	ISOSORBIDE MONONIT ER 120 MG	12	90.00	0.52	0.18334	101%-200% Above	No	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	1	30.00	0.13	0.23192	26%-50% Below	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	1	90.00	0.30	0.23192	26%-50% Above	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	2	90.00	0.13	0.21259	26%-50% Below	Yes	No
13668010790	RABEPRAZOLE SOD DR 20 MG TAB	2	90.00	0.33	0.21259	51%-75% Above	Yes	No
13668013301	FELODIPINE ER 5 MG TABLET	1	90.00	0.38	0.13285	101%-200% Above	Yes	No
13668013501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.09	0.04279	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 246

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.09	0.04176	101%-200% Above	No	No
13668013501	ESCITALOPRAM 5 MG TABLET	12	30.00	0.26	0.04257	200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	1	30.00	0.12	0.04279	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	2	30.00	0.12	0.04176	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	2	90.00	0.12	0.04176	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	3	30.00	0.12	0.04116	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	3	90.00	0.12	0.04116	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	12	30.00	0.12	0.04257	101%-200% Above	No	No
13668013510	ESCITALOPRAM 5 MG TABLET	12	90.00	0.12	0.04257	101%-200% Above	No	No
13668013605	ESCITALOPRAM 10 MG TABLET	1	30.00	0.29	0.04247	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	7.00	0.15	0.04247	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.01	0.04247	76%-100% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.12	0.04247	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.29	0.04247	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.08	0.04247	76%-100% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.10	0.04247	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.29	0.04247	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.01	0.04156	51%-75% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.13	0.04156	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	2	135.00	0.13	0.04156	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.01	0.04099	51%-75% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.01	0.04099	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 247

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.13	0.04099	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	6	30.00	0.12	0.04475	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	7	30.00	0.12	0.04443	101%-200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.02	0.04292	26%-50% Below	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.13	0.04292	200% Above	No	No
13668013610	ESCITALOPRAM 10 MG TABLET	12	90.00	0.13	0.04292	200% Above	No	No
13668013705	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	No	No
13668013705	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
13668013705	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	1	30.00	0.12	0.06218	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.09	0.06049	51%-75% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	30.00	0.01	0.06129	76%-100% Below	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
13668013710	ESCITALOPRAM 20 MG TABLET	12	30.00	0.12	0.06311	76%-100% Above	No	No
13668015590	ESOMEPRA MAG CAP 40MG DR	3	90.00	0.17	.		No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	1	30.00	0.10	0.06545	51%-75% Above	Yes	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	1	60.00	0.10	0.06545	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	2	30.00	0.10	0.06675	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 248

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668018490	PRAMIPEXOLE 0.75 MG TABLET	2	60.00	0.10	0.06675	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	2	90.00	0.10	0.06675	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	3	30.00	0.10	0.06739	51%-75% Above	Yes	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	3	60.00	0.10	0.06739	51%-75% Above	No	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	12	30.00	0.10	0.07018	26%-50% Above	Yes	No
13668018490	PRAMIPEXOLE 0.75 MG TABLET	12	60.00	0.10	0.07018	26%-50% Above	No	No
13668018630	SILDENAFIL 25 MG TABLET	4	14.00	1.44	0.11071	200% Above	No	No
13668018830	SILDENAFIL 100 MG TABLET	1	30.00	1.32	0.13585	200% Above	No	No
13668018830	SILDENAFIL 100 MG TABLET	1	30.00	2.93	0.13585	200% Above	No	No
13668019030	TOLTERODINE TART ER 4 MG CAP	2	90.00	0.22	0.25169	10%-25% Below	Yes	No
13668019090	TOLTERODINE TART ER 4 MG CAP	1	30.00	2.34	0.28651	200% Above	No	No
13668019090	TOLTERODINE TART ER 4 MG CAP	2	30.00	1.01	0.25169	200% Above	No	No
13668019090	TOLTERODINE TART ER 4 MG CAP	3	30.00	1.01	0.23698	200% Above	No	No
13668021690	ARIPIRAZOLE 2 MG TABLET	2	30.00	0.47	0.11214	200% Above	No	No
13668021690	ARIPIRAZOLE 2 MG TABLET	2	90.00	0.22	0.11214	76%-100% Above	No	No
13668021690	ARIPIRAZOLE 2 MG TABLET	12	90.00	0.22	0.12458	76%-100% Above	No	No
13668021790	ARIPIRAZOLE 5 MG TABLET	2	30.00	0.56	0.09783	200% Above	No	No
13668021890	ARIPIRAZOLE 10 MG TABLET	1	10.00	1.50	0.11229	200% Above	No	No
13668026801	CARBAMAZEPINE 200 MG TABLET	1	120.00	0.13	0.11572	10%-25% Above	Yes	No
13668026801	CARBAMAZEPINE 200 MG TABLET	2	90.00	0.13	0.11714	10%-25% Above	No	No
13668026801	CARBAMAZEPINE 200 MG TABLET	2	120.00	0.13	0.11714	10%-25% Above	Yes	No
13668026801	CARBAMAZEPINE 200 MG TABLET	12	120.00	0.08	0.11709	26%-50% Below	Yes	No
13668026801	CARBAMAZEPINE 200 MG TABLET	12	540.00	0.14	0.11709	10%-25% Above	Yes	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	1	30.00	0.33	0.24796	26%-50% Above	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	2	30.00	0.14	0.24413	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 249

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	2	225.00	0.03	0.24413	76%-100% Below	No	No
13668027101	CARBAMAZEPINE 100 MG TAB CHEW	3	30.00	0.14	0.24350	26%-50% Below	No	No
13668033001	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03479	76%-100% Above	No	No
13668033001	TRAZODONE 50 MG TABLET	1	180.00	0.05	0.03479	26%-50% Above	No	No
13668033001	TRAZODONE 50 MG TABLET	12	30.00	0.17	0.03489	200% Above	No	No
13668033001	TRAZODONE 50 MG TABLET	12	30.00	0.18	0.03489	200% Above	No	No
13668033001	TRAZODONE 50 MG TABLET	12	60.00	0.18	0.03489	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	15.00	0.08	0.03479	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	30.00	0.01	0.03479	51%-75% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03479	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	60.00	0.08	0.03479	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	90.00	0.18	0.03479	200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	1	180.00	0.18	0.03479	200% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	2	30.00	0.01	0.03401	51%-75% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03401	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03401	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	60.00	0.08	0.03401	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	90.00	0.06	0.03401	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	2	90.00	0.08	0.03401	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	30.00	0.01	0.03351	51%-75% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03351	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 250

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.08	0.03351	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	3	90.00	0.08	0.03351	101%-200% Above	Yes	No
13668033005	TRAZODONE 50 MG TABLET	3	180.00	0.01	0.03351	51%-75% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	4	30.00	0.07	0.03309	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	4	90.00	0.08	0.03309	101%-200% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	12	30.00	0.00	0.03489	76%-100% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	12	30.00	0.07	0.03489	76%-100% Above	No	No
13668033005	TRAZODONE 50 MG TABLET	12	90.00	0.00	0.03489	76%-100% Below	No	No
13668033005	TRAZODONE 50 MG TABLET	12	90.00	0.05	0.03489	26%-50% Above	No	No
13668033101	TRAZODONE 100 MG TABLET	2	90.00	0.09	0.05068	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	1	15.00	0.21	0.05198	200% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	1	30.00	0.09	0.05198	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	1	45.00	0.09	0.05198	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	1	60.00	0.09	0.05198	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	1	90.00	0.01	0.05198	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	1	90.00	0.09	0.05198	51%-75% Above	Yes	No
13668033105	TRAZODONE 100 MG TABLET	1	90.00	0.21	0.05198	200% Above	Yes	No
13668033105	TRAZODONE 100 MG TABLET	2	15.00	0.09	0.05068	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	2	30.00	0.09	0.05068	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	2	30.00	0.09	0.05068	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	2	90.00	0.01	0.05068	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	2	90.00	0.07	0.05068	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	2	90.00	0.08	0.05068	26%-50% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	2	90.00	0.09	0.05068	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 251

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668033105	TRAZODONE 100 MG TABLET	3	15.00	0.09	0.05082	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05082	51%-75% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05082	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	3	90.00	0.01	0.05082	76%-100% Below	No	No
13668033105	TRAZODONE 100 MG TABLET	3	90.00	0.09	0.05082	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	3	90.00	0.09	0.05082	76%-100% Above	Yes	No
13668033105	TRAZODONE 100 MG TABLET	3	90.00	0.09	0.05082	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	4	15.00	0.09	0.05004	76%-100% Above	No	No
13668033105	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	76%-100% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	1	90.00	0.21	0.09212	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	4	30.00	0.23	0.08780	101%-200% Above	No	No
13668033201	TRAZODONE 150 MG TABLET	4	90.00	0.21	0.08780	101%-200% Above	No	No
13668033205	TRAZODONE 150 MG TABLET	2	90.00	0.12	0.08889	26%-50% Above	No	No
13668033930	LAMOTRIGINE ER 25 MG TABLET	1	60.00	0.25	0.32751	10%-25% Below	No	No
13668033930	LAMOTRIGINE ER 25 MG TABLET	2	90.00	0.80	0.32458	101%-200% Above	No	No
13668033930	LAMOTRIGINE ER 25 MG TABLET	3	60.00	0.25	0.37106	26%-50% Below	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	2	90.00	0.22	0.67958	51%-75% Below	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	2	90.00	0.42	0.67958	26%-50% Below	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	3	90.00	0.22	0.62883	51%-75% Below	No	No
13668034030	LAMOTRIGINE ER 50 MG TABLET	4	90.00	0.22	0.62729	51%-75% Below	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	No	No
13668042905	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.11	0.03598	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 252

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668045301	ANAGRELIDE HCL 0.5 MG CAPSULE	1	45.00	0.36	0.72596	26%-50% Below	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	1	30.00	7.38	0.16453	200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	2	30.00	3.18	0.15352	200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	3	30.00	3.18	0.14272	200% Above	No	No
13668046430	LURASIDONE HCL 20 MG TABLET	12	30.00	3.32	0.16738	200% Above	No	No
13668046530	LURASIDONE HCL 40 MG TABLET	2	30.00	3.19	0.23653	200% Above	No	No
13668046530	LURASIDONE HCL 40 MG TABLET	3	30.00	3.19	0.22554	200% Above	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	2	60.00	0.10	0.17568	26%-50% Below	No	No
13668048201	MINOCYCLINE 50 MG CAPSULE	3	60.00	0.10	0.17482	26%-50% Below	No	No
13668048405	MINOCYCLINE 100 MG CAPSULE	2	30.00	0.18	0.36499	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	1	30.00	0.41	0.36728	10%-25% Above	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	1	60.00	0.18	0.36728	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	2	30.00	0.18	0.36499	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	2	30.00	0.31	0.36499	10%-25% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	2	30.00	0.41	0.36499	10%-25% Above	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	2	60.00	0.18	0.36499	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	3	30.00	0.18	0.36598	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	3	60.00	0.18	0.36598	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	12	30.00	0.17	0.36221	51%-75% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	12	30.00	0.29	0.36221	10%-25% Below	No	No
13668048450	MINOCYCLINE 100 MG CAPSULE	12	60.00	0.17	0.36221	51%-75% Below	No	No
13668048750	MINOCYCLINE HCL 100 MG TABLET	3	10.00	0.37	0.77380	51%-75% Below	No	No
13668051501	ACYCLOVIR 5% OINTMENT	1	15.00	4.73	0.61329	200% Above	No	No
13668051501	ACYCLOVIR 5% OINTMENT	12	30.00	0.31	0.64287	51%-75% Below	No	No
13668051502	ACYCLOVIR 5% OINTMENT	1	30.00	4.52	0.35246	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 253

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668053401	NYSTATIN 100,000 UNIT/GM OINT	12	15.00	0.18	0.26503	26%-50% Below	Yes	No
13668053402	NYSTATIN 100,000 UNIT/GM OINT	4	30.00	0.50	0.24661	101%-200% Above	Yes	No
13668056630	TADALAFIL 5 MG TABLET	1	30.00	0.17	0.10612	51%-75% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	1	90.00	1.59	0.10612	200% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	2	30.00	0.17	0.10434	51%-75% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	2	30.00	0.69	0.10434	200% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	3	30.00	0.17	0.10444	51%-75% Above	No	No
13668056630	TADALAFIL 5 MG TABLET	4	30.00	0.17	0.10765	51%-75% Above	No	No
13668056830	TADALAFIL 20 MG TABLET	3	10.00	3.47	0.19004	200% Above	No	No
13668059182	APREPITANT 40 MG CAPSULE	3	2.00	10.36	42.44845	51%-75% Below	Yes	No
13668059501	NYSTATIN 100,000 UNIT/GM CREAM	12	15.00	0.59	0.20144	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.19	0.15235	10%-25% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.19	0.15235	10%-25% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	2	30.00	0.19	0.15246	10%-25% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	3	30.00	0.19	0.15472	10%-25% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	3	30.00	0.45	0.15472	101%-200% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	3	60.00	0.19	0.15472	10%-25% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.19	0.15694	10%-25% Above	No	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.19	0.15694	10%-25% Above	Yes	No
13668059502	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.49	0.15694	200% Above	Yes	No
13668063560	SACUBITRIL-VALSARTAN 49-51 MG	1	60.00	0.92	0.78537	10%-25% Above	Yes	No
13668063660	SACUBITRIL-VALSARTAN 97-103 MG	3	60.00	0.35	0.66270	26%-50% Below	Yes	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	1	14.00	0.01	0.03547	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.01	0.03547	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.25	0.03547	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 254

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.57	0.03547	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.01	0.03414	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.25	0.03414	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.03451	51%-75% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.25	0.03453	200% Above	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.00	0.03594	76%-100% Below	No	No
13668072005	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.25	0.03594	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.22	0.03934	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.50	0.03934	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	60.00	0.50	0.03934	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.01	0.03934	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.50	0.03934	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.22	0.03828	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	2	45.00	0.01	0.03828	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.01	0.03828	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.22	0.03777	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.01	0.03777	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.01	0.03787	51%-75% Below	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.22	0.03993	200% Above	No	No
13668072105	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.00	0.03993	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.01	0.05094	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 255

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05094	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.49	0.05094	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.01	0.05022	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	2	60.00	0.01	0.05022	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.01	0.05022	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.01	0.04848	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.01	0.04848	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.06	0.04848	10%-25% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.17	0.04848	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.01	0.04807	76%-100% Below	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.22	0.04807	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
13668072205	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.00	0.05168	76%-100% Below	No	No
13668072305	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.50	0.06506	200% Above	No	No
13668074521	FIDAXOMICIN TAB 200MG	2	10.00	12.30	.		No	No
13668074660	SACUBITRIL-VALSARTAN 49-51 MG	4	60.00	0.92	0.57172	51%-75% Above	Yes	No
13668074760	SACUBITRIL-VALSARTAN 97-103 MG	4	60.00	0.33	0.63050	26%-50% Below	Yes	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	1	90.00	0.44	1.70150	51%-75% Below	No	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	1	90.00	2.85	1.70150	51%-75% Above	Yes	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	2	90.00	1.23	1.59032	10%-25% Below	No	No
13811009132	ESTRADIOL 0.1% (0.5 MG) GEL PKT	4	90.00	1.23	1.37382	10%-25% Below	Yes	No
13811009332	ESTRADIOL 0.1% (1 MG) GEL PKT	3	90.00	0.33	1.59643	76%-100% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	1	37.50	0.77	1.30885	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 256

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	37.50	0.72	1.23067	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	2	112.50	0.77	1.23067	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	2	150.00	0.77	1.23067	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	3	75.00	0.40	1.18299	51%-75% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	4	37.50	0.72	1.13663	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	4	150.00	0.72	1.13663	26%-50% Below	No	No
13811009432	ESTRADIOL 0.1% (1.25 MG) GEL PK	12	37.50	0.89	1.39824	26%-50% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	1	30.00	0.17	0.64687	51%-75% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	1	30.00	0.50	0.64687	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	1	30.00	0.50	0.64687	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	1	30.00	1.11	0.60671	76%-100% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	1	30.00	1.56	0.64687	101%-200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	1	30.00	3.63	0.64687	200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	2	30.00	0.17	0.63165	51%-75% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	2	30.00	0.50	0.63165	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	2	30.00	1.56	0.63165	101%-200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	0.17	0.60859	51%-75% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	0.50	0.60859	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	0.50	0.60859	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	1.56	0.60859	101%-200% Above	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	3	30.00	1.56	0.60859	101%-200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	4	30.00	1.56	0.59111	101%-200% Above	Yes	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	12	30.00	0.50	0.66446	10%-25% Below	No	No
13811070610	METHYLPHENIDATE ER 18 MG TAB	12	30.00	1.11	0.61380	76%-100% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	1	30.00	1.62	0.63890	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 257

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	3.75	0.63890	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	1	30.00	3.75	0.63890	200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	2	30.00	1.62	0.62452	101%-200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	2	30.00	1.62	0.62452	101%-200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	30.00	0.32	0.62418	26%-50% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	30.00	1.06	0.62418	51%-75% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	30.00	1.62	0.62418	101%-200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	3	30.00	1.62	0.62418	101%-200% Above	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	8	30.00	1.11	0.69195	51%-75% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	11	30.00	1.09	0.66471	51%-75% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	12	30.00	0.50	0.64894	10%-25% Below	Yes	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	12	30.00	5.36	0.64894	200% Above	No	No
13811070710	METHYLPHENIDATE ER 27 MG TAB	12	30.00	5.36	0.64894	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	0.34	0.72207	51%-75% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	0.37	0.72207	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	0.37	0.72207	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	0.50	0.72207	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	30.00	0.50	0.72207	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	1	60.00	0.37	0.72207	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	30.00	0.34	0.71190	51%-75% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	30.00	0.37	0.71190	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	30.00	0.37	0.71190	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	2	60.00	0.37	0.71190	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	0.34	0.71212	51%-75% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	30.00	0.37	0.71212	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 258

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.50	0.71212	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	3	60.00	0.37	0.71212	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	0.37	0.69852	26%-50% Below	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	4	30.00	0.50	0.69852	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	30.00	0.34	0.73322	51%-75% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	30.00	0.50	0.73322	26%-50% Below	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	30.00	5.53	0.73322	200% Above	Yes	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	30.00	5.63	0.73322	200% Above	No	No
13811070810	METHYLPHENIDATE ER 36 MG TAB	12	60.00	5.53	0.73322	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	1	30.00	0.46	0.80033	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	1	30.00	0.60	0.80033	10%-25% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	2	30.00	0.46	0.76322	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	2	30.00	0.46	0.76322	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	3	30.00	0.46	0.77350	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	3	30.00	0.46	0.77350	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	3	90.00	0.42	0.77350	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	4	30.00	0.46	0.80829	26%-50% Below	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	4	30.00	0.46	0.80829	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.00	0.42	0.83293	26%-50% Below	Yes	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.00	6.02	0.83293	200% Above	No	No
13811070910	METHYLPHENIDATE ER 54 MG TAB	12	30.00	6.02	0.83293	200% Above	Yes	No
13811071030	METHYLPHENIDATE ER 72 MG TAB	1	30.00	8.97	16.49492	26%-50% Below	Yes	No
13811071030	METHYLPHENIDATE ER 72 MG TAB	2	30.00	9.16	16.50466	26%-50% Below	Yes	No
13811071030	METHYLPHENIDATE ER 72 MG TAB	4	30.00	9.16	16.51741	26%-50% Below	Yes	No
13811071030	METHYLPHENIDATE ER 72 MG TAB	12	30.00	8.82	16.65524	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 259

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.79	0.34774	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	1.14	0.34774	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	1.15	0.34774	200% Above	No	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	1.33	0.34774	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.71	0.34774	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.79	0.34774	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.93	0.34774	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.06	0.34774	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.13	0.34774	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.13	0.34774	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.15	0.34774	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	20.00	0.79	0.34774	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	1	90.00	0.42	0.34774	10%-25% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.99	0.33520	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.14	0.33520	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.06	0.33520	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.13	0.33520	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	0.75	0.33520	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	1.13	0.33520	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	6.00	1.00	0.33183	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.99	0.33183	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.14	0.33183	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.17	0.33183	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.33	0.33183	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.71	0.33183	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 260

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	14.00	1.06	0.33183	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	20.00	0.25	0.33183	26%-50% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	3	30.00	0.50	0.33183	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	1.14	0.32469	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	1.17	0.32469	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	0.71	0.32469	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	1.13	0.32469	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	4	90.00	0.42	0.32469	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	0.49	0.35193	26%-50% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	0.99	0.35193	101%-200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	1.14	0.35193	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	0.16	0.35193	51%-75% Below	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	14.00	1.13	0.35193	200% Above	Yes	No
13811071910	NITROFURANTOIN MONO-MCR 100 MG	12	20.00	0.25	0.35193	26%-50% Below	Yes	No
13925011601	SE-NATAL 19 TABLET	5	30.00	0.67	0.43698	51%-75% Above	No	No
13925016604	PREDNISOLONE 5 MG/5 ML SOLN	3	13.00	0.31	0.55063	26%-50% Below	No	No
16477041012	SODIUM SULFA LIQ 10% WASH	3	354.80	0.06	.		Yes	No
16477041012	SODIUM SULFA LIQ 10% WASH	12	354.80	0.06	.		Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.12	0.04433	101%-200% Above	Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.12	0.04334	101%-200% Above	Yes	No
16571010009	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.15	0.04334	200% Above	Yes	No
16571010010	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.23	0.04577	200% Above	No	No
16571010010	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.12	0.04433	101%-200% Above	No	No
16571010501	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	0.01	0.03414	51%-75% Below	No	No
16571010501	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.10	0.03527	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 261

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571010601	AMITRIPTYLINE HCL 25 MG TAB	3	180.00	0.18	0.05232	200% Above	No	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.18	0.05416	200% Above	No	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	0.10	0.05282	76%-100% Above	No	No
16571010610	AMITRIPTYLINE HCL 25 MG TAB	4	10.00	0.10	0.05422	76%-100% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	1	30.00	0.17	0.11154	26%-50% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	2	30.00	0.17	0.11535	26%-50% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	3	30.00	0.17	0.11900	26%-50% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	4	30.00	0.17	0.11912	26%-50% Above	No	No
16571010801	AMITRIPTYLINE HCL 75 MG TAB	12	30.00	0.01	0.11466	76%-100% Below	No	No
16571011148	CHLORHEXIDINE 4% LIQUID	2	473.00	0.03	0.01787	51%-75% Above	No	No
16571011201	HYDROXYCHLOROQUINE 200 MG TAB	1	180.00	0.45	0.16212	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.07	0.03243	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	1	90.00	0.06	0.03243	76%-100% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	1	180.00	0.05	0.03243	51%-75% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	2	20.00	0.08	0.03146	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.07	0.03146	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	2	180.00	0.07	0.03146	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	3	12.00	0.07	0.03136	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	3	30.00	0.07	0.03136	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	3	60.00	0.07	0.03136	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	12	11.00	0.09	0.03259	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	12	30.00	0.07	0.03259	101%-200% Above	No	No
16571011301	HYDROXYZINE HCL 10 MG TABLET	12	180.00	0.08	0.03259	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	12.00	0.08	0.03557	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.08	0.03557	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 262

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.08	0.03557	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.17	0.03557	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.08	0.03557	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.17	0.03557	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.03471	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.03471	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	2	60.00	0.08	0.03471	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.07	0.03471	76%-100% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.08	0.03471	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.03466	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.03466	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.03466	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.08	0.03466	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.03466	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	4	20.00	0.08	0.03456	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	4	25.00	0.08	0.03456	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.08	0.03456	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.12	0.03503	200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	12	60.00	0.09	0.03503	101%-200% Above	No	No
16571011401	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.12	0.03503	200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.07	0.03557	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.09	0.03557	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.19	0.03557	200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	12.00	0.08	0.03471	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 263

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.07	0.03471	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.03471	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.03471	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.03471	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.06	0.03471	76%-100% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	2	120.00	0.08	0.03471	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.07	0.03466	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.03466	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.08	0.03466	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.03466	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.07	0.03456	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	7	90.00	0.06	0.03869	26%-50% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	12	2.00	0.09	0.03503	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	12	21.00	0.09	0.03503	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.07	0.03503	101%-200% Above	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	12	40.00	0.00	0.03503	76%-100% Below	No	No
16571011410	HYDROXYZINE HCL 25 MG TABLET	12	60.00	0.09	0.03503	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.07	0.03557	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.08	0.03557	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.19	0.03557	200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	1	300.00	0.19	0.03557	200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.07	0.03471	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.03471	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.06	0.03471	76%-100% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	2	300.00	0.08	0.03471	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 264

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571011450	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.07	0.03466	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.07	0.03466	76%-100% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.03466	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	3	200.00	0.08	0.03466	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	4	6.00	0.08	0.03456	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.09	0.03503	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.10	0.03503	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.19	0.03503	200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.09	0.03503	101%-200% Above	No	No
16571011450	HYDROXYZINE HCL 25 MG TABLET	12	90.00	0.11	0.03503	200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	1	60.00	0.21	0.06561	200% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	1	90.00	0.09	0.06561	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	2	30.00	0.11	0.06518	51%-75% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.09	0.06518	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.11	0.06518	51%-75% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	2	90.00	0.09	0.06518	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	2	90.00	0.10	0.06518	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	3	30.00	0.09	0.06380	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	3	30.00	0.11	0.06380	76%-100% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	3	60.00	0.09	0.06380	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.09	0.06161	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.11	0.06161	51%-75% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	4	90.00	0.09	0.06161	26%-50% Above	No	No
16571011501	HYDROXYZINE HCL 50 MG TABLET	12	90.00	0.10	0.06599	51%-75% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.11	0.06518	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 265

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.11	0.06380	51%-75% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	3	90.00	0.09	0.06380	26%-50% Above	No	No
16571011550	HYDROXYZINE HCL 50 MG TABLET	4	90.00	0.09	0.06161	26%-50% Above	No	No
16571011701	GABAPENTIN 800 MG TABLET	1	90.00	0.06	0.09962	26%-50% Below	No	No
16571011701	GABAPENTIN 800 MG TABLET	12	90.00	0.13	0.10000	26%-50% Above	No	No
16571011750	GABAPENTIN 800 MG TABLET	1	30.00	0.06	0.09962	26%-50% Below	No	No
16571011750	GABAPENTIN 800 MG TABLET	2	30.00	0.06	0.09833	26%-50% Below	No	No
16571011750	GABAPENTIN 800 MG TABLET	12	30.00	0.06	0.10000	26%-50% Below	No	No
16571012706	TOLTERODINE TARTRATE 2 MG TAB	3	30.00	0.33	0.20566	51%-75% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.00	0.00726	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.01	0.00726	10%-25% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.01	0.00726	26%-50% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	473.00	0.01	0.00726	26%-50% Above	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	1	946.00	0.01	0.00726	10%-25% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	473.00	0.00	0.00721	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 266

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	473.00	0.01	0.00721	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	2	946.00	0.00	0.00721	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	473.00	0.00	0.00721	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	3	946.00	0.00	0.00721	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	51%-75% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	26%-50% Below	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.00	0.00726	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	4	473.00	0.01	0.00726	10%-25% Above	No	No
16571012848	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00742	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00742	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00742	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.00	0.00742	26%-50% Below	Yes	No
16571012848	CHLORHEXIDINE 0.12% RINSE	12	473.00	0.01	0.00742	10%-25% Above	No	No
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	1	90.00	0.05	0.02151	101%-200% Above	No	No
16571013412	CETIRIZINE HCL 1 MG/ML SYRUP	12	75.00	0.05	0.02158	101%-200% Above	No	No
16571013609	ATORVASTATIN 10 MG TABLET	12	90.00	0.02	0.02546	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 267

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571013610	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	1	90.00	0.41	0.02577	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	2	15.00	0.01	0.02543	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02543	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	2	30.00	0.18	0.02543	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	2	45.00	0.01	0.02543	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	2	90.00	0.01	0.02543	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02524	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	3	30.00	0.18	0.02524	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	3	30.00	0.18	0.02524	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	3	90.00	0.10	0.02524	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	No	No
16571013610	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	4	30.00	0.01	0.02483	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	4	120.00	0.01	0.02483	76%-100% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 268

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571013610	ATORVASTATIN 10 MG TABLET	12	90.00	0.00	0.02546	76%-100% Below	No	No
16571013610	ATORVASTATIN 10 MG TABLET	12	90.00	0.01	0.02546	76%-100% Below	Yes	No
16571013610	ATORVASTATIN 10 MG TABLET	12	90.00	0.18	0.02546	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	1	30.00	0.01	0.03048	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	1	30.00	0.27	0.03048	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.12	0.03048	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.14	0.03048	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.02955	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.02955	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	90.00	0.12	0.02955	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.02927	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.02927	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 269

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	45.00	0.01	0.02927	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No
16571013710	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.02872	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	4	90.00	0.15	0.02872	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	12	30.00	0.01	0.03072	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	12	30.00	0.16	0.03072	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	12	30.00	0.27	0.03072	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	12	45.00	0.01	0.03072	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	12	69.00	0.12	0.03072	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	12	90.00	0.00	0.03072	76%-100% Below	No	No
16571013710	ATORVASTATIN 20 MG TABLET	12	90.00	0.01	0.03072	51%-75% Below	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	12	90.00	0.27	0.03072	200% Above	Yes	No
16571013710	ATORVASTATIN 20 MG TABLET	12	90.00	0.60	0.03072	200% Above	Yes	No
16571013750	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	30.00	0.12	0.04141	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	30.00	0.12	0.04141	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	1	30.00	0.13	0.04141	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	30.00	0.14	0.04141	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	30.00	0.26	0.04141	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 270

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	45.00	0.12	0.04141	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.13	0.04141	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.13	0.04141	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.14	0.04141	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.15	0.04141	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	30.00	0.13	0.04031	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	30.00	0.14	0.04031	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.01	0.04031	51%-75% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.01	0.04031	51%-75% Below	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.10	0.04031	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.13	0.04031	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04031	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04031	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 271

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.01	0.03932	51%-75% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	30.00	0.14	0.03932	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	30.00	0.14	0.03932	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	30.00	0.17	0.03932	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.01	0.03932	51%-75% Below	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.01	0.03932	51%-75% Below	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.13	0.03932	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.14	0.03932	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.15	0.03932	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	3	90.00	0.15	0.03932	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	12	30.00	0.13	0.04222	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	12	30.00	0.26	0.04222	200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	Yes	No
16571013810	ATORVASTATIN 40 MG TABLET	12	90.00	0.14	0.04222	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 272

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.15	0.04222	200% Above	No	No
16571013810	ATORVASTATIN 40 MG TABLET	12	90.00	0.15	0.04222	200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	1	30.00	0.13	0.07209	51%-75% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	1	45.00	0.14	0.07209	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	1	90.00	0.02	0.07209	51%-75% Below	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	1	90.00	0.13	0.07209	51%-75% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	1	90.00	0.14	0.07209	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	1	90.00	0.16	0.07209	101%-200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	1	90.00	0.28	0.07209	200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	2	90.00	0.02	0.07199	51%-75% Below	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	2	90.00	0.16	0.07199	101%-200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	2	90.00	0.16	0.07199	101%-200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	3	30.00	0.13	0.07148	51%-75% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	3	45.00	0.14	0.07148	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	3	60.00	0.14	0.07148	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	3	90.00	0.13	0.07148	51%-75% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	4	30.00	0.13	0.07075	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	4	90.00	0.02	0.07075	51%-75% Below	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	4	90.00	0.14	0.07075	76%-100% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	12	30.00	0.13	0.07261	51%-75% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	12	30.00	0.15	0.07261	101%-200% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	12	90.00	0.13	0.07261	51%-75% Above	Yes	No
16571013910	ATORVASTATIN 80 MG TABLET	12	90.00	0.28	0.07261	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 273

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.09	0.03471	101%-200% Above	No	No
16571017110	BACLOFEN 10 MG TABLET	1	30.00	0.20	0.03471	200% Above	No	No
16571017110	BACLOFEN 10 MG TABLET	1	40.00	0.20	0.03471	200% Above	Yes	No
16571017110	BACLOFEN 10 MG TABLET	1	90.00	0.02	0.03471	26%-50% Below	Yes	No
16571017110	BACLOFEN 10 MG TABLET	1	90.00	0.20	0.03471	200% Above	No	No
16571017110	BACLOFEN 10 MG TABLET	2	60.00	0.02	0.03288	26%-50% Below	Yes	No
16571017110	BACLOFEN 10 MG TABLET	3	180.00	0.02	0.03300	26%-50% Below	Yes	No
16571017110	BACLOFEN 10 MG TABLET	12	30.00	0.09	0.03608	101%-200% Above	No	No
16571017250	BACLOFEN 20 MG TABLET	1	270.00	0.24	0.05350	200% Above	Yes	No
16571017250	BACLOFEN 20 MG TABLET	4	270.00	0.11	0.05322	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	24.00	0.14	0.07677	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	28.00	0.14	0.07677	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	30.00	0.13	0.07677	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.10	0.07677	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.10	0.07677	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.13	0.07677	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.22	0.07677	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	1	180.00	0.22	0.07677	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	20.00	0.10	0.07144	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	20.00	0.15	0.07144	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	30.00	0.10	0.07144	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	30.00	0.12	0.07144	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	30.00	0.13	0.07144	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	30.00	0.15	0.07144	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	40.00	0.13	0.07144	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 274

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.08	0.07144	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.12	0.07144	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.13	0.07144	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	2	180.00	0.10	0.07144	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	20.00	0.13	0.06933	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	30.00	0.10	0.06933	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	30.00	0.13	0.06933	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	40.00	0.13	0.06933	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	56.00	0.14	0.06933	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.05	0.06933	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.10	0.06933	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.10	0.06933	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.12	0.06933	76%-100% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.14	0.06933	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	3	180.00	0.04	0.06933	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	20.00	0.13	0.06651	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	20.00	0.15	0.06651	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	30.00	0.16	0.06651	101%-200% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.03	0.06651	26%-50% Below	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	30.00	0.10	0.07801	10%-25% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	30.00	0.13	0.07801	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	40.00	0.12	0.07801	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 275

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.12	0.07801	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.12	0.07801	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.13	0.07801	51%-75% Above	Yes	No
16571020106	DICLOFENAC SOD EC 75 MG TAB	12	180.00	0.04	0.07801	26%-50% Below	Yes	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.22	0.07677	101%-200% Above	No	No
16571020110	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.12	0.06651	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	1	14.00	0.15	0.07677	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	1	20.00	0.10	0.07677	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.22	0.07677	101%-200% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.13	0.07144	76%-100% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	3	14.00	0.10	0.06933	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	3	28.00	0.10	0.06933	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.10	0.06933	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	3	180.00	0.10	0.06933	26%-50% Above	No	No
16571020111	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	20.00	0.10	0.07677	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	28.00	0.10	0.07677	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	30.00	0.22	0.07677	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.10	0.07677	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.11	0.07677	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.12	0.07677	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.14	0.07677	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.16	0.07677	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	60.00	0.22	0.07677	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 276

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.12	0.07677	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	1	180.00	0.22	0.07677	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	14.00	0.10	0.07144	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	20.00	0.15	0.07144	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.08	0.07144	10%-25% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.11	0.07144	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.11	0.07144	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.12	0.07144	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	60.00	0.13	0.07144	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	2	180.00	0.10	0.07144	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	14.00	0.10	0.06933	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	20.00	0.10	0.06933	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	30.00	0.13	0.06933	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.08	0.06933	10%-25% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.10	0.06933	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.11	0.06933	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.12	0.06933	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.13	0.06933	76%-100% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	60.00	0.15	0.06933	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	180.00	0.10	0.06933	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	3	180.00	0.11	0.06933	51%-75% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	14.00	0.10	0.06651	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.12	0.06651	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 277

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.14	0.06651	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	4	60.00	0.15	0.06651	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.11	0.07801	26%-50% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.17	0.07801	101%-200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	60.00	0.24	0.07801	200% Above	No	No
16571020150	DICLOFENAC SOD EC 75 MG TAB	12	180.00	0.14	0.07801	76%-100% Above	No	No
16571020206	DICLOFENAC SOD EC 50 MG TAB	2	60.00	0.11	0.07271	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	1	20.00	0.11	0.07969	26%-50% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	1	20.00	0.20	0.07969	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	1	60.00	0.19	0.07969	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	1	180.00	0.26	0.07969	200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	14.00	0.20	0.07271	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	20.00	0.19	0.07271	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	20.00	0.23	0.07271	200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	30.00	0.11	0.07271	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	30.00	0.11	0.07271	51%-75% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	60.00	0.15	0.07271	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	2	60.00	0.19	0.07271	101%-200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	15.00	0.11	0.07036	51%-75% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	20.00	0.11	0.07036	51%-75% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	60.00	0.15	0.07036	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	3	60.00	0.18	0.07036	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	10.00	0.21	0.06874	200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	4	20.00	0.19	0.06874	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	20.00	0.19	0.08468	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 278

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	20.00	0.29	0.08468	200% Above	No	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	21.00	0.19	0.08468	101%-200% Above	Yes	No
16571020210	DICLOFENAC SOD EC 50 MG TAB	12	90.00	0.12	0.08468	26%-50% Above	No	No
16571022601	GABAPENTIN 600 MG TABLET	2	270.00	0.02	0.06838	51%-75% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	1	30.00	0.13	0.06907	76%-100% Above	No	No
16571022650	GABAPENTIN 600 MG TABLET	1	60.00	0.03	0.06907	51%-75% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	1	90.00	0.06	0.06907	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	2	30.00	0.06	0.06838	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	2	60.00	0.03	0.06838	26%-50% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	2	270.00	0.06	0.06838	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	3	30.00	0.06	0.06908	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	3	60.00	0.03	0.06908	51%-75% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	3	180.00	0.06	0.06908	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	3	270.00	0.06	0.06908	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	4	60.00	0.03	0.06919	51%-75% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	4	60.00	0.06	0.06919	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	12	30.00	0.06	0.06871	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	12	60.00	0.06	0.06871	10%-25% Below	No	No
16571022650	GABAPENTIN 600 MG TABLET	12	90.00	0.06	0.06871	10%-25% Below	No	No
16571025910	DICYCLOMINE 20 MG TABLET	2	21.00	0.15	0.05877	101%-200% Above	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.04	0.06308	26%-50% Below	No	No
16571040210	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.09	0.06308	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	7.00	0.09	0.06636	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	10.00	0.20	0.06636	101%-200% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	14.00	0.09	0.06636	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 279

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.00	0.18	0.06636	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06636	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.05	0.06636	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.09	0.06636	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.09	0.06636	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.18	0.06636	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.02	0.06636	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.03	0.06636	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06636	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.04	0.06636	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.09	0.06636	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.18	0.06636	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.20	0.06636	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	10.00	0.09	0.06232	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	20.00	0.04	0.06232	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	20.00	0.09	0.06232	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06232	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06232	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06232	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06232	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.09	0.06232	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.09	0.06232	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.04	0.06232	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.04	0.06232	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.09	0.06232	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 280

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.09	0.06109	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	10.00	0.09	0.06109	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	20.00	0.09	0.06109	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.01	0.06109	76%-100% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06109	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06109	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.05	0.06109	10%-25% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.09	0.06109	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.09	0.06109	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.02	0.06109	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.04	0.06109	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.04	0.06109	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.09	0.06109	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.09	0.06109	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	7.00	0.09	0.06308	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.04	0.06308	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.09	0.06308	26%-50% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.04	0.06308	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.04	0.06308	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.09	0.06308	26%-50% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	14.00	0.08	0.07146	10%-25% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.04	0.07146	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.09	0.07146	10%-25% Above	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.09	0.07146	10%-25% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.13	0.07146	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 281

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.18	0.07146	101%-200% Above	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.02	0.07146	51%-75% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.04	0.07146	26%-50% Below	Yes	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.04	0.07146	26%-50% Below	No	No
16571040250	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.09	0.07146	10%-25% Above	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	1	6.00	0.34	0.08817	200% Above	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	3	14.00	0.34	0.08855	200% Above	No	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	3	14.00	0.34	0.08855	200% Above	Yes	No
16571041110	CIPROFLOXACIN HCL 250 MG TAB	12	6.00	0.61	0.08886	200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.56	0.13551	200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	2	14.00	0.25	0.12374	101%-200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	2	20.00	0.25	0.12374	101%-200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.15	0.11367	26%-50% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.25	0.11367	101%-200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	3	20.00	0.13	0.11367	10%-25% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	3	20.00	0.25	0.11367	101%-200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.13	0.11064	10%-25% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.14	0.11064	26%-50% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.50	0.13874	200% Above	No	No
16571041210	CIPROFLOXACIN HCL 500 MG TAB	12	20.00	0.56	0.13874	200% Above	No	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	6.00	0.56	0.13551	200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	7.00	0.17	0.13551	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	14.00	0.56	0.13551	200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	1	42.00	0.25	0.13551	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	2	14.00	0.15	0.12374	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 282

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.00	0.25	0.12374	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	10.00	0.25	0.11367	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.06	0.11367	26%-50% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.25	0.11367	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	3	20.00	0.25	0.11367	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.13	0.11064	10%-25% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.15	0.11064	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.16	0.11064	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.25	0.11064	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.14	0.11064	26%-50% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.25	0.11064	101%-200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	6.00	0.56	0.13874	200% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	10.00	0.25	0.13874	76%-100% Above	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.12	0.13874	10%-25% Below	Yes	No
16571041250	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.56	0.13874	200% Above	Yes	No
16571041305	CIPROFLOXACIN HCL 750 MG TAB	2	10.00	0.46	0.24332	76%-100% Above	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	1	30.00	0.04	0.04812	10%-25% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	1	90.00	0.04	0.04812	10%-25% Below	No	No
16571066001	MECLIZINE 12.5 MG TABLET	2	42.00	0.03	0.04720	26%-50% Below	Yes	No
16571066001	MECLIZINE 12.5 MG TABLET	3	90.00	0.04	0.04698	10%-25% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	1	15.00	0.10	0.08335	10%-25% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	1	25.00	0.10	0.08335	10%-25% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	1	30.00	0.05	0.08335	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	1	30.00	0.10	0.08335	10%-25% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	1	30.00	0.10	0.08335	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 283

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.23	0.08335	101%-200% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	1	60.00	0.05	0.08335	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	2	30.00	0.10	0.07927	10%-25% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	3	20.00	0.10	0.07940	10%-25% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	3	30.00	0.10	0.07940	10%-25% Above	Yes	No
16571066101	MECLIZINE 25 MG TABLET	3	60.00	0.05	0.07940	26%-50% Below	Yes	No
16571066101	MECLIZINE 25 MG TABLET	4	20.00	0.01	0.07954	76%-100% Below	No	No
16571066101	MECLIZINE 25 MG TABLET	12	25.00	0.10	0.08433	10%-25% Above	No	No
16571066101	MECLIZINE 25 MG TABLET	12	28.00	0.22	0.08433	101%-200% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	1	8.00	0.10	0.08335	10%-25% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	2	15.00	0.10	0.07927	10%-25% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	2	30.00	0.10	0.07927	10%-25% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	3	30.00	0.10	0.07940	10%-25% Above	No	No
16571066110	MECLIZINE 25 MG TABLET	12	30.00	0.10	0.08433	10%-25% Above	No	No
16571066201	MECLIZINE 50 MG TABLET	1	20.00	0.75	2.51776	51%-75% Below	No	No
16571066201	MECLIZINE 50 MG TABLET	1	30.00	1.14	2.51776	51%-75% Below	Yes	No
16571066201	MECLIZINE 50 MG TABLET	4	30.00	0.67	2.50024	51%-75% Below	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.16	0.10236	51%-75% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	3	28.00	0.16	0.10236	51%-75% Above	No	No
16571066401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.33	0.10290	200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	1	14.00	0.16	0.09995	51%-75% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	1	14.00	0.32	0.09995	200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	1	14.00	0.38	0.09995	200% Above	No	No
16571066450	METRONIDAZOLE 500 MG TABLET	3	28.00	0.04	0.10236	51%-75% Below	No	No
16571066801	PHENOBARBITAL 97.2 MG TABLET	1	30.00	0.16	0.20206	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 284

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571066801	PHENOBARBITAL 97.2 MG TABLET	3	30.00	0.16	0.18662	10%-25% Below	Yes	No
16571067301	PHENOBARBITAL 32.4 MG TABLET	3	270.00	0.38	0.08583	200% Above	No	No
16571067301	PHENOBARBITAL 32.4 MG TABLET	12	270.00	0.38	0.12814	101%-200% Above	No	No
16571067621	HYDROCORT AC SUP 25MG	3	12.00	1.24	.		No	No
16571067642	HYDROCORT AC SUP 25MG	3	10.00	1.49	.		No	No
16571067701	BUMETANIDE 2 MG TABLET	2	30.00	0.50	0.18679	101%-200% Above	No	No
16571067701	BUMETANIDE 2 MG TABLET	4	30.00	0.50	0.17777	101%-200% Above	No	No
16571067701	BUMETANIDE 2 MG TABLET	12	30.00	0.52	0.18559	101%-200% Above	No	No
16571067801	BUMETANIDE 1 MG TABLET	4	30.00	0.33	0.11179	101%-200% Above	Yes	No
16571067901	BUMETANIDE 0.5 MG TABLET	2	60.00	0.25	0.12653	76%-100% Above	Yes	No
16571067901	BUMETANIDE 0.5 MG TABLET	2	180.00	0.39	0.12653	200% Above	Yes	No
16571068201	CARBAMAZEPINE ER 400 MG TABLET	4	60.00	0.25	0.56551	51%-75% Below	No	No
16571068607	CLOTTRIMAZOLE 10 MG LOZENGE	1	25.00	0.26	0.30579	10%-25% Below	No	No
16571072601	CHLORZOXAZONE 500 MG TABLET	1	30.00	0.24	0.22049	10%-25% Above	No	No
16571072601	CHLORZOXAZONE 500 MG TABLET	2	30.00	0.11	0.21586	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	1	45.00	0.06	0.10887	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	3	45.00	0.06	0.10285	26%-50% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	12	42.00	0.00	0.11038	76%-100% Below	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	12	45.00	0.15	0.11038	26%-50% Above	No	No
16571074309	GLYCOPYRROLATE 1 MG TABLET	12	180.00	0.07	0.11038	26%-50% Below	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.10	0.04279	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.11	0.04279	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.11	0.04279	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	30.00	0.26	0.04279	200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	1	90.00	0.08	0.04279	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 285

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571075501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.02	0.04176	51%-75% Below	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.10	0.04176	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.11	0.04176	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	2	30.00	0.12	0.04176	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	3	5.00	0.16	0.04116	200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.11	0.04116	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	3	30.00	0.12	0.04116	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	3	90.00	0.12	0.04116	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	30.00	0.02	0.04127	51%-75% Below	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	30.00	0.11	0.04127	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	30.00	0.11	0.04127	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	30.00	0.12	0.04127	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	90.00	0.07	0.04127	51%-75% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	4	90.00	0.12	0.04127	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	12	30.00	0.09	0.04257	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	12	30.00	0.10	0.04257	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	12	30.00	0.12	0.04257	101%-200% Above	Yes	No
16571075501	ESCITALOPRAM 5 MG TABLET	12	30.00	0.12	0.04257	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	12	90.00	0.09	0.04257	101%-200% Above	No	No
16571075501	ESCITALOPRAM 5 MG TABLET	12	90.00	0.12	0.04257	101%-200% Above	Yes	No
16571075510	ESCITALOPRAM 5 MG TABLET	1	14.00	0.12	0.04279	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	1	30.00	0.10	0.04279	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	1	30.00	0.26	0.04279	200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	1	90.00	0.01	0.04279	76%-100% Below	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	2	14.00	0.12	0.04176	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 286

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571075510	ESCITALOPRAM 5 MG TABLET	2	30.00	0.06	0.04176	26%-50% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	2	30.00	0.10	0.04176	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	2	30.00	0.11	0.04176	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	2	90.00	0.08	0.04176	76%-100% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	3	30.00	0.10	0.04116	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	4	30.00	0.10	0.04127	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	4	30.00	0.12	0.04127	101%-200% Above	No	No
16571075510	ESCITALOPRAM 5 MG TABLET	12	30.00	0.06	0.04257	26%-50% Above	No	No
16571075601	ESCITALOPRAM 10 MG TABLET	1	30.00	0.11	0.04247	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	1	90.00	0.09	0.04247	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	1	90.00	0.13	0.04247	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	1	90.00	0.29	0.04247	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	1	135.00	0.02	0.04247	26%-50% Below	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	1	135.00	0.09	0.04247	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	1	135.00	0.29	0.04247	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	2	30.00	0.10	0.04156	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	2	90.00	0.10	0.04156	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	2	90.00	0.13	0.04156	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	2	180.00	0.13	0.04156	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.10	0.04099	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.02	0.04099	26%-50% Below	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.10	0.04099	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.11	0.04099	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 287

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571075601	ESCITALOPRAM 10 MG TABLET	3	90.00	0.13	0.04099	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	3	135.00	0.13	0.04099	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	4	30.00	0.11	0.04013	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	4	90.00	0.09	0.04013	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	4	90.00	0.11	0.04013	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	4	135.00	0.13	0.04013	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	12	30.00	0.10	0.04292	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	12	90.00	0.09	0.04292	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	12	90.00	0.11	0.04292	101%-200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	12	90.00	0.13	0.04292	200% Above	Yes	No
16571075601	ESCITALOPRAM 10 MG TABLET	12	90.00	0.29	0.04292	200% Above	Yes	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.01	0.04247	76%-100% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.10	0.04247	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.11	0.04247	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	30.00	0.29	0.04247	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	45.00	0.13	0.04247	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.08	0.04247	76%-100% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.09	0.04247	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.10	0.04247	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.11	0.04247	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.12	0.04247	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	1	90.00	0.13	0.04247	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 288

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.29	0.04247	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	7.00	0.15	0.04156	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.01	0.04156	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.09	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.09	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.10	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.11	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.12	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.01	0.04156	51%-75% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.09	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.09	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.10	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.11	0.04156	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	2	90.00	0.13	0.04156	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.09	0.04099	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.09	0.04099	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.10	0.04099	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.12	0.04099	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.08	0.04099	76%-100% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04099	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.11	0.04099	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	3	90.00	0.13	0.04099	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	4	30.00	0.04	0.04013	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 289

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.13	0.04013	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.00	0.04292	76%-100% Below	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.10	0.04292	101%-200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	30.00	0.13	0.04292	200% Above	No	No
16571075610	ESCITALOPRAM 10 MG TABLET	12	90.00	0.11	0.04292	101%-200% Above	No	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	30.00	0.04	0.06218	26%-50% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	30.00	0.11	0.06218	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	30.00	0.12	0.06218	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	45.00	0.11	0.06218	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	45.00	0.11	0.06218	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.04	0.06218	26%-50% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.13	0.06218	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	1	90.00	0.25	0.06218	200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	2	30.00	0.03	0.06093	26%-50% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	2	30.00	0.12	0.06093	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	2	30.00	0.13	0.06093	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	2	90.00	0.03	0.06093	26%-50% Below	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	2	90.00	0.13	0.06093	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	3	30.00	0.03	0.06049	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 290

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571075701	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	3	30.00	0.12	0.06049	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	3	30.00	0.13	0.06049	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	3	90.00	0.13	0.06049	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	4	30.00	0.13	0.06129	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	12	30.00	0.12	0.06311	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	12	30.00	0.15	0.06311	101%-200% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06311	51%-75% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06311	76%-100% Above	Yes	No
16571075701	ESCITALOPRAM 20 MG TABLET	12	90.00	0.25	0.06311	200% Above	Yes	No
16571075710	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	1	60.00	0.11	0.06218	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	2	90.00	0.01	0.06093	76%-100% Below	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	3	90.00	0.13	0.06049	101%-200% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	12	30.00	0.11	0.06311	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 291

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.11	0.06311	76%-100% Above	No	No
16571075710	ESCITALOPRAM 20 MG TABLET	12	90.00	0.25	0.06311	200% Above	No	No
16571077550	GLIMEPIRIDE 4 MG TABLET	1	90.00	0.18	0.03823	200% Above	No	No
16571078450	GEMFIBROZIL 600 MG TABLET	2	180.00	0.06	0.10049	26%-50% Below	No	No
16571078450	GEMFIBROZIL 600 MG TABLET	2	180.00	0.08	0.10049	10%-25% Below	No	No
16571078450	GEMFIBROZIL 600 MG TABLET	3	180.00	0.06	0.10269	26%-50% Below	No	No
16571078450	GEMFIBROZIL 600 MG TABLET	12	180.00	0.06	0.10431	26%-50% Below	No	No
16571081450	DENTA 5000 PLUS CREAM	1	51.00	0.09	0.06580	26%-50% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	1	51.00	0.13	0.06580	101%-200% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	2	51.00	0.09	0.06841	26%-50% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	2	51.00	0.09	0.06841	26%-50% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	3	51.00	0.09	0.06557	26%-50% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	3	51.00	0.10	0.06557	26%-50% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	3	51.00	0.13	0.06557	101%-200% Above	No	No
16571081450	DENTA 5000 PLUS CREAM	3	51.00	0.14	0.06557	101%-200% Above	Yes	No
16571081450	DENTA 5000 PLUS CREAM	12	51.00	0.09	0.06583	26%-50% Above	No	No
16571081560	DENTAGEL 1.1% GEL	4	56.00	0.08	0.11271	10%-25% Below	Yes	No
16571082201	LORATADINE 10 MG TABLET	1	30.00	0.04	0.05327	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	1	30.00	0.13	0.05327	101%-200% Above	No	No
16571082201	LORATADINE 10 MG TABLET	1	90.00	0.04	0.05327	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	2	30.00	0.04	0.05314	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	3	30.00	0.04	0.05353	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	3	90.00	0.04	0.05353	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	4	30.00	0.04	0.05319	10%-25% Below	No	No
16571082201	LORATADINE 10 MG TABLET	12	30.00	0.09	0.05535	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 292

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571082201	LORATADINE 10 MG TABLET	12	30.00	0.13	0.05535	101%-200% Above	No	No
16571082230	LORATADINE 10 MG TABLET	1	30.00	0.05	0.05327	10%-25% Below	No	No
16571082230	LORATADINE 10 MG TABLET	1	90.00	0.13	0.05327	101%-200% Above	No	No
16571082230	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05353	26%-50% Below	No	No
16571082401	MECLIZINE 25 MG TABLET CHEW	1	60.00	0.10	0.03404	101%-200% Above	No	No
16571084350	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	0.04	0.09041	51%-75% Below	No	No
16571085601	PENTOXIFYLLINE ER 400 MG TAB	1	60.00	0.12	0.23955	26%-50% Below	No	No
16571085601	PENTOXIFYLLINE ER 400 MG TAB	2	60.00	0.13	0.23966	26%-50% Below	No	No
16571085601	PENTOXIFYLLINE ER 400 MG TAB	3	60.00	0.13	0.24462	26%-50% Below	No	No
16571085601	PENTOXIFYLLINE ER 400 MG TAB	12	60.00	0.13	0.22503	26%-50% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	7.00	0.57	0.08572	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.01	0.08572	76%-100% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.17	0.08572	76%-100% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.33	0.08572	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.43	0.08572	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.33	0.08572	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.42	0.08572	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.42	0.08572	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.01	0.07856	76%-100% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.17	0.07856	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.42	0.07856	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.01	0.07923	76%-100% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.17	0.07923	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.33	0.07923	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 293

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086203	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.01	0.07923	76%-100% Below	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.42	0.07923	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.42	0.07923	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	3	180.00	0.42	0.07923	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.17	0.07697	101%-200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	11	60.00	0.14	0.09429	51%-75% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.28	0.08751	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.45	0.08751	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	60.00	0.45	0.08751	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.28	0.08751	200% Above	No	No
16571086203	BUPROPION HCL XL 150 MG TABLET	12	180.00	0.42	0.08751	200% Above	No	No
16571086209	BUPROPION HCL XL 150 MG TABLET	1	90.00	1.01	0.08572	200% Above	Yes	No
16571086209	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.43	0.07856	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.01	0.08572	76%-100% Below	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.33	0.08572	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.43	0.08572	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	30.00	1.01	0.08572	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	1	270.00	1.01	0.08572	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.33	0.07856	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.43	0.07856	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	2	53.00	0.43	0.07856	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 294

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086250	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.07923	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	Yes	No
16571086250	BUPROPION HCL XL 150 MG TABLET	7	30.00	0.43	0.10163	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	8	30.00	0.42	0.10153	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.45	0.08751	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.50	0.08751	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	12	30.00	1.01	0.08751	200% Above	No	No
16571086250	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.45	0.08751	200% Above	No	No
16571086303	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.89	0.11822	200% Above	Yes	No
16571086303	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.39	0.10733	200% Above	Yes	No
16571086309	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.01	0.11822	76%-100% Below	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.90	0.11822	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.39	0.11822	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.33	0.10335	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.39	0.10335	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.39	0.10335	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.50	0.10335	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.10733	101%-200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.39	0.10733	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.50	0.11025	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.40	0.12598	200% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.17	0.12598	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 295

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.12598	76%-100% Above	No	No
16571086350	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.50	0.12598	200% Above	No	No
16571086750	GABAPENTIN 100 MG CAPSULE	1	180.00	0.12	0.02137	200% Above	Yes	No
16571086750	GABAPENTIN 100 MG CAPSULE	2	180.00	0.05	0.02124	101%-200% Above	Yes	No
16571086750	GABAPENTIN 100 MG CAPSULE	3	270.00	0.05	0.02112	101%-200% Above	Yes	No
16571086810	GABAPENTIN 300 MG CAPSULE	2	60.00	0.06	0.03342	76%-100% Above	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	2	180.00	0.06	0.03342	76%-100% Above	Yes	No
16571086810	GABAPENTIN 300 MG CAPSULE	2	270.00	0.06	0.03342	76%-100% Above	No	No
16571086810	GABAPENTIN 300 MG CAPSULE	4	180.00	0.06	0.03246	76%-100% Above	Yes	No
16571086810	GABAPENTIN 300 MG CAPSULE	4	270.00	0.06	0.03246	76%-100% Above	Yes	No
16571086850	GABAPENTIN 300 MG CAPSULE	1	30.00	0.04	0.03415	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	1	30.00	0.14	0.03415	200% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	1	270.00	0.06	0.03415	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	5.00	0.15	0.03342	200% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	30.00	0.06	0.03342	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	90.00	0.02	0.03342	26%-50% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03342	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03342	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	90.00	0.06	0.03342	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	180.00	0.03	0.03342	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	2	180.00	0.03	0.03342	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	21.00	0.06	0.03282	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	30.00	0.04	0.03282	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 296

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571086850	GABAPENTIN 300 MG CAPSULE	3	30.00	0.05	0.03282	51%-75% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	30.00	0.06	0.03282	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	60.00	0.06	0.03282	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03282	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03282	10%-25% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	120.00	0.06	0.03282	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	3	270.00	0.02	0.03282	26%-50% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	4	30.00	0.06	0.03246	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	4	90.00	0.04	0.03246	10%-25% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	12	9.00	0.06	0.03399	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	12	30.00	0.06	0.03399	76%-100% Above	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	12	270.00	0.01	0.03399	76%-100% Below	No	No
16571086850	GABAPENTIN 300 MG CAPSULE	12	270.00	0.03	0.03399	10%-25% Below	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	1	90.00	0.02	0.04204	26%-50% Below	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	1	180.00	0.02	0.04204	51%-75% Below	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	12	90.00	0.01	0.04163	51%-75% Below	No	No
16571086950	GABAPENTIN 400 MG CAPSULE	12	180.00	0.02	0.04163	51%-75% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	1	30.00	0.03	0.02111	51%-75% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02111	51%-75% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	1	90.00	0.02	0.02111	10%-25% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	1	90.00	0.02	0.02111	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	2	30.00	0.02	0.02008	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	2	30.00	0.02	0.02008	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.01899	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 297

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16571088110	FOLIC ACID 1 MG TABLET	3	90.00	0.02	0.01899	26%-50% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	4	90.00	0.01	0.01899	10%-25% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	12	30.00	0.00	0.02307	76%-100% Below	No	No
16571088110	FOLIC ACID 1 MG TABLET	12	30.00	0.03	0.02307	10%-25% Above	No	No
16571088110	FOLIC ACID 1 MG TABLET	12	90.00	0.03	0.02307	10%-25% Above	No	No
16571088409	ALLOPURINOL 200 MG TABLET	3	90.00	1.01	3.62322	51%-75% Below	Yes	No
16714000801	ISOSORBIDE DINITRATE 10 MG TAB	2	90.00	0.44	0.17510	101%-200% Above	No	No
16714001401	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.49	0.32907	26%-50% Above	No	No
16714001610	ENOXAPARIN 40 MG/0.4 ML SYR	12	12.00	6.61	7.80716	10%-25% Below	No	No
16714003502	LEVETIRACETAM 500 MG TABLET	1	90.00	0.09	0.07613	10%-25% Above	No	No
16714003502	LEVETIRACETAM 500 MG TABLET	2	90.00	0.13	0.07658	51%-75% Above	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	2	21.00	0.10	0.05002	101%-200% Above	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	2	90.00	0.10	0.05002	101%-200% Above	No	No
16714005203	CLOPIDOGREL 75 MG TABLET	3	90.00	0.10	0.04814	101%-200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	1	30.00	1.36	0.20161	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	1	30.00	3.15	0.20161	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	2	30.00	1.36	0.20279	200% Above	No	No
16714005901	FEBUXOSTAT 40 MG TABLET	3	30.00	1.36	0.20598	200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	1	60.00	0.06	0.03243	76%-100% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	3	30.00	0.07	0.03136	101%-200% Above	No	No
16714008110	HYDROXYZINE HCL 10 MG TABLET	3	60.00	0.06	0.03136	76%-100% Above	No	No
16714008111	HYDROXYZINE HCL 10 MG TABLET	2	60.00	0.07	0.03146	101%-200% Above	No	No
16714008111	HYDROXYZINE HCL 10 MG TABLET	4	60.00	0.07	0.03139	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	2	270.00	0.08	0.03471	101%-200% Above	No	No
16714008212	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.19	0.03503	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 298

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16714008310	HYDROXYZINE HCL 50 MG TABLET	1	60.00	0.09	0.06561	26%-50% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	2	90.00	0.09	0.06518	26%-50% Above	No	No
16714008310	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.19	0.06520	101%-200% Above	No	No
16714008701	CLOBAZAM 2.5 MG/ML SUSPENSION	2	120.00	0.10	0.16340	26%-50% Below	No	No
16714008701	CLOBAZAM 2.5 MG/ML SUSPENSION	3	120.00	0.10	0.15518	26%-50% Below	No	No
16714011002	HYDROXYCHLOROQUINE 200 MG TAB	1	60.00	0.45	0.16212	101%-200% Above	No	No
16714011002	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	1.03	0.16076	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.17	0.05157	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.26	0.05157	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.12	0.05079	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.16	0.05079	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.17	0.05044	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.12	0.05055	101%-200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.17	0.05055	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.17	0.05199	200% Above	No	No
16714012302	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.26	0.05199	200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.14	0.05157	101%-200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.26	0.05157	200% Above	No	No
16714012303	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.13	0.05199	101%-200% Above	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.37	0.08632	200% Above	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	2	45.00	0.16	0.08331	76%-100% Above	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.16	0.08331	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 299

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16714012801	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.22	0.08331	101%-200% Above	No	No
16714012801	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.16	0.08534	76%-100% Above	No	No
16714014101	ARIPIRAZOLE 2 MG TABLET	2	30.00	0.50	0.11214	200% Above	No	No
16714014101	ARIPIRAZOLE 2 MG TABLET	4	30.00	0.50	0.11223	200% Above	No	No
16714014101	ARIPIRAZOLE 2 MG TABLET	12	30.00	0.50	0.12458	200% Above	No	No
16714014201	ARIPIRAZOLE 5 MG TABLET	4	15.00	0.99	0.09968	200% Above	No	No
16714014301	ARIPIRAZOLE 10 MG TABLET	1	30.00	0.05	0.11229	51%-75% Below	No	No
16714014301	ARIPIRAZOLE 10 MG TABLET	1	30.00	1.15	0.11229	200% Above	No	No
16714014301	ARIPIRAZOLE 10 MG TABLET	2	30.00	0.52	0.10668	200% Above	No	No
16714014301	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.02	0.10313	76%-100% Below	No	No
16714014301	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.52	0.10313	200% Above	No	No
16714014301	ARIPIRAZOLE 10 MG TABLET	4	30.00	0.52	0.10076	200% Above	No	No
16714014301	ARIPIRAZOLE 10 MG TABLET	4	90.00	0.52	0.10076	200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	1	30.00	0.96	0.41369	101%-200% Above	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	2	30.00	0.18	0.40790	51%-75% Below	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	3	30.00	0.18	0.40975	51%-75% Below	No	No
16714015801	PROGESTERONE 200 MG CAPSULE	12	30.00	0.18	0.41702	51%-75% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	26%-50% Below	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.19	0.06707	101%-200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.19	0.06414	101%-200% Above	No	No
16714015901	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.05	0.06907	26%-50% Below	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	2	3.00	0.15	0.09212	51%-75% Above	No	No
16714016001	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.06	0.09212	26%-50% Below	No	No
16714016601	LIOETHYRONINE SOD 5 MCG TAB	2	60.00	0.14	0.21353	26%-50% Below	No	No
16714016601	LIOETHYRONINE SOD 5 MCG TAB	4	60.00	0.14	0.21610	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 300

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16714017202	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.09	0.03285	101%-200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	1	30.00	0.18	0.04141	200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	2	30.00	0.18	0.04031	200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	3	30.00	0.18	0.03932	200% Above	No	No
16714017503	ATORVASTATIN 40 MG TABLET	12	30.00	0.18	0.04222	200% Above	No	No
16714018204	PAROXETINE HCL 20 MG TABLET	2	90.00	0.12	0.06975	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	1	180.00	0.06	0.04550	26%-50% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	2	180.00	0.09	0.04411	101%-200% Above	No	No
16714019501	LAMOTRIGINE 100 MG TABLET	12	45.00	0.08	0.04582	51%-75% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	8.00	0.59	0.15835	200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.26	0.15835	51%-75% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.59	0.15835	200% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	2	20.00	0.26	0.15367	51%-75% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.26	0.15006	51%-75% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.26	0.15006	51%-75% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	4	5.00	0.19	0.13980	26%-50% Above	No	No
16714020030	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.10	0.17101	26%-50% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.61	0.17101	200% Above	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	3	12.00	0.13	0.16990	10%-25% Below	No	No
16714020130	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.27	0.17543	51%-75% Above	No	No
16714022602	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	10	90.00	0.03	0.07559	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 301

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714022901	CARVEDILOL ER 40 MG CAPSULE	2	90.00	0.55	5.69923	76%-100% Below	No	No
16714023501	PENICILLIN VK 500 MG TABLET	1	28.00	0.39	0.10703	200% Above	No	No
16714024901	TRETINOIN 0.05% CREAM	1	20.00	0.68	1.57025	51%-75% Below	No	No
16714024901	TRETINOIN 0.05% CREAM	2	20.00	0.68	1.58253	51%-75% Below	No	No
16714024902	TRETINOIN 0.05% CREAM	1	45.00	0.60	1.01528	26%-50% Below	No	No
16714024902	TRETINOIN 0.05% CREAM	1	45.00	1.57	1.01528	51%-75% Above	No	No
16714024902	TRETINOIN 0.05% CREAM	2	45.00	0.60	0.93610	26%-50% Below	No	No
16714025001	TRETINOIN 0.1% CREAM	1	20.00	1.93	1.06284	76%-100% Above	No	No
16714025701	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.06	0.03527	76%-100% Above	No	No
16714025802	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.10	0.05422	76%-100% Above	No	No
16714025901	AMITRIPTYLINE HCL 50 MG TAB	1	30.00	0.13	0.09469	26%-50% Above	No	No
16714025901	AMITRIPTYLINE HCL 50 MG TAB	3	30.00	0.13	0.09322	26%-50% Above	No	No
16714025901	AMITRIPTYLINE HCL 50 MG TAB	12	30.00	0.14	0.09561	26%-50% Above	No	No
16714026001	AMITRIPTYLINE HCL 75 MG TAB	2	30.00	0.13	0.11535	10%-25% Above	No	No
16714026001	AMITRIPTYLINE HCL 75 MG TAB	3	30.00	0.13	0.11900	10%-25% Above	No	No
16714026001	AMITRIPTYLINE HCL 75 MG TAB	12	30.00	0.31	0.11466	101%-200% Above	No	No
16714027001	TRETINOIN 0.025% CREAM	3	20.00	0.71	0.87441	10%-25% Below	No	No
16714027002	TRETINOIN 0.025% CREAM	2	45.00	0.71	0.88844	10%-25% Below	No	No
16714027601	TRIAMCINOLONE 0.1% OINTMENT	1	15.00	0.05	0.11386	51%-75% Below	No	No
16714029303	AMOX-CLAV 400-57 MG/5 ML SUSP	2	100.00	0.10	0.05790	51%-75% Above	No	No
16714029303	AMOX-CLAV 400-57 MG/5 ML SUSP	12	200.00	0.03	0.06091	26%-50% Below	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.04	0.06170	26%-50% Below	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	0.04	0.06132	26%-50% Below	No	No
16714029402	AMOX-CLAV 600-42.9 MG/5 ML SUS	4	125.00	0.04	0.06297	26%-50% Below	No	No
16714029601	AMOX-CLAV 500-125 MG TABLET	4	14.00	0.24	0.29298	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
16714029701	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	1	28.00	0.24	0.27974	10%-25% Below	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.24	0.27114	10%-25% Below	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.24	0.28438	10%-25% Below	No	No
16714029701	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.24	0.29770	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.35	0.27974	10%-25% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.27974	10%-25% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.44	0.27974	51%-75% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.35	0.27114	26%-50% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	2	28.00	0.24	0.27114	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.34	0.28117	10%-25% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.37	0.28438	26%-50% Above	No	No
16714029702	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.24	0.29770	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.07	0.08722	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08722	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.06	0.08722	26%-50% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	14.00	0.10	0.08502	10%-25% Above	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	15.00	0.08	0.08502	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.08	0.08502	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08502	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	2	28.00	0.06	0.08502	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.08381	10%-25% Below	No	No
16714029904	AMOXICILLIN 500 MG CAPSULE	12	14.00	0.08	0.09053	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
16714033001	GABAPENTIN 600 MG TABLET	2	180.00	0.03	0.06838	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	1	30.00	0.06	0.06907	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	1	60.00	0.13	0.06907	76%-100% Above	No	No
16714033002	GABAPENTIN 600 MG TABLET	1	90.00	0.06	0.06907	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	1	90.00	0.13	0.06907	76%-100% Above	No	No
16714033002	GABAPENTIN 600 MG TABLET	2	360.00	0.06	0.06838	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	3	30.00	0.06	0.06908	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	3	90.00	0.06	0.06908	10%-25% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	3	180.00	0.03	0.06908	51%-75% Below	No	No
16714033002	GABAPENTIN 600 MG TABLET	12	30.00	0.06	0.06871	10%-25% Below	No	No
16714034004	LEVONEST-28 TABLET	1	84.00	0.08	0.28597	51%-75% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	2	84.00	0.12	0.20538	26%-50% Below	No	No
16714034804	DASETTA 1-35-28 TABLET	3	84.00	0.02	0.20344	76%-100% Below	No	No
16714035801	LEVETIRACETAM 100 MG/ML SOLN	1	180.00	0.06	0.03132	76%-100% Above	No	No
16714035801	LEVETIRACETAM 100 MG/ML SOLN	1	300.00	0.03	0.03132	10%-25% Below	No	No
16714036004	MONO-LINYAH 28 TABLET	1	28.00	0.30	0.12299	101%-200% Above	No	No
16714036304	TRI-LINYAH TABLET	2	28.00	0.07	0.13255	26%-50% Below	No	No
16714036304	TRI-LINYAH TABLET	3	28.00	0.07	0.13077	26%-50% Below	No	No
16714036304	TRI-LINYAH TABLET	12	28.00	0.07	0.13234	26%-50% Below	No	No
16714036504	ELINEST-28 TABLET	2	84.00	0.04	0.32309	76%-100% Below	No	No
16714037801	QUETIAPINE FUMARATE 200 MG TAB	1	60.00	0.13	0.08613	26%-50% Above	No	No
16714037801	QUETIAPINE FUMARATE 200 MG TAB	3	60.00	0.13	0.08807	26%-50% Above	No	No
16714037801	QUETIAPINE FUMARATE 200 MG TAB	4	60.00	0.13	0.08720	26%-50% Above	No	No
16714038001	QUETIAPINE FUMARATE 400 MG TAB	2	30.00	0.12	0.18010	26%-50% Below	No	No
16714039501	CEFPODOXIME 200 MG TABLET	3	10.00	0.96	1.45514	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
16714039702	CEFPROZIL 250 MG/5 ML SUSP	2	75.00	0.10	0.21170	51%-75% Below	No	No
16714039703	CEFPROZIL 250 MG/5 ML SUSP	2	200.00	0.09	0.15255	26%-50% Below	No	No
16714039703	CEFPROZIL 250 MG/5 ML SUSP	12	100.00	0.05	0.16898	51%-75% Below	No	No
16714040102	CEFUROXIME AXETIL 500 MG TAB	2	14.00	0.26	0.41808	26%-50% Below	No	No
16714040504	LARIN FE 1.5-30 TABLET	1	28.00	0.05	0.13767	51%-75% Below	No	No
16714040504	LARIN FE 1.5-30 TABLET	12	28.00	0.10	0.14564	26%-50% Below	No	No
16714040604	LARIN FE 1-20 TABLET	1	28.00	0.35	0.13571	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	1	84.00	0.02	0.13571	76%-100% Below	No	No
16714040604	LARIN FE 1-20 TABLET	2	28.00	0.35	0.12836	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	3	28.00	0.35	0.12767	101%-200% Above	No	No
16714040604	LARIN FE 1-20 TABLET	12	28.00	0.08	0.14161	26%-50% Below	No	No
16714040801	LARIN 21 1-20 TABLET	2	21.00	0.09	0.17219	26%-50% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	1	112.00	0.06	0.21477	51%-75% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	2	28.00	0.02	0.20703	76%-100% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	3	28.00	0.02	0.20356	76%-100% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	3	84.00	0.14	0.20356	26%-50% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	4	28.00	0.02	0.21521	76%-100% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	4	112.00	0.06	0.21521	51%-75% Below	No	No
16714041603	LARIN 24 FE 1 MG-20 MCG TABLET	12	28.00	0.52	0.22098	101%-200% Above	No	No
16714044301	ENALAPRIL MALEATE 5 MG TABLET	1	30.00	0.33	0.07463	200% Above	No	No
16714044301	ENALAPRIL MALEATE 5 MG TABLET	2	30.00	0.33	0.07336	200% Above	No	No
16714044402	ENALAPRIL MALEATE 10 MG TAB	1	60.00	0.30	0.06599	200% Above	No	No
16714044402	ENALAPRIL MALEATE 10 MG TAB	2	60.00	0.13	0.06297	101%-200% Above	No	No
16714048302	CLINDAMYCIN (PEDI) 75 MG/5 ML	4	100.00	0.08	0.14177	26%-50% Below	No	No
16714049602	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.31	0.18098	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 305

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714052501	DILTIAZEM 24H ER(XR) 240 MG CP	2	90.00	0.27	0.52809	26%-50% Below	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	1	30.00	0.25	0.43403	26%-50% Below	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	2	30.00	0.25	0.41975	26%-50% Below	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	2	30.00	0.55	0.41975	26%-50% Above	No	No
16714052601	IPRATROPIUM 0.03% SPRAY	3	30.00	0.25	0.40524	26%-50% Below	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	1	15.00	0.56	0.89074	26%-50% Below	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	3	15.00	1.22	0.85238	26%-50% Above	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	4	15.00	1.38	0.83528	51%-75% Above	No	No
16714052701	IPRATROPIUM 0.06% SPRAY	6	15.00	0.33	1.16514	51%-75% Below	No	No
16714053702	LEVETIRACETAM 750 MG TABLET	1	60.00	0.17	0.11345	26%-50% Above	No	No
16714053702	LEVETIRACETAM 750 MG TABLET	3	60.00	0.17	0.11512	26%-50% Above	No	No
16714055701	METRONIDAZOLE VAGINAL 0.75% GL	12	70.00	0.26	0.18394	26%-50% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	1	30.00	0.19	0.03584	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	1	90.00	0.08	0.03584	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.03476	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	2	30.00	0.19	0.03476	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	30.00	0.08	0.03313	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	30.00	0.19	0.03313	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	3	90.00	0.17	0.03313	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	12	30.00	0.09	0.03660	101%-200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	12	30.00	0.19	0.03660	200% Above	No	No
16714057601	ALLOPURINOL 100 MG TABLET	12	90.00	0.09	0.03660	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 306

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714057603	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	1	30.00	0.20	0.03584	200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.03476	101%-200% Above	No	No
16714057604	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	1	30.00	0.29	0.06202	200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	2	30.00	0.12	0.05890	101%-200% Above	No	No
16714057701	ALLOPURINOL 300 MG TABLET	3	30.00	0.12	0.05702	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	30.00	0.12	0.06202	76%-100% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	30.00	0.23	0.06202	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	90.00	0.08	0.06202	10%-25% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	90.00	0.08	0.06202	10%-25% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	1	90.00	0.27	0.06202	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	2	30.00	0.12	0.05890	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	2	30.00	0.23	0.05890	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	2	90.00	0.08	0.05890	26%-50% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	2	90.00	0.12	0.05890	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	3	30.00	0.12	0.05702	101%-200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	3	30.00	0.23	0.05702	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	4	30.00	0.23	0.05520	200% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	4	90.00	0.08	0.05520	26%-50% Above	No	No
16714057702	ALLOPURINOL 300 MG TABLET	12	30.00	0.13	0.06302	101%-200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	1	90.00	0.11	0.03284	200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	2	90.00	0.11	0.03199	200% Above	No	No
16714061105	SERTRALINE HCL 25 MG TABLET	3	90.00	0.05	0.03177	26%-50% Above	No	No
16714061106	SERTRALINE HCL 25 MG TABLET	3	30.00	0.11	0.03177	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 307

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714061106	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	2	30.00	0.10	0.03624	101%-200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	3	30.00	0.10	0.03533	101%-200% Above	No	No
16714061205	SERTRALINE HCL 50 MG TABLET	12	30.00	0.22	0.03876	200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	1	90.00	0.10	0.03881	101%-200% Above	No	No
16714061206	SERTRALINE HCL 50 MG TABLET	3	45.00	0.05	0.03533	26%-50% Above	No	No
16714061304	SERTRALINE HCL 100 MG TABLET	1	30.00	0.26	0.05254	200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	1	45.00	0.08	0.05254	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	1	90.00	0.26	0.05254	200% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	2	45.00	0.07	0.05182	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05182	10%-25% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	3	45.00	0.07	0.05082	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	4	45.00	0.07	0.04965	26%-50% Above	No	No
16714061305	SERTRALINE HCL 100 MG TABLET	4	90.00	0.12	0.04965	101%-200% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	1	45.00	0.12	0.05254	101%-200% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	2	45.00	0.12	0.05182	101%-200% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	3	45.00	0.12	0.05082	101%-200% Above	No	No
16714061306	SERTRALINE HCL 100 MG TABLET	12	45.00	0.12	0.05186	101%-200% Above	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.13	0.03423	200% Above	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.13	0.03472	200% Above	No	No
16714062101	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.00	0.13	0.03481	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.24	0.03778	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.53	0.03778	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.24	0.03773	200% Above	No	No
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.24	0.03844	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 308

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714062202	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.24	0.03859	200% Above	No	No
16714062801	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	14.69	8.68153	51%-75% Above	No	No
16714063201	ALENDRONATE SODIUM 35 MG TAB	1	12.00	1.13	0.30957	200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.50	0.25711	76%-100% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.52	0.25711	101%-200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.71	0.25711	101%-200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	1	4.00	1.58	0.25711	200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.50	0.25171	76%-100% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.71	0.25171	101%-200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.50	0.25209	76%-100% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.71	0.25209	101%-200% Above	No	No
16714063301	ALENDRONATE SODIUM 70 MG TAB	4	4.00	0.49	0.25681	76%-100% Above	No	No
16714063302	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.52	0.25171	101%-200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.09	0.02971	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.09	0.02921	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.09	0.02884	200% Above	No	No
16714063403	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.09	0.03007	101%-200% Above	No	No
16714064301	MOXIFLOXACIN 0.5% EYE DROPS	12	3.00	5.92	1.78532	200% Above	No	No
16714064502	PIOGLITAZONE HCL 15 MG TABLET	1	90.00	0.14	0.06804	101%-200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	1	30.00	0.05	0.02137	101%-200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	4	30.00	0.05	0.02107	101%-200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	30.00	0.06	0.02119	101%-200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	30.00	0.12	0.02119	200% Above	No	No
16714066102	GABAPENTIN 100 MG CAPSULE	12	90.00	0.06	0.02119	101%-200% Above	No	No
16714066201	GABAPENTIN 300 MG CAPSULE	1	60.00	0.06	0.03415	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 309

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.14	0.03415	200% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	1	90.00	0.14	0.03415	200% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	60.00	0.06	0.03342	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03342	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	90.00	0.06	0.03342	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	180.00	0.02	0.03342	10%-25% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	180.00	0.06	0.03342	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	2	270.00	0.06	0.03342	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	60.00	0.06	0.03282	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	180.00	0.01	0.03282	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	3	180.00	0.06	0.03282	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	4	60.00	0.06	0.03246	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	4	180.00	0.01	0.03246	51%-75% Below	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	4	180.00	0.06	0.03246	76%-100% Above	No	No
16714066202	GABAPENTIN 300 MG CAPSULE	12	90.00	0.02	0.03399	26%-50% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	1	120.00	0.02	0.04204	26%-50% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	2	120.00	0.02	0.04060	26%-50% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	3	90.00	0.07	0.03979	51%-75% Above	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	3	120.00	0.02	0.03979	26%-50% Below	No	No
16714066302	GABAPENTIN 400 MG CAPSULE	4	120.00	0.02	0.03959	26%-50% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	1	50.00	0.11	0.30536	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 310

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	1	60.00	0.12	0.30536	51%-75% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	3	25.00	0.18	0.29322	26%-50% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	12	20.00	0.19	0.30954	26%-50% Below	No	No
16714067102	ONDANSETRON 4 MG/5 ML SOLUTION	12	36.00	0.40	0.30954	26%-50% Above	No	No
16714068102	SIMVASTATIN 5 MG TABLET	3	90.00	0.12	0.02918	200% Above	No	No
16714068203	SIMVASTATIN 10 MG TABLET	1	90.00	0.28	0.02861	200% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	1	90.00	0.01	0.03148	51%-75% Below	No	No
16714068303	SIMVASTATIN 20 MG TABLET	2	30.00	0.22	0.03103	200% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	3	30.00	0.22	0.03024	200% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	3	90.00	0.22	0.03024	200% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	12	90.00	0.22	0.03168	200% Above	No	No
16714068303	SIMVASTATIN 20 MG TABLET	12	90.00	0.49	0.03168	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	2	30.00	0.21	0.05466	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	3	30.00	0.21	0.05467	200% Above	No	No
16714068403	SIMVASTATIN 40 MG TABLET	12	30.00	0.30	0.05378	200% Above	No	No
16714069101	FLUCONAZOLE 100 MG TABLET	4	7.00	0.64	0.23591	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	1	1.00	1.46	0.54498	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	1	3.00	2.16	0.54498	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	2.00	1.27	0.49006	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	2	2.00	2.17	0.49006	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	3	7.00	2.16	0.43470	200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	1.00	1.36	0.57907	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	2.00	1.24	0.57907	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	2.00	1.27	0.57907	101%-200% Above	No	No
16714069211	FLUCONAZOLE 150 MG TABLET	12	2.00	2.26	0.57907	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 311

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	12.00	0.19	0.44876	51%-75% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	3	3.00	0.34	0.43495	10%-25% Below	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	3	5.00	0.93	0.43495	101%-200% Above	No	No
16714069301	FLUCONAZOLE 200 MG TABLET	12	3.00	0.52	0.45187	10%-25% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	1.07	0.40668	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	2	10.00	0.52	0.40668	26%-50% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	1.07	0.40550	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	1.06	0.43151	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	1.07	0.41606	101%-200% Above	No	No
16714069703	VALACYCLOVIR HCL 1 GRAM TABLET	12	10.00	1.15	0.41606	101%-200% Above	No	No
16714069803	VALACYCLOVIR HCL 500 MG TABLET	1	6.00	0.27	0.23221	10%-25% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.01	0.03148	51%-75% Below	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.24	0.03148	200% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
16714072003	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.08	0.03012	101%-200% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.17	0.03012	200% Above	No	No
16714072102	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	No	No
16714072103	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.17	0.03004	200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.24	0.05977	200% Above	No	No
16714072203	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.24	0.06210	200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.14	0.05977	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 312

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714072204	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.19	0.05977	200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.11	0.05698	76%-100% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.14	0.05698	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.19	0.05698	200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.14	0.05426	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.14	0.05279	101%-200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.19	0.05279	200% Above	No	No
16714072204	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.19	0.06210	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	1	30.00	0.23	0.08664	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	1	60.00	0.25	0.08664	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	2	30.00	0.23	0.08517	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	2	30.00	0.50	0.08517	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	2	60.00	0.25	0.08517	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	3	30.00	0.50	0.08423	200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	3	60.00	0.25	0.08423	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	3	90.00	0.23	0.08423	101%-200% Above	No	No
16714073302	CELECOXIB 200 MG CAPSULE	4	30.00	0.50	0.08460	200% Above	No	No
16714075501	ATOMOXETINE HCL 10 MG CAPSULE	3	30.00	2.63	0.40580	200% Above	No	No
16714075501	ATOMOXETINE HCL 10 MG CAPSULE	4	30.00	0.05	0.38144	76%-100% Below	No	No
16714075601	ATOMOXETINE HCL 18 MG CAPSULE	3	30.00	0.17	0.46051	51%-75% Below	No	No
16714075801	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	0.31	0.50707	26%-50% Below	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.44	0.32312	26%-50% Above	No	No
16714079701	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.44	0.32717	26%-50% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.64	0.46342	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 313

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.67	0.46342	26%-50% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.64	0.44748	26%-50% Above	No	No
16714079801	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.67	0.43896	51%-75% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.09	0.06636	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.20	0.06636	101%-200% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.09	0.06636	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	2	15.00	0.09	0.06232	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.09	0.06232	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.09	0.06109	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.04	0.06109	26%-50% Below	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.09	0.06109	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.09	0.06308	26%-50% Above	No	No
16714079904	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.09	0.07146	10%-25% Above	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.15	0.31528	51%-75% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.22	0.31166	26%-50% Below	No	No
16714080801	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	45.00	0.15	0.31166	51%-75% Below	No	No
16714081302	EZETIMIBE 10 MG TABLET	12	90.00	0.33	0.07430	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	1	30.00	0.30	0.07565	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	1	90.00	0.22	0.07565	101%-200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	1	90.00	0.30	0.07565	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	1	90.00	0.50	0.07565	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	3	90.00	0.22	0.07252	200% Above	No	No
16714081303	EZETIMIBE 10 MG TABLET	4	90.00	0.30	0.07238	200% Above	No	No
16714085402	METOPROL SUC TAB 100MG ER	12	90.00	0.33	.		No	No
16714087801	LIDOCAINE 5% OINTMENT	1	35.44	0.11	0.16834	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 314

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714089502	GLIPIZIDE ER 5 MG TABLET	1	90.00	0.09	0.07780	10%-25% Above	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	2	90.00	0.10	0.25475	51%-75% Below	No	No
16714089902	FEXOFENADINE HCL 180 MG TABLET	3	90.00	0.09	0.24852	51%-75% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	60.00	0.17	0.25954	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	60.00	0.17	0.24545	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	60.00	0.17	0.24545	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	60.00	0.17	0.23861	26%-50% Below	No	No
16714094801	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	60.00	0.17	0.23910	26%-50% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.11	0.25130	51%-75% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.08	0.25130	51%-75% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.11	0.24258	51%-75% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.11	0.24258	51%-75% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.11	0.24340	51%-75% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	No	No
16714095001	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.12	0.24917	51%-75% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	30.00	0.18	0.29359	26%-50% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	30.00	0.18	0.27345	26%-50% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	30.00	0.18	0.26594	26%-50% Below	No	No
16714095201	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	30.00	0.11	0.24786	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	15.00	0.26	0.31944	10%-25% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.18	0.31944	26%-50% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	15.00	0.11	0.30691	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.12	0.30691	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.11	0.30965	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.12	0.30965	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 315

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	15.00	0.12	0.32297	51%-75% Below	No	No
16714095301	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.12	0.32297	51%-75% Below	No	No
16714095502	KETOCONAZOLE 2% CREAM	2	30.00	0.17	0.26131	26%-50% Below	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	1	30.00	0.31	0.16597	76%-100% Above	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	2	30.00	0.14	0.16432	10%-25% Below	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	3	30.00	0.14	0.16577	10%-25% Below	No	No
16714097902	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	0.14	0.16903	10%-25% Below	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.42	0.14339	101%-200% Above	No	No
16714098002	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.42	0.13883	200% Above	No	No
16714098003	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.42	0.13636	200% Above	No	No
16714098601	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.05	0.10506	26%-50% Below	No	No
16714098602	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.18	0.08997	76%-100% Above	No	No
16714098604	TRIAMCINOLONE 0.1% CREAM	3	454.00	0.04	0.02985	10%-25% Above	No	No
16714098701	TRIAMCINOLONE 0.5% CREAM	3	15.00	0.33	0.19540	51%-75% Above	No	No
16714098701	TRIAMCINOLONE 0.5% CREAM	3	60.00	0.31	0.19540	51%-75% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	No	No
16714098801	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.02	0.03451	26%-50% Below	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
16714098901	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.50	0.03993	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.49	0.05094	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.50	0.05094	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.22	0.05022	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.08	0.05022	51%-75% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.22	0.04848	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.50	0.04848	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 316

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.22	0.04807	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.50	0.04807	200% Above	No	No
16714099001	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.50	0.05168	200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	3	90.00	0.08	0.04287	76%-100% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	12	90.00	0.09	0.03750	101%-200% Above	No	No
16729000316	GLIMEPIRIDE 4 MG TABLET	12	90.00	0.19	0.03750	200% Above	No	No
16729000617	SIMVASTATIN 40 MG TABLET	1	30.00	0.04	0.05445	26%-50% Below	No	No
16729002310	BICALUTAMIDE 50 MG TABLET	1	30.00	0.22	0.40414	26%-50% Below	No	No
16729002310	BICALUTAMIDE 50 MG TABLET	2	30.00	0.22	0.40059	26%-50% Below	No	No
16729002310	BICALUTAMIDE 50 MG TABLET	3	30.00	0.22	0.40279	26%-50% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	1	30.00	0.12	0.14076	10%-25% Below	No	No
16729003415	LETROZOLE 2.5 MG TABLET	2	5.00	0.08	0.14396	26%-50% Below	Yes	No
16729003415	LETROZOLE 2.5 MG TABLET	3	90.00	0.08	0.14551	26%-50% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	1	8.00	0.08	0.14410	26%-50% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	1	12.00	1.32	0.14410	200% Above	No	No
16729003510	ANASTROZOLE 1 MG TABLET	1	90.00	0.60	0.14410	200% Above	No	No
16729003510	ANASTROZOLE 1 MG TABLET	2	4.00	0.08	0.13823	26%-50% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	2	12.00	0.08	0.13823	26%-50% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	2	12.00	0.59	0.13823	200% Above	No	No
16729003510	ANASTROZOLE 1 MG TABLET	3	12.00	0.08	0.13880	26%-50% Below	No	No
16729003510	ANASTROZOLE 1 MG TABLET	3	12.00	0.59	0.13880	200% Above	No	No
16729003510	ANASTROZOLE 1 MG TABLET	4	12.00	0.59	0.13765	200% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	1	3.00	0.59	0.14410	200% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	1	4.00	0.59	0.14410	200% Above	No	No
16729003515	ANASTROZOLE 1 MG TABLET	1	12.00	0.16	0.14410	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 317

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4.00	0.59	0.13880	200% Above	No	No
16729008101	NALTREXONE 50 MG TABLET	2	90.00	0.63	1.22924	26%-50% Below	No	No
16729008110	NALTREXONE 50 MG TABLET	1	30.00	0.63	1.25205	26%-50% Below	No	No
16729008110	NALTREXONE 50 MG TABLET	2	30.00	0.50	1.22924	51%-75% Below	No	No
16729008110	NALTREXONE 50 MG TABLET	2	30.00	0.63	1.22924	26%-50% Below	No	No
16729009001	FINASTERIDE 5 MG TABLET	1	90.00	0.37	0.06948	200% Above	No	No
16729009001	FINASTERIDE 5 MG TABLET	3	90.00	0.17	0.06970	101%-200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.22	0.04577	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.22	0.04433	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.22	0.04334	200% Above	No	No
16729011917	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.22	0.04735	200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	15.00	0.03	0.02161	51%-75% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	20.00	0.03	0.02161	26%-50% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	21.00	0.05	0.02161	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	21.00	0.12	0.02161	200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.05	0.02161	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.12	0.02161	200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	45.00	0.05	0.02161	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	1	60.00	0.02	0.02161	10%-25% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.03	0.02086	26%-50% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.05	0.02086	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	2	45.00	0.05	0.02086	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.01	0.02086	26%-50% Below	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	3	6.00	0.05	0.02063	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	3	20.00	0.03	0.02063	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 318

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729013616	CLONAZEPAM 0.5 MG TABLET	3	21.00	0.05	0.02063	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.05	0.02063	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	3	35.00	0.05	0.02063	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	3	45.00	0.05	0.02063	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	4	45.00	0.05	0.02003	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	12	45.00	0.05	0.02214	101%-200% Above	No	No
16729013616	CLONAZEPAM 0.5 MG TABLET	12	45.00	0.12	0.02214	200% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	1	60.00	0.08	0.02634	101%-200% Above	No	No
16729013700	CLONAZEPAM 1 MG TABLET	2	60.00	0.08	0.02478	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	1	10.00	0.18	0.02634	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	1	30.00	0.08	0.02634	101%-200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	1	60.00	0.18	0.02634	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	2	5.00	0.08	0.02478	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	2	30.00	0.08	0.02478	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	2	60.00	0.08	0.02478	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	2	90.00	0.08	0.02478	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	2	270.00	0.08	0.02478	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	3	30.00	0.08	0.02492	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	3	60.00	0.08	0.02492	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	3	90.00	0.08	0.02492	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	4	90.00	0.08	0.02488	200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	12	30.00	0.08	0.02762	101%-200% Above	No	No
16729013716	CLONAZEPAM 1 MG TABLET	12	90.00	0.08	0.02762	101%-200% Above	No	No
16729013800	CLONAZEPAM 2 MG TABLET	4	90.00	0.09	0.03881	101%-200% Above	No	No
16729013800	CLONAZEPAM 2 MG TABLET	12	90.00	0.21	0.04153	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 319

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729014517	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.10	0.03125	200% Above	No	No
16729014517	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.23	0.03125	200% Above	No	No
16729016901	ESCITALOPRAM TAB 10MG	3	60.00	0.13	.		No	No
16729016917	ESCITALOPRAM 10 MG TABLET	1	30.00	0.11	0.04247	101%-200% Above	No	No
16729016917	ESCITALOPRAM 10 MG TABLET	2	60.00	0.10	0.04156	101%-200% Above	No	No
16729017017	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01221	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.03	0.01214	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01212	101%-200% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
16729018317	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01237	101%-200% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	1	30.00	0.06	0.04575	26%-50% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	2	30.00	0.06	0.04413	26%-50% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	3	30.00	0.06	0.04340	26%-50% Above	No	No
16729020312	BUSPIRONE HCL 15 MG TABLET	12	30.00	0.06	0.04806	10%-25% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	1	30.00	0.26	0.05254	200% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	1	90.00	0.26	0.05254	200% Above	No	No
16729021716	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	No	No
16729027730	METHOTREXATE 50 MG/2 ML VIAL	1	4.00	1.07	1.60937	26%-50% Below	No	No
16729029901	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
16729037216	TADALAFIL 20 MG TABLET	1	10.00	8.05	0.19658	200% Above	No	No
16729037216	TADALAFIL 20 MG TABLET	3	10.00	3.47	0.19004	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.43	0.08572	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 320

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729044315	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.45	0.07856	200% Above	No	No
16729044315	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.45	0.08751	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.33	0.08572	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	Yes	No
16729044316	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.43	0.07856	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.07856	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	2	270.00	0.17	0.07856	101%-200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.33	0.07923	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.42	0.07923	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	No	No
16729044316	BUPROPION HCL XL 150 MG TABLET	12	30.00	1.01	0.08751	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.12	0.03841	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.28	0.03841	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.28	0.03841	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.12	0.03758	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	2	60.00	0.04	0.03758	10%-25% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.03	0.03758	10%-25% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.12	0.03749	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.12	0.03796	200% Above	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.02	0.03948	26%-50% Below	No	No
16729044717	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.12	0.03948	200% Above	No	No
16729044815	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.03	0.05022	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.32	0.04706	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 321

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.32	0.04706	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.15	0.04610	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	45.00	0.15	0.04610	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.04610	26%-50% Below	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.05	0.04588	10%-25% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.15	0.04588	200% Above	No	No
16729044817	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.15	0.04736	200% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	1	30.00	0.35	0.04954	200% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.04954	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.35	0.04954	200% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	3	45.00	0.04	0.04697	10%-25% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.04697	26%-50% Below	Yes	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.04924	26%-50% Below	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.05	0.04924	10%-25% Above	No	No
16729044917	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.35	0.04924	200% Above	No	No
16729045015	LEVOTHYROXINE 88 MCG TABLET	12	30.00	0.17	0.05596	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	1	30.00	0.17	0.05372	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	2	30.00	0.17	0.05355	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.17	0.05355	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.04	0.05347	10%-25% Below	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	12	30.00	0.37	0.05596	200% Above	No	No
16729045017	LEVOTHYROXINE 88 MCG TABLET	12	90.00	0.04	0.05596	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.36	0.05499	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 322

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729045117	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05499	26%-50% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.05	0.05499	10%-25% Below	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.31	0.05259	200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.31	0.05258	200% Above	No	No
16729045117	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.31	0.05322	200% Above	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.05	0.06335	10%-25% Below	No	No
16729045217	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.42	0.06619	200% Above	No	No
16729045315	LEVOTHYROXINE 125 MCG TABLET	12	90.00	0.04	0.06648	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.17	0.06435	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.38	0.06435	200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	1	180.00	0.04	0.06435	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.17	0.06065	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.04	0.06065	26%-50% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.05	0.06065	10%-25% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	3	105.00	0.17	0.06093	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	4	30.00	0.17	0.06176	101%-200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.38	0.06648	200% Above	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	12	90.00	0.05	0.06648	10%-25% Below	No	No
16729045317	LEVOTHYROXINE 125 MCG TABLET	12	105.00	0.17	0.06648	101%-200% Above	No	No
16729045415	LEVOTHYROXINE 137 MCG TABLET	1	30.00	0.07	0.07463	10%-25% Below	No	No
16729045415	LEVOTHYROXINE 137 MCG TABLET	12	30.00	0.07	0.07547	10%-25% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.05	0.07463	26%-50% Below	No	No
16729045417	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.04	0.06694	26%-50% Below	No	No
16729045515	LEVOTHYROXINE 150 MCG TABLET	2	30.00	0.29	0.06752	200% Above	No	No
16729045515	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.29	0.06715	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 323

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729045517	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.05	0.07024	26%-50% Below	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.29	0.07024	200% Above	No	No
16729045517	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.04	0.07399	26%-50% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	3	84.00	0.05	0.08783	26%-50% Below	No	No
16729045615	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.32	0.08783	200% Above	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.32	0.08783	200% Above	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.05	0.08783	26%-50% Below	No	No
16729045617	LEVOTHYROXINE 175 MCG TABLET	4	30.00	0.32	0.08105	200% Above	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.05	0.07969	26%-50% Below	No	No
16729045715	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.35	0.07969	200% Above	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	1	30.00	0.54	0.08263	200% Above	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	2	30.00	0.35	0.08128	200% Above	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.05	0.08128	26%-50% Below	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	3	30.00	0.35	0.07969	200% Above	No	No
16729045717	LEVOTHYROXINE 200 MCG TABLET	4	30.00	0.35	0.08116	200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.11	0.14339	10%-25% Below	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.25	0.14339	51%-75% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.34	0.14339	101%-200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	1	30.00	0.39	0.14339	101%-200% Above	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	3	30.00	0.11	0.14060	10%-25% Below	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	4	30.00	0.11	0.13720	10%-25% Below	No	No
16729047801	METHYLPHENIDATE 5 MG TABLET	12	30.00	0.25	0.14118	51%-75% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.22	0.18194	10%-25% Above	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	2	60.00	0.10	0.17135	26%-50% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.10	0.16762	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 324

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
16729047901	METHYLPHENIDATE 10 MG TABLET	3	60.00	0.10	0.16762	26%-50% Below	No	No
16729047901	METHYLPHENIDATE 10 MG TABLET	12	60.00	0.53	0.18807	101%-200% Above	No	No
16729054235	FLUOROURACIL 5% CREAM	12	40.00	0.88	0.61720	26%-50% Above	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.10	1.84934	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.16	1.84934	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.57	1.84934	10%-25% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	1	8.50	2.26	1.84934	10%-25% Above	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	1	8.50	2.55	1.84934	26%-50% Above	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	1	17.00	1.10	1.84934	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	1	25.50	1.09	1.84934	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.10	1.77266	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.16	1.77266	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.30	1.77266	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.31	1.77266	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.57	1.77266	10%-25% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.58	1.77266	10%-25% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	2	25.50	1.10	1.77266	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	3	8.50	0.66	1.74120	51%-75% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.10	1.74120	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.53	1.74120	10%-25% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	4	8.50	0.66	1.70516	51%-75% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	4	8.50	1.10	1.70516	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	4	17.00	1.10	1.70516	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.15	1.90691	26%-50% Below	No	No
17270074000	ALBUTEROL HFA 90 MCG INHALER	12	8.50	2.55	1.90691	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 325

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
19515090452	FLULAVAL INJ 2025-26	12	0.50	38.56	.		No	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	1	60.00	0.32	0.19919	51%-75% Above	No	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	2	60.00	0.14	0.20424	26%-50% Below	Yes	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	4	60.00	0.14	0.21573	26%-50% Below	Yes	No
21922000101	FLUOCINONIDE 0.05% SOLUTION	12	60.00	0.25	0.20313	10%-25% Above	Yes	No
21922000301	FLUOCINOLONE 0.01% SOLUTION	1	60.00	0.33	0.19563	51%-75% Above	No	No
21922000404	DESONIDE 0.05% OINTMENT	1	15.00	0.99	0.40428	101%-200% Above	Yes	No
21922000404	DESONIDE 0.05% OINTMENT	2	15.00	0.50	0.37708	26%-50% Above	No	No
21922001105	TACROLIMUS 0.1% OINTMENT	2	60.00	0.52	0.94554	26%-50% Below	No	No
21922001604	CLOBETASOL 0.05% CREAM	1	15.00	1.00	0.17875	200% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	1	30.00	0.45	0.17875	101%-200% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	2	15.00	3.44	0.18413	200% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	3	15.00	1.00	0.18005	200% Above	No	No
21922001604	CLOBETASOL 0.05% CREAM	4	60.00	0.17	0.18616	10%-25% Below	No	No
21922001605	CLOBETASOL 0.05% CREAM	12	30.00	1.11	0.17711	200% Above	Yes	No
21922001606	CLOBETASOL 0.05% CREAM	4	45.00	0.11	0.13626	10%-25% Below	No	No
21922001607	CLOBETASOL 0.05% CREAM	1	60.00	0.17	0.11344	26%-50% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	1	60.00	0.25	0.11344	101%-200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	1	60.00	0.25	0.11344	101%-200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	1	60.00	2.46	0.11344	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	2	60.00	0.08	0.10631	10%-25% Below	No	No
21922001607	CLOBETASOL 0.05% CREAM	3	60.00	1.06	0.10772	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	4	60.00	1.06	0.12496	200% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	12	60.00	0.17	0.11790	26%-50% Above	No	No
21922001607	CLOBETASOL 0.05% CREAM	12	60.00	1.11	0.11790	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 326

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922001704	CLOBETASOL 0.05% OINTMENT	2	30.00	1.19	0.14460	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	3	30.00	1.19	0.13603	200% Above	No	No
21922001704	CLOBETASOL 0.05% OINTMENT	3	30.00	2.47	0.13603	200% Above	No	No
21922001705	CLOBETASOL 0.05% OINTMENT	2	30.00	0.06	0.16220	51%-75% Below	Yes	No
21922001705	CLOBETASOL 0.05% OINTMENT	2	30.00	1.19	0.16220	200% Above	No	No
21922001705	CLOBETASOL 0.05% OINTMENT	3	60.00	1.19	0.15920	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	1	60.00	0.08	0.11591	26%-50% Below	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	1	60.00	0.25	0.11591	101%-200% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	1	60.00	1.19	0.11591	200% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	0.08	0.11095	26%-50% Below	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	0.17	0.11095	26%-50% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	0.25	0.11095	101%-200% Above	Yes	No
21922001707	CLOBETASOL 0.05% OINTMENT	2	60.00	1.19	0.11095	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	4	60.00	1.19	0.11242	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	12	60.00	1.24	0.11458	200% Above	No	No
21922001707	CLOBETASOL 0.05% OINTMENT	12	60.00	2.76	0.11458	200% Above	No	No
21922002107	PERMETHRIN 5% CREAM	1	60.00	0.14	0.23393	26%-50% Below	No	No
21922002107	PERMETHRIN 5% CREAM	1	60.00	0.34	0.23393	26%-50% Above	No	No
21922002107	PERMETHRIN 5% CREAM	2	60.00	0.14	0.22855	26%-50% Below	No	No
21922002504	KETOCONAZOLE 2% CREAM	1	15.00	0.90	0.33059	101%-200% Above	No	No
21922002504	KETOCONAZOLE 2% CREAM	1	30.00	0.50	0.33059	26%-50% Above	Yes	No
21922002504	KETOCONAZOLE 2% CREAM	2	15.00	0.66	0.32417	101%-200% Above	Yes	No
21922002504	KETOCONAZOLE 2% CREAM	3	15.00	0.35	0.31358	10%-25% Above	Yes	No
21922002504	KETOCONAZOLE 2% CREAM	3	30.00	0.50	0.31358	51%-75% Above	No	No
21922002504	KETOCONAZOLE 2% CREAM	4	15.00	1.00	0.31394	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 327

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922002505	KETOCONAZOLE 2% CREAM	1	30.00	0.66	0.27092	101%-200% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	1	30.00	0.76	0.27092	101%-200% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	1	30.00	0.81	0.27092	101%-200% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	2	30.00	0.35	0.26131	26%-50% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	2	30.00	0.35	0.26131	26%-50% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	3	30.00	0.33	0.24861	26%-50% Above	No	No
21922002505	KETOCONAZOLE 2% CREAM	3	30.00	0.35	0.24861	26%-50% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	3	30.00	0.50	0.24861	76%-100% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	4	30.00	0.35	0.25290	26%-50% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	12	30.00	0.50	0.27261	76%-100% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	12	30.00	0.81	0.27261	101%-200% Above	Yes	No
21922002505	KETOCONAZOLE 2% CREAM	12	90.00	0.37	0.27261	26%-50% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	1	60.00	0.33	0.18396	76%-100% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	1	60.00	0.33	0.18396	76%-100% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	1	60.00	0.81	0.18396	200% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	2	60.00	0.35	0.18533	76%-100% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	2	60.00	0.35	0.18533	76%-100% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	3	60.00	0.33	0.18377	76%-100% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	3	60.00	0.35	0.18377	76%-100% Above	No	No
21922002507	KETOCONAZOLE 2% CREAM	3	60.00	0.35	0.18377	76%-100% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	12	60.00	0.17	0.18807	10%-25% Below	No	No
21922002507	KETOCONAZOLE 2% CREAM	12	60.00	0.25	0.18807	26%-50% Above	Yes	No
21922002507	KETOCONAZOLE 2% CREAM	12	60.00	0.81	0.18807	200% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	1	30.00	0.27	0.15287	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	1	30.00	0.27	0.15287	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 328

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922002705	CLINDAMYCIN PH 1% GEL	1	30.00	0.63	0.15287	200% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	1	30.00	1.28	0.15287	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	1	30.00	1.28	0.15287	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	1	60.00	0.63	0.15287	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	2	30.00	0.27	0.15986	51%-75% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	2	30.00	0.50	0.15986	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	2	30.00	0.67	0.15986	200% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	3	30.00	0.27	0.15485	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	3	30.00	0.27	0.15485	76%-100% Above	Yes	No
21922002705	CLINDAMYCIN PH 1% GEL	4	30.00	0.27	0.15061	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	11	30.00	0.29	0.15429	76%-100% Above	No	No
21922002705	CLINDAMYCIN PH 1% GEL	12	30.00	0.29	0.15034	76%-100% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	1	60.00	0.27	0.13903	76%-100% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	1	60.00	0.27	0.13903	76%-100% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	1	60.00	0.33	0.13903	101%-200% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	1	60.00	0.63	0.13903	200% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	2	60.00	0.27	0.13711	76%-100% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	2	60.00	0.27	0.13711	76%-100% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	2	60.00	0.33	0.13711	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	3	60.00	0.25	0.13194	76%-100% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	3	60.00	0.27	0.13194	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	3	60.00	0.27	0.13194	101%-200% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	4	60.00	0.27	0.13683	76%-100% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	12	60.00	0.07	0.14979	26%-50% Below	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	12	60.00	0.25	0.14979	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 329

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922002707	CLINDAMYCIN PH 1% GEL	12	60.00	0.29	0.14979	76%-100% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	12	60.00	0.29	0.14979	76%-100% Above	Yes	No
21922002707	CLINDAMYCIN PH 1% GEL	12	60.00	0.33	0.14979	101%-200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	12	60.00	0.63	0.14979	200% Above	No	No
21922002707	CLINDAMYCIN PH 1% GEL	12	60.00	1.18	0.14979	200% Above	No	No
21922003020	TESTOSTERONE 1.62% GEL PUMP	4	225.00	0.57	0.44588	26%-50% Above	Yes	No
21922003104	NYSTATIN-TRIAMCINOLONE OINTM	4	30.00	0.17	0.31768	26%-50% Below	No	No
21922003105	NYSTATIN-TRIAMCINOLONE OINTM	2	30.00	0.67	0.27694	101%-200% Above	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.08	0.29846	51%-75% Below	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.26	0.29846	10%-25% Below	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.61	0.29846	101%-200% Above	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.26	0.29508	10%-25% Below	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.33	0.29508	10%-25% Above	No	No
21922003601	CLINDAMYCIN PHOSP 1% LOTION	12	60.00	0.52	0.30323	51%-75% Above	No	No
21922003814	AZELAIC ACID 15% GEL	1	50.00	0.32	0.64826	51%-75% Below	No	No
21922003814	AZELAIC ACID 15% GEL	2	50.00	0.32	0.53621	26%-50% Below	No	No
21922003814	AZELAIC ACID 15% GEL	3	50.00	0.32	0.47699	26%-50% Below	No	No
21922003814	AZELAIC ACID 15% GEL	3	50.00	0.76	0.47699	51%-75% Above	No	No
21922003814	AZELAIC ACID 15% GEL	4	50.00	0.58	0.45648	26%-50% Above	No	No
21922003814	AZELAIC ACID 15% GEL	12	50.00	0.38	0.68903	26%-50% Below	Yes	No
21922003814	AZELAIC ACID 15% GEL	12	50.00	0.97	0.68903	26%-50% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	1	70.00	0.09	0.18465	26%-50% Below	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	1	70.00	0.25	0.18465	26%-50% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	1	70.00	0.29	0.18465	51%-75% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	0.25	0.18248	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 330

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	0.25	0.18248	26%-50% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	0.69	0.18248	200% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	0.14	0.16968	10%-25% Below	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	0.21	0.16968	10%-25% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	0.25	0.16968	26%-50% Above	Yes	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	4	70.00	0.25	0.15810	51%-75% Above	No	No
21922003923	METRONIDAZOLE VAGINAL 0.75% GL	12	70.00	0.10	0.18394	26%-50% Below	Yes	No
21922004112	FLUOROURACIL 5% TOPICAL SOLN	1	10.00	2.00	4.72824	51%-75% Below	No	No
21922004112	FLUOROURACIL 5% TOPICAL SOLN	12	20.00	2.48	4.50479	26%-50% Below	No	No
21922004917	FLUOROURACIL 5% CREAM	1	40.00	0.85	0.61537	26%-50% Above	No	No
21922004917	FLUOROURACIL 5% CREAM	2	40.00	0.85	0.61272	26%-50% Above	No	No
21922004917	FLUOROURACIL 5% CREAM	3	40.00	0.31	0.60003	26%-50% Below	Yes	No
21922004917	FLUOROURACIL 5% CREAM	3	40.00	0.85	0.60003	26%-50% Above	No	No
21922004917	FLUOROURACIL 5% CREAM	4	40.00	0.85	0.60407	26%-50% Above	Yes	No
21922005106	ADAPALENE 0.3% GEL	3	45.00	0.33	0.49544	26%-50% Below	No	No
21922005106	ADAPALENE 0.3% GEL	4	45.00	0.59	0.50756	10%-25% Above	No	No
21922005150	ADAPALENE 0.3% GEL PUMP	3	45.00	0.33	0.95576	51%-75% Below	No	No
21922005250	ADAPALENE-BNZZYL PEROX 0.1-2.5%	1	45.00	0.22	0.31355	26%-50% Below	No	No
21922005351	CICLOPIROX 8% SOLUTION	3	6.60	2.19	1.31623	51%-75% Above	Yes	No
21922006122	CLOBETASOL 0.05% SOLUTION	4	50.00	0.46	0.25833	76%-100% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	1	50.00	0.40	0.12394	200% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	2	50.00	0.40	0.12039	200% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	3	50.00	0.46	0.11959	200% Above	No	No
21922006127	CLOBETASOL 0.05% SOLUTION	12	50.00	0.30	0.12490	101%-200% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.12	0.10760	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 331

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922006204	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.18	0.10760	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.12	0.10760	10%-25% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.17	0.10760	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	1	60.00	0.13	0.10760	10%-25% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	1	120.00	0.05	0.10760	51%-75% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	2	15.00	0.05	0.10450	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	2	15.00	0.18	0.10450	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	2	45.00	0.05	0.10450	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	2	60.00	0.05	0.10450	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	2	60.00	0.16	0.10450	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	3	15.00	0.05	0.10506	26%-50% Below	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.21	0.10506	101%-200% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	3	45.00	0.16	0.10506	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.17	0.10331	51%-75% Above	No	No
21922006204	TRIAMCINOLONE 0.1% CREAM	12	15.00	0.12	0.11036	10%-25% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.05	0.08756	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.12	0.08756	26%-50% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.05	0.08586	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.14	0.08586	51%-75% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.18	0.08586	101%-200% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	2	60.00	0.05	0.08586	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	2	120.00	0.05	0.08586	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.05	0.08378	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.18	0.08378	101%-200% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	3	60.00	0.05	0.08378	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 332

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922006205	TRIAMCINOLONE 0.1% CREAM	3	60.00	0.15	0.08378	76%-100% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	3	60.00	0.17	0.08378	76%-100% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.14	0.08256	51%-75% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.16	0.08256	76%-100% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.06	0.08997	26%-50% Below	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.16	0.08997	51%-75% Above	No	No
21922006205	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.18	0.08997	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.09	0.05053	76%-100% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.08	0.04938	51%-75% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.12	0.04938	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.12	0.04938	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.13	0.04938	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.12	0.04992	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.12	0.04992	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.13	0.04992	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.13	0.04992	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	3	80.00	0.13	0.04992	101%-200% Above	No	No
21922006215	TRIAMCINOLONE 0.1% CREAM	7	80.00	0.06	0.05787	10%-25% Above	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	1	15.00	0.06	0.11386	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	1	15.00	0.07	0.11386	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	1	30.00	0.04	0.11386	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	2	15.00	0.06	0.11379	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	2	15.00	0.07	0.11379	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	2	60.00	0.03	0.11379	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	3	15.00	0.06	0.11289	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 333

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922006304	TRIAMCINOLONE 0.1% OINTMENT	3	15.00	0.06	0.11289	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	3	45.00	0.06	0.11289	26%-50% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	12	30.00	0.04	0.11575	51%-75% Below	No	No
21922006304	TRIAMCINOLONE 0.1% OINTMENT	12	60.00	0.03	0.11575	51%-75% Below	No	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	1	30.00	0.22	0.12790	51%-75% Above	No	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	2	30.00	0.22	0.12638	51%-75% Above	Yes	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	3	60.00	0.14	0.12433	10%-25% Above	Yes	No
21922006305	TRIAMCINOLONE 0.1% OINTMENT	3	120.00	0.20	0.12433	51%-75% Above	Yes	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	2	80.00	0.03	0.06491	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	2	80.00	0.04	0.06491	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	4	80.00	0.03	0.06562	26%-50% Below	No	No
21922006315	TRIAMCINOLONE 0.1% OINTMENT	12	80.00	0.03	0.06562	26%-50% Below	No	No
21922006330	TRIAMCINOLONE 0.1% OINTMENT	12	454.00	0.02	0.03613	26%-50% Below	No	No
21922006845	CLINDAMYCIN-BENZOYL PEROX 1-5%	1	50.00	0.33	0.63449	26%-50% Below	No	No
21922006845	CLINDAMYCIN-BENZOYL PEROX 1-5%	1	50.00	0.36	0.63449	26%-50% Below	No	No
21922007221	MOMETASONE FUROATE 0.1% SOLN	3	30.00	0.23	0.50583	51%-75% Below	Yes	No
21922007304	MUPIROCIN 2% OINTMENT	4	15.00	0.22	0.28474	10%-25% Below	No	No
21922007325	MUPIROCIN 2% OINTMENT	1	22.00	0.17	0.13574	10%-25% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	1	22.00	0.22	0.13574	51%-75% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	1	22.00	0.26	0.13574	76%-100% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	2	22.00	0.17	0.13256	26%-50% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	2	22.00	0.22	0.13256	51%-75% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	2	22.00	0.22	0.13256	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	2	22.00	0.32	0.13256	101%-200% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	3	22.00	0.17	0.13224	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 334

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
21922007325	MUPIROCIN 2% OINTMENT	3	22.00	0.17	0.13224	26%-50% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	3	22.00	0.22	0.13224	51%-75% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	3	22.00	0.25	0.13224	76%-100% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	3	22.00	0.26	0.13224	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	3	22.00	0.26	0.13224	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	3	22.00	0.29	0.13224	101%-200% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	3	22.00	0.64	0.13224	200% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	4	22.00	0.26	0.13303	76%-100% Above	Yes	No
21922007325	MUPIROCIN 2% OINTMENT	12	22.00	0.17	0.13656	10%-25% Above	No	No
21922007325	MUPIROCIN 2% OINTMENT	12	22.00	0.30	0.13656	101%-200% Above	No	No
21922007605	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	1	30.00	0.16	0.26977	26%-50% Below	No	No
21922007605	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	0.18	0.25583	26%-50% Below	No	No
21922007605	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.30	0.23948	10%-25% Above	No	No
21922008506	ESTRADIOL 0.01% CREAM	4	85.00	0.82	0.40019	101%-200% Above	No	No
21922008506	ESTRADIOL CRE 0.01%	3	42.50	0.82	.		No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.04	0.01221	200% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	3	45.00	0.02	0.01212	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.01	0.01212	10%-25% Below	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
23155000801	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.02	0.01221	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01221	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 335

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	45.00	0.02	0.01221	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.01	0.01221	51%-75% Below	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.01	0.01221	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.03	0.01214	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	45.00	0.01	0.01214	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01214	10%-25% Below	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01214	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01214	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.01	0.01212	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.01	0.01212	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01212	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01212	101%-200% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.01	0.01212	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.01	0.01212	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 336

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.02	0.01212	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	51%-75% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	76%-100% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.01	0.01202	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.01	0.01202	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.01	0.01202	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.01	0.01202	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.01	0.01237	10%-25% Above	No	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	10%-25% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	26%-50% Above	Yes	No
23155000810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	76%-100% Above	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	1	90.00	0.02	0.03169	26%-50% Below	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	1	90.00	0.02	0.03169	26%-50% Below	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	2	90.00	0.02	0.03140	26%-50% Below	Yes	No
23155000910	HYDROCHLOROTHIAZIDE 50 MG TAB	2	90.00	0.03	0.03140	10%-25% Below	Yes	No
23155002305	BUSPIRONE HCL 5 MG TABLET	1	90.00	0.05	0.02206	101%-200% Above	No	No
23155002305	BUSPIRONE HCL 5 MG TABLET	2	180.00	0.01	0.02161	26%-50% Below	No	No
23155002305	BUSPIRONE HCL 5 MG TABLET	3	180.00	0.01	0.02165	26%-50% Below	No	No
23155002305	BUSPIRONE HCL 5 MG TABLET	12	90.00	0.05	0.02211	101%-200% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.05	0.02956	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	1	270.00	0.05	0.02956	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	2	270.00	0.05	0.02925	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.05	0.02938	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 337

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.05	0.02938	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	3	540.00	0.05	0.02938	51%-75% Above	No	No
23155002401	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.05	0.03038	51%-75% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.01	0.02956	51%-75% Below	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	51%-75% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.01	0.02925	51%-75% Below	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.05	0.02938	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.05	0.02938	76%-100% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.01	0.02946	26%-50% Below	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.05	0.02946	51%-75% Above	No	No
23155002405	BUSPIRONE HCL 10 MG TABLET	12	180.00	0.05	0.03038	51%-75% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	3	60.00	0.08	0.05426	51%-75% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.11	0.05426	76%-100% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.15	0.05426	101%-200% Above	No	No
23155003005	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.01	0.05279	76%-100% Below	No	No
23155003010	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.11	0.06210	51%-75% Above	No	No
23155004303	LEFLUNOMIDE 10 MG TABLET	3	30.00	0.76	0.33031	101%-200% Above	No	No
23155005519	NARATRIPTAN HCL 2.5 MG TABLET	1	9.00	2.17	1.11009	76%-100% Above	Yes	No
23155005519	NARATRIPTAN HCL 2.5 MG TABLET	12	9.00	0.55	1.17745	51%-75% Below	Yes	No
23155005901	VERAPAMIL 40 MG TABLET	3	90.00	0.06	0.12198	26%-50% Below	Yes	No
23155007001	METHIMAZOLE 5 MG TABLET	1	90.00	0.10	0.07588	26%-50% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	2	90.00	0.09	0.07432	10%-25% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	2	180.00	0.09	0.07432	10%-25% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	2	270.00	0.06	0.07432	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 338

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155007001	METHIMAZOLE 5 MG TABLET	4	90.00	0.10	0.07183	26%-50% Above	No	No
23155007001	METHIMAZOLE 5 MG TABLET	12	90.00	0.12	0.07608	51%-75% Above	No	No
23155007101	METHIMAZOLE 10 MG TABLET	12	90.00	0.44	0.12494	200% Above	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	1	20.00	0.55	0.25257	101%-200% Above	Yes	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	4	28.00	0.23	0.26369	10%-25% Below	No	No
23155013525	DOXYCYCLINE MONO 100 MG TABLET	12	20.00	0.23	0.26040	10%-25% Below	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	1	60.00	0.25	0.09699	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	2	60.00	0.25	0.09511	101%-200% Above	Yes	No
23155019101	BUPROPION HCL 75 MG TABLET	3	60.00	0.25	0.09527	101%-200% Above	Yes	No
23155022801	ACYCLOVIR 800 MG TABLET	3	20.00	0.19	0.16934	10%-25% Above	No	No
23155022901	ACYCLOVIR 200 MG CAPSULE	1	30.00	0.07	0.10292	26%-50% Below	No	No
23155022901	ACYCLOVIR 200 MG CAPSULE	2	35.00	0.07	0.09943	26%-50% Below	No	No
23155022901	ACYCLOVIR 200 MG CAPSULE	3	30.00	0.07	0.09997	26%-50% Below	No	No
23155028801	ACETAZOLAMIDE 250 MG TABLET	2	14.00	0.36	0.13532	101%-200% Above	Yes	No
23155028801	ACETAZOLAMIDE 250 MG TABLET	2	60.00	0.36	0.13532	101%-200% Above	Yes	No
23155028801	ACETAZOLAMIDE 250 MG TABLET	3	60.00	0.36	0.13222	101%-200% Above	Yes	No
23155049001	DESMOPRESSIN ACETATE 0.2 MG TB	2	90.00	0.21	0.35688	26%-50% Below	No	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	1	30.00	0.17	0.03243	200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	2	30.00	0.07	0.03146	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	3	30.00	0.07	0.03136	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	3	90.00	0.07	0.03136	101%-200% Above	Yes	No
23155050001	HYDROXYZINE HCL 10 MG TABLET	12	30.00	0.08	0.03259	101%-200% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	1	90.00	0.08	0.03557	101%-200% Above	No	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.03466	101%-200% Above	Yes	No
23155050101	HYDROXYZINE HCL 25 MG TABLET	4	15.00	0.08	0.03456	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 339

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155050101	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.19	0.03503	200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	1	180.00	0.06	0.03557	51%-75% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	2	270.00	0.06	0.03471	76%-100% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.03466	101%-200% Above	No	No
23155050105	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.03466	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.08	0.03557	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.19	0.03557	200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	2	60.00	0.06	0.03471	76%-100% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	2	60.00	0.08	0.03471	101%-200% Above	No	No
23155050110	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.08	0.03466	101%-200% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	2	180.00	0.03	0.06518	51%-75% Below	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	3	30.00	0.10	0.06380	51%-75% Above	No	No
23155050201	HYDROXYZINE HCL 50 MG TABLET	12	90.00	0.09	0.06599	26%-50% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	1	180.00	0.21	0.06561	200% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	1	270.00	0.21	0.06561	200% Above	No	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	4	30.00	0.09	0.06161	26%-50% Above	Yes	No
23155050210	HYDROXYZINE HCL 50 MG TABLET	4	60.00	0.09	0.06161	26%-50% Above	No	No
23155060601	GLYCOPYRROLATE 1 MG TABLET	1	120.00	0.06	0.10887	26%-50% Below	Yes	No
23155060601	GLYCOPYRROLATE 1 MG TABLET	2	120.00	0.06	0.10513	26%-50% Below	Yes	No
23155060601	GLYCOPYRROLATE 1 MG TABLET	3	120.00	0.06	0.10285	26%-50% Below	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	1	60.00	0.17	0.21977	10%-25% Below	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	1	120.00	0.09	0.21977	51%-75% Below	No	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	2	60.00	0.17	0.19660	10%-25% Below	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	3	60.00	0.17	0.19362	10%-25% Below	Yes	No
23155060701	GLYCOPYRROLATE 2 MG TABLET	4	120.00	0.10	0.18088	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 340

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155065205	METRONIDAZOLE 500 MG TABLET	2	42.00	0.16	0.10005	51%-75% Above	No	No
23155066203	CALCITRIOL 0.25 MCG CAPSULE	1	38.00	0.33	0.16945	76%-100% Above	No	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	1	90.00	0.33	0.24096	26%-50% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	1	180.00	0.33	0.24096	26%-50% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	2	30.00	0.33	0.24082	26%-50% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	3	30.00	0.33	0.24196	26%-50% Above	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	3	90.00	0.14	0.24196	26%-50% Below	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	3	270.00	0.14	0.24196	26%-50% Below	Yes	No
23155066301	CALCITRIOL 0.5 MCG CAPSULE	12	90.00	0.33	0.24822	26%-50% Above	Yes	No
23155069310	ALLOPURINOL 100 MG TABLET	1	30.00	0.12	0.03584	200% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	2	30.00	0.12	0.03476	200% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	3	30.00	0.12	0.03313	200% Above	No	No
23155069310	ALLOPURINOL 100 MG TABLET	4	30.00	0.12	0.03304	200% Above	No	No
23155072301	LABETALOL HCL 100 MG TABLET	1	60.00	0.04	0.08478	26%-50% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	1	180.00	0.20	0.08478	101%-200% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	2	30.00	0.24	0.08297	101%-200% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	2	180.00	0.07	0.08297	10%-25% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	3	60.00	0.04	0.07885	26%-50% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	3	90.00	0.23	0.07885	101%-200% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	3	180.00	0.17	0.07885	101%-200% Above	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	4	60.00	0.04	0.08184	51%-75% Below	Yes	No
23155072301	LABETALOL HCL 100 MG TABLET	12	60.00	0.04	0.08432	26%-50% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	1	60.00	0.21	0.14522	26%-50% Above	No	No
23155072401	LABETALOL HCL 200 MG TABLET	1	180.00	0.09	0.14522	26%-50% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	1	180.00	0.17	0.14522	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 341

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	60.00	0.09	0.14349	26%-50% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	3	60.00	0.08	0.14225	26%-50% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	3	60.00	0.09	0.14225	26%-50% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	3	60.00	0.09	0.14225	26%-50% Below	Yes	No
23155072401	LABETALOL HCL 200 MG TABLET	3	180.00	0.09	0.14225	26%-50% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	4	60.00	0.09	0.14258	26%-50% Below	No	No
23155072401	LABETALOL HCL 200 MG TABLET	12	180.00	0.09	0.14412	26%-50% Below	Yes	No
23155072501	LABETALOL HCL 300 MG TABLET	2	60.00	0.25	0.20410	10%-25% Above	Yes	No
23155072501	LABETALOL HCL 300 MG TABLET	3	60.00	0.25	0.20425	10%-25% Above	Yes	No
23155072501	LABETALOL HCL 300 MG TABLET	4	180.00	0.11	0.20453	26%-50% Below	Yes	No
23155075001	BENAZEPRIL HCL 10 MG TABLET	1	30.00	0.06	0.06559	10%-25% Below	No	No
23155075001	BENAZEPRIL HCL 10 MG TABLET	3	30.00	0.06	0.06495	10%-25% Below	No	No
23155075001	BENAZEPRIL HCL 10 MG TABLET	12	30.00	0.06	0.06486	10%-25% Below	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	1	30.00	0.07	0.03284	101%-200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	2	30.00	0.11	0.03199	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	2	90.00	0.01	0.03199	51%-75% Below	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	3	30.00	0.11	0.03177	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	3	90.00	0.11	0.03177	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	No	No
23155075705	SERTRALINE HCL 25 MG TABLET	4	90.00	0.06	0.02999	101%-200% Above	No	No
23155075709	SERTRALINE HCL 25 MG TABLET	10	30.00	0.06	0.03363	76%-100% Above	No	No
23155075709	SERTRALINE HCL 25 MG TABLET	11	30.00	0.06	0.03315	76%-100% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	1	30.00	0.05	0.03881	26%-50% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	1	30.00	0.22	0.03881	200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	1	90.00	0.01	0.03881	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 342

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155075805	SERTRALINE HCL 50 MG TABLET	1	90.00	0.22	0.03881	200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	1	135.00	0.22	0.03881	200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	2	30.00	0.05	0.03624	26%-50% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	2	30.00	0.06	0.03624	51%-75% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	2	30.00	0.10	0.03624	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	2	90.00	0.05	0.03624	26%-50% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	2	90.00	0.06	0.03624	51%-75% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	2	90.00	0.10	0.03624	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	2	135.00	0.10	0.03624	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	3	30.00	0.01	0.03533	51%-75% Below	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	3	30.00	0.05	0.03533	26%-50% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	3	30.00	0.10	0.03533	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	3	45.00	0.05	0.03533	51%-75% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	3	90.00	0.04	0.03533	10%-25% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	3	90.00	0.05	0.03533	26%-50% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	4	90.00	0.01	0.03450	51%-75% Below	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	4	90.00	0.04	0.03450	10%-25% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	4	90.00	0.10	0.03450	101%-200% Above	No	No
23155075805	SERTRALINE HCL 50 MG TABLET	12	30.00	0.05	0.03876	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	1	30.00	0.01	0.05254	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	1	30.00	0.09	0.05254	51%-75% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	1	30.00	0.12	0.05254	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	1	45.00	0.26	0.05254	200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	1	60.00	0.01	0.05254	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	1	60.00	0.07	0.05254	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 343

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155075905	SERTRALINE HCL 100 MG TABLET	1	90.00	0.12	0.05254	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	1	90.00	0.26	0.05254	200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	2	30.00	0.01	0.05182	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	2	30.00	0.12	0.05182	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	2	90.00	0.07	0.05182	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	2	90.00	0.12	0.05182	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	2	135.00	0.01	0.05182	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	30.00	0.01	0.05082	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	30.00	0.09	0.05082	76%-100% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	30.00	0.12	0.05082	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	60.00	0.01	0.05082	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	90.00	0.06	0.05082	10%-25% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	3	135.00	0.12	0.05082	101%-200% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	30.00	0.01	0.04965	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	30.00	0.09	0.04965	51%-75% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	30.00	0.09	0.04965	76%-100% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	90.00	0.07	0.04965	26%-50% Above	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	4	180.00	0.01	0.04965	76%-100% Below	No	No
23155075905	SERTRALINE HCL 100 MG TABLET	12	30.00	0.26	0.05186	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.13	0.04083	200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.07	0.04083	51%-75% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.01	0.04110	51%-75% Below	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.07	0.04110	51%-75% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.07	0.04110	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 344

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.11	0.04110	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.12	0.04110	101%-200% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.01	0.04118	51%-75% Below	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.07	0.04118	51%-75% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.07	0.04118	51%-75% Above	Yes	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.11	0.04118	101%-200% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	0.07	0.04030	76%-100% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.07	0.04030	76%-100% Above	No	No
23155076401	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.16	0.04030	200% Above	Yes	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.16	0.04083	200% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.07	0.04110	51%-75% Above	No	No
23155076410	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.07	0.04118	51%-75% Above	No	No
23155076701	TETRACYCLINE 500 MG CAPSULE	2	56.00	1.60	0.66337	101%-200% Above	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	3	90.00	0.02	0.06297	51%-75% Below	No	No
23155077201	ENALAPRIL MALEATE 10 MG TAB	12	90.00	0.27	0.06544	200% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	1	90.00	0.14	0.09997	26%-50% Above	No	No
23155077301	ENALAPRIL MALEATE 20 MG TAB	2	90.00	0.14	0.09977	26%-50% Above	No	No
23155078701	ACETAZOLAMIDE ER 500 MG CAP	12	60.00	0.33	0.29759	10%-25% Above	Yes	No
23155081005	OXYBUTYNIN 5 MG TABLET	1	180.00	0.20	0.04548	200% Above	No	No
23155081010	OXYBUTYNIN 5 MG TABLET	2	60.00	0.09	0.04685	76%-100% Above	No	No
23155081010	OXYBUTYNIN 5 MG TABLET	3	60.00	0.09	0.04787	76%-100% Above	No	No
23155081010	OXYBUTYNIN 5 MG TABLET	3	180.00	0.09	0.04787	76%-100% Above	No	No
23155081010	OXYBUTYNIN 5 MG TABLET	12	12.00	0.20	0.04719	200% Above	No	No
23155083301	HYDRALAZINE 25 MG TABLET	1	60.00	0.05	0.03697	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	1	180.00	0.05	0.03697	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 345

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.05	0.03604	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	2	180.00	0.05	0.03604	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	2	270.00	0.06	0.03604	51%-75% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	3	60.00	0.05	0.03562	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	3	270.00	0.05	0.03562	26%-50% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	12	60.00	0.07	0.03754	76%-100% Above	Yes	No
23155083301	HYDRALAZINE 25 MG TABLET	12	66.00	0.05	0.03754	26%-50% Above	Yes	No
23155083310	HYDRALAZINE 25 MG TABLET	3	90.00	0.05	0.03562	26%-50% Above	No	No
23155083310	HYDRALAZINE 25 MG TABLET	3	90.00	0.08	0.03562	101%-200% Above	No	No
23155083310	HYDRALAZINE 25 MG TABLET	4	30.00	0.05	0.03522	26%-50% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	1	90.00	0.10	0.04659	101%-200% Above	No	No
23155083401	HYDRALAZINE 50 MG TABLET	1	90.00	0.10	0.04659	101%-200% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	1	180.00	0.06	0.04659	26%-50% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	2	60.00	0.07	0.04567	51%-75% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	3	270.00	0.06	0.04545	10%-25% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	12	60.00	0.08	0.04747	51%-75% Above	Yes	No
23155083401	HYDRALAZINE 50 MG TABLET	12	90.00	0.02	0.04747	51%-75% Below	Yes	No
23155083410	HYDRALAZINE 50 MG TABLET	3	270.00	0.08	0.04545	51%-75% Above	No	No
23155083501	HYDRALAZINE 100 MG TABLET	1	90.00	0.05	0.07551	26%-50% Below	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	1	180.00	0.03	0.07551	51%-75% Below	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	3	60.00	0.19	0.07651	101%-200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	3	180.00	0.05	0.07651	26%-50% Below	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	4	60.00	0.19	0.07605	101%-200% Above	Yes	No
23155083501	HYDRALAZINE 100 MG TABLET	4	90.00	0.11	0.07605	26%-50% Above	Yes	No
23155084105	METFORMIN HCL 500 MG TABLET	1	180.00	0.02	0.01401	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 346

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155084205	METFORMIN HCL 850 MG TABLET	2	90.00	0.01	0.02434	26%-50% Below	No	No
23155084305	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02384	26%-50% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	1	30.00	1.32	0.14410	200% Above	No	No
23155085703	ANASTROZOLE 1 MG TABLET	4	12.00	0.59	0.13765	200% Above	No	No
23155085705	ANASTROZOLE 1 MG TABLET	4	2.00	0.33	0.13765	101%-200% Above	No	No
23155085878	VANCOMYCIN HCL 125 MG CAPSULE	1	40.00	0.38	1.44957	51%-75% Below	No	No
23155086401	GRISEOFULVIN ULTRA 250 MG TAB	3	30.00	1.84	3.43903	26%-50% Below	No	No
23155086701	GABAPENTIN 300 MG CAPSULE	2	30.00	0.06	0.03342	76%-100% Above	No	No
23155086701	GABAPENTIN 300 MG CAPSULE	3	30.00	0.06	0.03282	76%-100% Above	No	No
23155087301	TORSEMIDE 20 MG TABLET	12	180.00	0.10	0.07528	26%-50% Above	No	No
23155087503	LETROZOLE 2.5 MG TABLET	1	30.00	0.11	0.14076	10%-25% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	1	90.00	0.18	0.14076	26%-50% Above	No	No
23155087503	LETROZOLE 2.5 MG TABLET	2	5.00	0.08	0.14396	26%-50% Below	No	No
23155087503	LETROZOLE 2.5 MG TABLET	3	90.00	0.10	0.14551	26%-50% Below	No	No
23155087509	LETROZOLE 2.5 MG TABLET	1	15.00	0.08	0.14076	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	1	15.00	0.18	0.14076	26%-50% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	1	20.00	0.08	0.14076	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	1	30.00	0.18	0.14076	26%-50% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	1	90.00	0.08	0.14076	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	3	10.00	0.19	0.14551	26%-50% Above	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	3	90.00	0.07	0.14551	51%-75% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	3	90.00	0.08	0.14551	26%-50% Below	Yes	No
23155087509	LETROZOLE 2.5 MG TABLET	12	90.00	0.08	0.14409	26%-50% Below	Yes	No
23155087710	LISINOPRIL 5 MG TABLET	2	90.00	0.09	0.01495	200% Above	No	No
23155087810	LISINOPRIL 10 MG TABLET	1	30.00	0.09	0.01891	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 347

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155087810	LISINOPRIL 10 MG TABLET	2	30.00	0.09	0.01884	200% Above	No	No
23155087810	LISINOPRIL 10 MG TABLET	3	30.00	0.09	0.01888	200% Above	No	No
23155087810	LISINOPRIL 10 MG TABLET	4	30.00	0.09	0.01873	200% Above	No	No
23155087810	LISINOPRIL 10 MG TABLET	12	30.00	0.20	0.01877	200% Above	No	No
23155087910	LISINOPRIL 20 MG TABLET	1	90.00	0.20	0.02626	200% Above	No	No
23155087910	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	No	No
23155088001	LISINOPRIL 30 MG TABLET	2	30.00	0.10	0.05441	76%-100% Above	No	No
23155088001	LISINOPRIL 30 MG TABLET	3	30.00	0.10	0.05433	76%-100% Above	No	No
23155088005	LISINOPRIL 30 MG TABLET	2	90.00	0.10	0.05441	76%-100% Above	No	No
23155088101	LISINOPRIL 40 MG TABLET	2	30.00	0.03	0.04680	26%-50% Below	No	No
23155088110	LISINOPRIL 40 MG TABLET	1	30.00	0.03	0.04639	26%-50% Below	No	No
23155088110	LISINOPRIL 40 MG TABLET	1	30.00	0.22	0.04639	200% Above	No	No
23155088110	LISINOPRIL 40 MG TABLET	1	90.00	0.10	0.04639	101%-200% Above	No	No
23155088110	LISINOPRIL 40 MG TABLET	2	30.00	0.10	0.04680	101%-200% Above	No	No
23155088110	LISINOPRIL 40 MG TABLET	3	30.00	0.10	0.04735	101%-200% Above	No	No
23155088110	LISINOPRIL 40 MG TABLET	4	30.00	0.10	0.04738	101%-200% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	1	30.00	0.09	0.07212	26%-50% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	2	21.00	0.09	0.06993	26%-50% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	2	30.00	0.09	0.06993	26%-50% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	2	42.00	0.12	0.06993	51%-75% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	3	21.00	0.09	0.07097	26%-50% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	3	21.00	0.17	0.07097	101%-200% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	4	30.00	0.14	0.07006	101%-200% Above	No	No
23155089805	BENZONATATE 100 MG CAPSULE	4	56.00	0.14	0.07006	76%-100% Above	No	No
23155089901	BENZONATATE 200 MG CAPSULE	1	21.00	0.17	0.10448	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 348

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
23155089901	BENZONATATE 200 MG CAPSULE	1	30.00	0.16	0.10448	51%-75% Above	No	No
23155089901	BENZONATATE 200 MG CAPSULE	1	30.00	0.16	0.10448	51%-75% Above	No	No
23155089901	BENZONATATE 200 MG CAPSULE	2	21.00	0.17	0.10310	51%-75% Above	No	No
23155089901	BENZONATATE 200 MG CAPSULE	2	30.00	0.16	0.10310	51%-75% Above	No	No
23155089901	BENZONATATE 200 MG CAPSULE	2	30.00	0.17	0.10310	51%-75% Above	No	No
23155089905	BENZONATATE 200 MG CAPSULE	1	30.00	0.16	0.10448	51%-75% Above	No	No
23155089905	BENZONATATE 200 MG CAPSULE	2	20.00	0.17	0.10310	51%-75% Above	No	No
23155089905	BENZONATATE 200 MG CAPSULE	2	30.00	0.16	0.10310	51%-75% Above	No	No
23155089905	BENZONATATE 200 MG CAPSULE	12	30.00	0.00	0.10611	76%-100% Below	No	No
23155089905	BENZONATATE 200 MG CAPSULE	12	30.00	0.16	0.10611	51%-75% Above	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	1	15.00	0.24	0.55813	51%-75% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	1	25.00	0.31	0.55813	26%-50% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	2	15.00	0.24	0.56611	51%-75% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	2	20.00	0.21	0.56611	51%-75% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.30	0.56611	26%-50% Below	No	No
23155092751	PREDNISOLONE 15 MG/5 ML SOLN	12	25.00	0.30	0.55280	26%-50% Below	No	No
23155092752	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	0.30	0.61271	26%-50% Below	No	No
23155092952	CETIRIZINE HCL 1 MG/ML SOLN	4	90.00	0.04	0.33180	76%-100% Below	No	No
23359003216	NINJACOF LIQUID	1	200.00	0.21	0.07913	101%-200% Above	No	No
23359003216	NINJACOF LIQUID	2	200.00	0.13	0.07913	51%-75% Above	Yes	No
23359003216	NINJACOF LIQUID	12	120.00	0.13	0.07921	51%-75% Above	Yes	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	1	5.00	0.59	1.07524	26%-50% Below	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	1	5.00	1.48	1.07524	26%-50% Above	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	2	5.00	1.48	1.05046	26%-50% Above	No	No
24208029005	TOBRAMYCIN 0.3% EYE DROP	3	5.00	1.44	1.01730	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 349

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208029005	TOBRAMYCIN 0.3% EYE DROP	4	5.00	0.59	1.00244	26%-50% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	3.63	4.76511	10%-25% Below	No	No
24208029505	TOBRAMYCIN-DEXAMETH OPHTH SUSP	3	5.00	4.00	4.76511	10%-25% Below	No	No
24208029510	TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	10.00	9.30	4.28294	101%-200% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	1	10.00	0.71	0.47321	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	1	10.00	0.71	0.47321	26%-50% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	1	10.00	0.77	0.47321	51%-75% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.35	0.46396	10%-25% Below	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.35	0.46396	10%-25% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.29	0.45883	26%-50% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.35	0.45883	10%-25% Below	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.58	0.45883	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.68	0.45883	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.74	0.45883	51%-75% Above	No	No
24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.68	0.45326	26%-50% Above	Yes	No
24208031510	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.71	0.45326	51%-75% Above	Yes	No
24208034205	DESMOPRESSIN 0.01% SOLUTION	1	10.00	28.07	24.16784	10%-25% Above	No	No
24208034205	DESMOPRESSIN 0.01% SOLUTION	2	10.00	28.07	23.91678	10%-25% Above	No	No
24208034205	DESMOPRESSIN SPR REF0.01%	3	10.00	28.07	.		No	No
24208034425	FLUNISOLIDE 0.025% SPRAY	1	25.00	1.64	1.88219	10%-25% Below	No	No
24208039830	IPRATROPIUM 0.03% SPRAY	1	30.00	0.25	0.43403	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	1	30.00	0.49	0.43403	10%-25% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	2	30.00	0.25	0.41975	26%-50% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	2	30.00	0.57	0.41975	26%-50% Above	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	12	30.00	0.24	0.44900	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 350

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.34	0.44900	10%-25% Below	Yes	No
24208039830	IPRATROPIUM 0.03% SPRAY	12	30.00	0.72	0.44900	51%-75% Above	Yes	No
24208039830	IPRATROPIUM SPR 0.03%	3	30.00	0.25	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	3	30.00	0.33	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	3	30.00	0.57	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	3	90.00	0.25	.		Yes	No
24208039830	IPRATROPIUM SPR 0.03%	3	90.00	0.26	.		Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	15.00	0.51	0.89074	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	15.00	0.56	0.89074	26%-50% Below	No	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	15.00	0.56	0.89074	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	15.00	0.99	0.89074	10%-25% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	1	15.00	1.23	0.89074	26%-50% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	2	15.00	0.51	0.87112	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	2	15.00	0.56	0.87112	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	2	15.00	0.99	0.87112	10%-25% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	2	15.00	1.33	0.87112	51%-75% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	2	45.00	0.51	0.87112	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	12	15.00	0.64	0.88693	26%-50% Below	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	12	15.00	0.99	0.88693	10%-25% Above	Yes	No
24208039915	IPRATROPIUM 0.06% SPRAY	12	15.00	1.21	0.88693	26%-50% Above	Yes	No
24208039915	IPRATROPIUM SPR 0.06%	3	15.00	0.56	.		Yes	No
24208039915	IPRATROPIUM SPR 0.06%	3	15.00	0.99	.		Yes	No
24208039915	IPRATROPIUM SPR 0.06%	4	15.00	1.21	.		Yes	No
24208039915	IPRATROPIUM SPR 0.06%	4	45.00	0.84	.		Yes	No
24208041110	BRIMONIDINE 0.2% EYE DROP	2	10.00	0.71	0.57813	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 351

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208043405	OFLOXACIN 0.3% EYE DROPS	3	5.00	0.76	1.34893	26%-50% Below	No	No
24208043405	OFLOXACIN 0.3% EYE DROPS	3	5.00	1.00	1.34893	10%-25% Below	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	2.50	2.02	1.80942	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	2.50	2.18	1.80942	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	2.50	2.18	1.80942	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	2.50	2.34	1.80942	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	2.50	5.05	1.80942	101%-200% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	5.00	2.66	1.80942	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	7.50	2.18	1.80942	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	1	7.50	5.05	1.80942	101%-200% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	2.50	1.96	1.73562	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	2.50	2.00	1.73562	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	2.50	2.02	1.73562	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	2.50	2.18	1.73562	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	2.50	2.18	1.73562	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	5.00	2.18	1.73562	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	5.00	2.38	1.73562	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	5.00	2.69	1.73562	51%-75% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	7.50	2.18	1.73562	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	7.50	2.18	1.73562	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	2	7.50	2.57	1.73562	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	3	2.50	1.96	1.68152	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	3	7.50	2.18	1.68152	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	3	7.50	2.18	1.68152	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	3	7.50	2.27	1.68152	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 352

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	2.50	2.18	1.59983	26%-50% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	4	5.00	2.18	1.59983	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	4	7.50	2.18	1.59983	26%-50% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	2.50	2.27	1.83376	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	7.50	2.27	1.83376	10%-25% Above	No	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	7.50	2.27	1.83376	10%-25% Above	Yes	No
24208046325	LATANOPROST 0.005% EYE DROPS	12	10.00	2.25	1.83376	10%-25% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	1	10.00	0.59	0.92544	26%-50% Below	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	1	10.00	1.16	0.92544	10%-25% Above	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	2	10.00	0.59	0.91335	26%-50% Below	No	No
24208048510	DORZOLAMIDE HCL 2% EYE DROPS	3	10.00	0.59	0.89699	26%-50% Below	No	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	1	10.00	1.22	0.94363	26%-50% Above	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	2	10.00	0.52	0.93389	26%-50% Below	Yes	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	3	20.00	0.52	0.94345	26%-50% Below	No	No
24208048610	DORZOLAMIDE-TIMOLOL EYE DROPS	4	30.00	0.52	0.93397	26%-50% Below	Yes	No
24208058060	GENTAMICIN 0.3% EYE DROP	1	5.00	1.89	0.75904	101%-200% Above	No	No
24208058060	GENTAMICIN 0.3% EYE DROP	3	5.00	1.40	0.78341	76%-100% Above	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	10.00	3.04	5.15331	26%-50% Below	Yes	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	2	10.00	2.94	5.14492	26%-50% Below	No	No
24208063110	NEOMYCIN-POLYMYXIN-HC EAR SOLN	3	10.00	2.50	5.19021	51%-75% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	10.00	1.00	4.03920	51%-75% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	10.00	1.50	4.03920	51%-75% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	10.00	2.08	4.03920	26%-50% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	10.00	1.89	4.02936	51%-75% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	10.00	2.08	4.02936	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 353

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	10.00	2.08	4.02936	26%-50% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	10.00	0.50	4.03566	76%-100% Below	No	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	10.00	1.89	4.03566	51%-75% Below	Yes	No
24208063562	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	10.00	2.08	4.03566	26%-50% Below	No	No
24208067004	SULFACETAMIDE 10% EYE DROPS	2	15.00	1.73	1.94335	10%-25% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	2	5.00	7.37	8.55136	10%-25% Below	Yes	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	3	5.00	1.40	8.42060	76%-100% Below	No	No
24208072002	DEXAMETHASONE 0.1% EYE DROP	3	5.00	7.37	8.42060	10%-25% Below	No	No
24208078555	NEO-BACIT-POLY-HC EYE OINTMENT	1	3.50	4.29	6.01755	26%-50% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	1	3.50	3.69	2.80315	26%-50% Above	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	2	3.50	1.21	2.66231	51%-75% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	2	3.50	1.43	2.66231	26%-50% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	2	3.50	1.50	2.66231	26%-50% Below	No	No
24208079535	NEOMYC-POLYM-DEXAMET EYE OINTM	3	3.50	1.21	2.68467	51%-75% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	0.84	1.72919	51%-75% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	0.96	1.72919	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	1.95	1.72919	10%-25% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	2.41	1.72919	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	0.95	1.67431	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	0.96	1.67431	26%-50% Below	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	0.96	1.67431	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	2.59	1.67431	51%-75% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	0.95	1.62906	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	2.41	1.62906	26%-50% Above	No	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	0.95	1.62050	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 354

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	5.00	2.06	1.62050	26%-50% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	2.59	1.62050	51%-75% Above	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	1.13	1.74206	26%-50% Below	Yes	No
24208083060	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	2.23	1.74206	26%-50% Above	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	1.87	3.00961	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	2.70	3.00961	10%-25% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	1.87	2.91906	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	1.87	2.91906	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	3	3.50	1.87	2.86563	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	3	3.50	1.87	2.86563	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	1.87	2.86140	26%-50% Below	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	1.87	2.86140	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	3.14	2.82769	10%-25% Above	No	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.50	1.95	3.01167	26%-50% Below	Yes	No
24208091055	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.50	2.70	3.01167	10%-25% Below	Yes	No
24510005010	NUCYNTA TAB 50MG	1	60.00	12.12	.		No	No
24658031001	DOXYCYCLINE HYCLATE 100 MG TAB	3	60.00	0.32	0.11939	101%-200% Above	No	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.32	0.11892	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.75	0.11892	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	1.22	0.11892	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.11892	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.11892	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	1.00	0.11892	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.32	0.11683	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.35	0.11683	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 355

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.71	0.11683	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	1.06	0.11683	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.75	0.11683	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	3	28.00	0.53	0.11939	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	3	60.00	0.33	0.11939	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	12	10.00	1.43	0.12171	200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	0.06	0.12171	26%-50% Below	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	0.34	0.12171	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.25	0.12171	101%-200% Above	Yes	No
24658031005	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.34	0.12171	101%-200% Above	Yes	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	1	90.00	0.29	0.14627	101%-200% Above	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	2	30.00	0.13	0.14896	10%-25% Below	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	3	30.00	0.13	0.15028	10%-25% Below	No	No
24979002602	DILTIAZEM 24H ER(CD) 120 MG CP	3	90.00	0.13	0.15028	10%-25% Below	No	No
24979002707	DILTIAZEM 24H ER(CD) 180 MG CP	1	30.00	0.33	0.18081	76%-100% Above	No	No
24979002707	DILTIAZEM 24H ER(CD) 180 MG CP	1	90.00	0.23	0.18081	26%-50% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	1	30.00	0.33	0.19884	51%-75% Above	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	2	30.00	0.14	0.19755	26%-50% Below	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	3	30.00	0.14	0.19632	26%-50% Below	No	No
24979002802	DILTIAZEM 24H ER(CD) 240 MG CP	4	30.00	0.14	0.19207	10%-25% Below	No	No
24979002807	DILTIAZEM 24H ER(CD) 240 MG CP	3	90.00	0.14	0.19632	26%-50% Below	No	No
24979020001	DICYCLOMINE 20 MG TABLET	1	40.00	0.10	0.06315	51%-75% Above	No	No
24979020001	DICYCLOMINE 20 MG TABLET	1	45.00	0.16	0.06315	101%-200% Above	No	No
24979020001	DICYCLOMINE 20 MG TABLET	1	120.00	0.23	0.06315	200% Above	No	No
24979020001	DICYCLOMINE 20 MG TABLET	12	10.00	0.11	0.06376	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 356

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
24979020001	DICYCLOMINE 20 MG TABLET	12	90.00	0.14	0.06376	101%-200% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	3	120.00	0.10	0.05828	51%-75% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	3	270.00	0.10	0.05828	51%-75% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	12	56.00	0.11	0.06376	51%-75% Above	No	No
24979020003	DICYCLOMINE 20 MG TABLET	12	270.00	0.11	0.06376	51%-75% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	1	120.00	0.15	0.08099	76%-100% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	2	12.00	0.06	0.07786	10%-25% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	3	120.00	0.04	0.07527	26%-50% Below	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	4	30.00	0.11	0.07604	26%-50% Above	No	No
24979020101	DICYCLOMINE 10 MG CAPSULE	12	30.00	0.15	0.08102	76%-100% Above	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	1	30.00	0.15	0.08099	76%-100% Above	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	1	180.00	0.15	0.08099	76%-100% Above	No	No
24979020103	DICYCLOMINE 10 MG CAPSULE	2	16.00	0.06	0.07786	10%-25% Below	No	No
24979023101	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	0.06	0.08864	26%-50% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	1	60.00	0.14	0.08995	51%-75% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.14	0.08995	51%-75% Above	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	0.04	0.09041	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	0.04	0.08723	51%-75% Below	No	No
24979023103	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.13	0.09425	26%-50% Above	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.11	0.16182	26%-50% Below	No	No
24979023201	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.11	0.16321	26%-50% Below	No	No
25021041077	ENOXAPARIN 60 MG/0.6 ML SYR	3	36.00	6.12	8.33036	26%-50% Below	No	No
27241000150	RISPERIDONE 1 MG TABLET	3	30.00	0.09	0.04223	101%-200% Above	No	No
27241000250	RISPERIDONE 0.25 MG TABLET	1	30.00	0.09	0.03509	101%-200% Above	No	No
27241000250	RISPERIDONE 0.25 MG TABLET	1	39.00	0.02	0.03509	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 357

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241000250	RISPERIDONE 0.25 MG TABLET	3	90.00	0.09	0.03605	101%-200% Above	No	No
27241000250	RISPERIDONE 0.25 MG TABLET	12	30.00	0.09	0.03618	101%-200% Above	No	No
27241000306	RISPERIDONE 0.5 MG TABLET	4	60.00	0.11	0.03955	101%-200% Above	No	No
27241000350	RISPERIDONE 0.5 MG TABLET	1	30.00	0.11	0.03907	101%-200% Above	No	No
27241000350	RISPERIDONE 0.5 MG TABLET	3	30.00	0.11	0.03998	101%-200% Above	No	No
27241000350	RISPERIDONE 0.5 MG TABLET	12	30.00	0.11	0.03874	101%-200% Above	No	No
27241000450	RISPERIDONE 2 MG TABLET	12	90.00	1.01	0.05028	200% Above	No	No
27241001531	MONTELUKAST SOD 4 MG GRANULES	1	30.00	2.21	0.99126	101%-200% Above	No	No
27241002238	ZOLMITRIPTAN 5 MG TABLET	12	12.00	0.83	1.33226	26%-50% Below	No	No
27241005108	ARIPIRAZOLE 2 MG TABLET	2	30.00	0.47	0.11214	200% Above	No	No
27241005108	ARIPIRAZOLE 2 MG TABLET	3	30.00	0.47	0.11188	200% Above	No	No
27241005108	ARIPIRAZOLE 2 MG TABLET	3	30.00	0.50	0.11188	200% Above	No	No
27241005308	ARIPIRAZOLE 10 MG TABLET	3	90.00	0.52	0.10313	200% Above	No	No
27241006803	SILDENAFIL 50 MG TABLET	2	10.00	1.00	0.10686	200% Above	No	No
27241008309	AMLODIPINE-OLMESARTAN 5-20 MG	3	30.00	0.75	0.23992	200% Above	No	No
27241008409	AMLODIPINE-OLMESARTAN 5-40 MG	3	90.00	0.17	0.28062	26%-50% Below	No	No
27241008409	AMLODIPINE-OLMESARTAN 5-40 MG	3	90.00	1.14	0.28062	200% Above	No	No
27241008503	AMLODIPINE-OLMESARTAN 10-20 MG	1	30.00	0.50	0.33026	51%-75% Above	No	No
27241008503	AMLODIPINE-OLMESARTAN 10-20 MG	2	30.00	0.50	0.31733	51%-75% Above	No	No
27241008503	AMLODIPINE-OLMESARTAN 10-20 MG	4	30.00	0.50	0.28486	51%-75% Above	No	No
27241008609	AMLODIPINE-OLMESARTAN 10-40 MG	2	30.00	0.19	0.36149	26%-50% Below	No	No
27241008609	AMLODIPINE-OLMESARTAN 10-40 MG	3	30.00	0.19	0.35285	26%-50% Below	No	No
27241008609	AMLODIPINE-OLMESARTAN 10-40 MG	4	30.00	0.19	0.35328	26%-50% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	1	30.00	0.13	0.11613	10%-25% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	1	30.00	0.29	0.11613	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 358

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009706	DULOXETINE HCL DR 20 MG CAP	3	30.00	0.04	0.12470	51%-75% Below	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	3	30.00	0.33	0.12470	101%-200% Above	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	3	30.00	0.50	0.12470	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	3	90.00	0.08	0.12470	26%-50% Below	No	No
27241009706	DULOXETINE HCL DR 20 MG CAP	12	30.00	0.50	0.11198	200% Above	Yes	No
27241009706	DULOXETINE HCL DR 20 MG CAP	12	90.00	0.04	0.11198	51%-75% Below	Yes	No
27241009803	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.11	0.07811	26%-50% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.67	0.07811	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.11	0.07822	26%-50% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.11	0.08485	26%-50% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.50	0.08485	200% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	3	60.00	0.11	0.08485	26%-50% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	12	7.00	0.11	0.07890	26%-50% Above	No	No
27241009803	DULOXETINE HCL DR 30 MG CAP	12	90.00	0.25	0.07890	200% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.11	0.07811	26%-50% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	1	270.00	0.25	0.07811	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.11	0.07822	26%-50% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.23	0.07822	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	90.00	0.11	0.07822	26%-50% Above	No	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	90.00	0.11	0.07822	26%-50% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	2	90.00	0.33	0.07822	200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.11	0.08485	26%-50% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.23	0.08485	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.11	0.08485	26%-50% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	3	270.00	0.11	0.08485	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 359

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009809	DULOXETINE HCL DR 30 MG CAP	4	270.00	0.11	0.09517	10%-25% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.23	0.07890	101%-200% Above	Yes	No
27241009809	DULOXETINE HCL DR 30 MG CAP	12	90.00	0.11	0.07890	26%-50% Above	Yes	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.04	0.07811	26%-50% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.25	0.07811	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.33	0.07811	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.50	0.07811	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.50	0.07811	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	90.00	0.04	0.07811	26%-50% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	90.00	0.11	0.07811	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	1	180.00	0.11	0.07811	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.04	0.07822	26%-50% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.11	0.07822	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.50	0.07822	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	2	60.00	0.11	0.07822	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	2	180.00	0.11	0.07822	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.11	0.08485	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.50	0.08485	200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	60.00	0.11	0.08485	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.01	0.08485	76%-100% Below	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.11	0.08485	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.22	0.08485	101%-200% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.11	0.09517	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	4	90.00	0.11	0.09517	10%-25% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.04	0.07890	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 360

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.11	0.07890	26%-50% Above	No	No
27241009810	DULOXETINE HCL DR 30 MG CAP	12	90.00	0.11	0.07890	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.14	0.09709	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.32	0.09709	200% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.33	0.09709	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.14	0.09709	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.50	0.09709	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.14	0.10237	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.33	0.10237	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.50	0.10237	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.01	0.10237	76%-100% Below	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.14	0.10237	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.14	0.10237	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	180.00	0.14	0.10237	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	2	180.00	0.22	0.10237	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.14	0.11362	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.33	0.11362	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.50	0.11362	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.14	0.11362	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.14	0.11362	10%-25% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.17	0.11362	26%-50% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.14	0.12286	10%-25% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.33	0.12286	101%-200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.50	0.12286	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	4	90.00	0.14	0.12286	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 361

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	180.00	0.16	0.12286	26%-50% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.14	0.09414	51%-75% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.16	0.09414	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	30.00	1.04	0.09414	200% Above	No	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.14	0.09414	51%-75% Above	Yes	No
27241009903	DULOXETINE HCL DR 60 MG CAP	12	180.00	0.14	0.09414	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.14	0.09709	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.32	0.09709	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.33	0.09709	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.14	0.10237	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.33	0.10237	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	60.00	0.14	0.10237	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.14	0.10237	26%-50% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.17	0.10237	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.17	0.10237	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.50	0.10237	200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.14	0.11362	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.33	0.11362	101%-200% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	60.00	0.14	0.11362	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.14	0.11362	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.22	0.11362	76%-100% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.14	0.12286	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	4	60.00	0.14	0.12286	10%-25% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.14	0.09414	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.33	0.09414	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 362

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27241009990	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.14	0.09414	51%-75% Above	No	No
27241009990	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.22	0.09414	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	1	30.00	0.50	0.24352	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	2	30.00	0.50	0.24140	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	3	30.00	0.33	0.24012	26%-50% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	3	30.00	0.50	0.24012	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	3	60.00	0.55	0.24012	101%-200% Above	No	No
27241010806	CLONIDINE HCL ER 0.1 MG TABLET	4	60.00	0.08	0.25366	51%-75% Below	No	No
27241011203	TADALAFIL 5 MG TABLET	1	30.00	0.17	0.10612	51%-75% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	1	30.00	1.59	0.10612	200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	2	30.00	0.17	0.10434	51%-75% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	2	30.00	0.69	0.10434	200% Above	No	No
27241011203	TADALAFIL 5 MG TABLET	3	30.00	0.69	0.10444	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	1	30.00	0.69	0.10612	200% Above	No	No
27241011205	TADALAFIL 5 MG TABLET	12	30.00	1.59	0.11092	200% Above	No	No
27241011403	TADALAFIL 20 MG TABLET	4	10.00	3.47	0.18693	200% Above	No	No
27241011403	TADALAFIL 20 MG TABLET	12	30.00	3.62	0.20848	200% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	3	30.00	0.05	0.08484	26%-50% Below	No	No
27241011603	FENOFIBRATE 54 MG TABLET	3	90.00	0.13	0.08484	26%-50% Above	No	No
27241011603	FENOFIBRATE 54 MG TABLET	12	90.00	0.13	0.05608	101%-200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	30.00	0.15	0.09070	51%-75% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	30.00	0.35	0.09070	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	90.00	0.15	0.09070	51%-75% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	90.00	0.17	0.09070	76%-100% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	1	90.00	0.22	0.09070	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 363

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.15	0.10093	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	90.00	0.15	0.10093	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	2	90.00	0.44	0.10093	200% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	3	30.00	0.15	0.11352	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	3	90.00	0.15	0.11352	26%-50% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	4	30.00	0.15	0.12586	10%-25% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	30.00	0.16	0.08918	76%-100% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	90.00	0.16	0.08918	76%-100% Above	No	No
27241011703	FENOFIBRATE 160 MG TABLET	12	90.00	0.17	0.08918	76%-100% Above	No	No
27241011705	FENOFIBRATE 160 MG TABLET	2	90.00	0.44	0.10093	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	1	90.00	0.83	0.12187	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	2	90.00	0.19	0.11010	51%-75% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	3	90.00	0.22	0.11024	101%-200% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	3	90.00	0.50	0.11024	200% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	4	30.00	0.19	0.11099	51%-75% Above	No	No
27241011904	FENOFIBRATE 134 MG CAPSULE	12	90.00	0.22	0.12074	76%-100% Above	Yes	No
27241011904	FENOFIBRATE 134 MG CAPSULE	12	90.00	0.50	0.12074	200% Above	No	No
27241012004	FENOFIBRATE 200 MG CAPSULE	3	90.00	0.24	0.16897	26%-50% Above	No	No
27241012004	FENOFIBRATE 200 MG CAPSULE	3	90.00	0.24	0.16897	26%-50% Above	Yes	No
27241012004	FENOFIBRATE 200 MG CAPSULE	12	90.00	0.50	0.15927	200% Above	No	No
27241012004	FENOFIBRATE 200 MG CAPSULE	12	90.00	0.56	0.15927	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	1	60.00	0.25	0.16297	51%-75% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	1	60.00	1.05	0.16297	200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	1	180.00	0.45	0.16297	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	2	60.00	0.25	0.16242	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 364

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	60.00	0.45	0.16242	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	2	180.00	0.45	0.16242	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	3	60.00	0.25	0.16546	51%-75% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	3	60.00	0.45	0.16546	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	4	60.00	0.45	0.16814	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	12	60.00	0.47	0.16511	101%-200% Above	No	No
27241012502	RANOLAZINE ER 500 MG TABLET	12	60.00	0.52	0.16511	200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	2	60.00	0.17	0.27574	26%-50% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	2	60.00	0.17	0.27574	26%-50% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	2	180.00	0.67	0.27574	101%-200% Above	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	4	180.00	0.17	0.27248	26%-50% Below	No	No
27241012602	RANOLAZINE ER 1,000 MG TABLET	12	60.00	0.25	0.29540	10%-25% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.08	0.16549	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.25	0.16549	51%-75% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.40	0.16549	101%-200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.13	0.16549	10%-25% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.40	0.16549	101%-200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.17	0.15187	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.25	0.15187	51%-75% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.29	0.20046	26%-50% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.04	0.15187	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.17	0.15187	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.06	0.15187	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.17	0.15187	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.34	0.15187	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 365

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.17	0.14975	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.12	0.14975	10%-25% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.17	0.14975	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	3	180.00	0.17	0.14975	10%-25% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	4	120.00	0.13	0.15484	10%-25% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.00	0.11	0.17004	26%-50% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.00	0.40	0.17004	101%-200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.08	0.17004	51%-75% Below	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.40	0.17004	101%-200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.53	0.17004	200% Above	No	No
27241013909	OSELTAMIVIR 6 MG/ML SUSPENSION	12	180.00	0.36	0.17004	101%-200% Above	No	No
27241015604	OXYBUTYNIN CL ER 10 MG TABLET	1	90.00	0.58	0.10889	200% Above	No	No
27241015704	OXYBUTYNIN CL ER 15 MG TABLET	4	30.00	0.29	0.11680	101%-200% Above	No	No
27241016701	DOXEPIN 10 MG CAPSULE	1	180.00	0.26	0.07990	200% Above	No	No
27241016701	DOXEPIN 10 MG CAPSULE	4	30.00	0.11	0.08120	26%-50% Above	No	No
27241017456	VARENICLINE 1 MG TABLET	3	56.00	2.47	0.41266	200% Above	No	No
27241017456	VARENICLINE 1 MG TABLET	3	60.00	2.47	0.41266	200% Above	No	No
27241017456	VARENICLINE 1 MG TABLET	4	56.00	2.47	0.41109	200% Above	No	No
27241018757	VARENICLINE STARTING MONTH BOX	1	53.00	1.19	0.51116	101%-200% Above	No	No
27241018757	VARENICLINE STARTING MONTH BOX	2	53.00	0.28	0.50802	26%-50% Below	No	No
27241018757	VARENICLINE STARTING MONTH BOX	2	53.00	1.19	0.50802	101%-200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.33	0.08632	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.27	0.08632	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.33	0.08331	200% Above	No	No
27241021601	CHLORTHALIDONE 25 MG TABLET	3	45.00	0.16	0.08534	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 366

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.16	0.08534	76%-100% Above	No	No
27241022430	VENLAFAXINE HCL ER 225 MG TAB	2	90.00	0.25	0.49667	26%-50% Below	Yes	No
27241024201	GUANFACINE 1 MG TABLET	1	90.00	0.24	0.16153	26%-50% Above	Yes	No
27241024201	GUANFACINE 1 MG TABLET	3	30.00	0.16	0.13998	10%-25% Above	No	No
27241024301	GUANFACINE 2 MG TABLET	3	30.00	0.17	0.24175	26%-50% Below	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.34	0.17030	76%-100% Above	No	No
27241024949	FAMOTIDINE 40 MG/5 ML SUSP	9	50.00	0.35	0.20613	51%-75% Above	No	No
27241027530	FLUVOXAMINE ER 150 MG CAPSULE	1	60.00	1.36	5.29027	51%-75% Below	No	No
27241027530	FLUVOXAMINE ER 150 MG CAPSULE	2	60.00	1.36	5.27921	51%-75% Below	No	No
27241027530	FLUVOXAMINE ER 150 MG CAPSULE	4	60.00	1.36	4.85994	51%-75% Below	No	No
27241028130	DOXEPIN HCL 6 MG TABLET	1	30.00	4.64	1.76313	101%-200% Above	No	No
27241028130	DOXEPIN HCL 6 MG TABLET	2	30.00	2.00	1.70827	10%-25% Above	No	No
27241030201	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.68	1.28635	26%-50% Below	No	No
27241030201	METOPROLOL-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.70	1.29291	26%-50% Below	No	No
27808000201	RISPERIDONE 1 MG/ML SOLUTION	1	180.00	0.26	0.49596	26%-50% Below	No	No
27808000201	RISPERIDONE 1 MG/ML SOLUTION	2	180.00	0.26	0.49727	26%-50% Below	No	No
27808000201	RISPERIDONE 1 MG/ML SOLUTION	4	180.00	0.27	0.49474	26%-50% Below	No	No
27808003501	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.17	0.12931	26%-50% Above	No	No
27808003502	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	8.00	0.20	0.12860	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	5.00	0.25	0.12931	76%-100% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	8.00	0.21	0.12931	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	8.00	0.22	0.12931	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.15	0.12931	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.08	0.12931	26%-50% Below	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.15	0.12931	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 367

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	12.00	0.19	0.12931	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	25.00	0.15	0.12931	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.15	0.12931	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.35	0.12931	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	40.00	0.35	0.12931	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	75.00	0.17	0.12931	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	5.00	0.27	0.12860	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.15	0.12860	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.20	0.12860	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.19	0.12860	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.22	0.12860	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	15.00	0.15	0.12860	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	16.00	0.15	0.12860	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.18	0.12860	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.20	0.12860	51%-75% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	21.00	0.18	0.12860	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	0.15	0.12860	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	60.00	0.19	0.12860	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	75.00	0.17	0.12860	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	8.00	0.15	0.12893	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.15	0.12893	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.15	0.12893	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.15	0.12893	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.16	0.12893	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	0.15	0.12893	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 368

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	75.00	0.17	0.12893	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	4.00	0.29	0.12756	101%-200% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.15	0.12756	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.19	0.12756	26%-50% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	30.00	0.15	0.12756	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.16	0.12981	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	40.00	0.16	0.12981	10%-25% Above	No	No
27808003503	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	60.00	0.19	0.12981	26%-50% Above	No	No
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.26	0.14240	76%-100% Above	No	No
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	26.00	0.11	0.13860	10%-25% Below	No	No
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	0.11	0.13969	10%-25% Below	No	No
27808003601	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	30.00	0.11	0.13969	10%-25% Below	No	No
27808003602	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	12.00	0.11	0.13860	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	120.00	0.11	0.14240	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	18.00	0.08	0.13860	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.11	0.13860	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.09	0.13969	26%-50% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.11	0.13969	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	0.11	0.13969	10%-25% Below	No	No
27808003603	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	120.00	0.12	0.14231	10%-25% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	60.00	0.09	0.16072	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	70.00	0.08	0.16072	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	84.00	0.19	0.16072	10%-25% Above	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	70.00	0.08	0.15609	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	84.00	0.08	0.15609	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 369

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.09	0.15566	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	70.00	0.08	0.15566	26%-50% Below	No	No
27808003703	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	84.00	0.08	0.15566	26%-50% Below	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	150.00	0.05	0.04253	10%-25% Above	No	No
27808005701	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	140.00	0.03	0.04068	10%-25% Below	No	No
27808005801	METHYLPHENIDATE 5 MG/5 ML SOLN	1	300.00	0.14	0.07751	76%-100% Above	No	No
27808006502	PROMETHAZINE-CODEINE SOLUTION	3	120.00	0.02	0.05045	51%-75% Below	No	No
27808008601	HYDROCODONE-CHLORPHEN ER SUSP	1	50.00	0.26	0.47450	26%-50% Below	No	No
27808008601	HYDROCODONE-CHLORPHEN ER SUSP	1	70.00	0.26	0.47450	26%-50% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	1	60.00	0.26	0.54836	51%-75% Below	Yes	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	1	70.00	0.26	0.54836	51%-75% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	2	35.00	0.25	0.63526	51%-75% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	2	240.00	0.30	0.63526	51%-75% Below	No	No
27808008602	HYDROCODONE-CHLORPHEN ER SUSP	4	70.00	0.04	0.66238	76%-100% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	1	30.00	0.15	0.28941	26%-50% Below	Yes	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	3	30.00	0.15	0.29153	26%-50% Below	Yes	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	4	30.00	0.15	0.28425	26%-50% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	12	30.00	0.15	0.28210	26%-50% Below	No	No
27808009201	DEXMETHYLPHENIDATE 5 MG TAB	12	30.00	0.15	0.28210	26%-50% Below	Yes	No
27808009301	DEXMETHYLPHENIDATE 10 MG TAB	3	60.00	0.18	0.37717	51%-75% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.01	0.03414	51%-75% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.25	0.03414	200% Above	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.03451	51%-75% Below	No	No
27808015501	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 370

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808015503	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.02	0.03414	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.01	0.03934	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.17	0.03934	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.01	0.03934	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03934	26%-50% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.01	0.03828	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.17	0.03828	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.01	0.03828	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.01	0.03777	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.22	0.03777	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.01	0.03777	51%-75% Below	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	1.19	0.03993	200% Above	No	No
27808015601	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.22	0.03993	200% Above	No	No
27808015603	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.49	0.05094	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.49	0.05094	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.50	0.05022	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.17	0.05022	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 371

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.50	0.04848	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.33	0.04848	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
27808015701	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.22	0.05168	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.49	0.05094	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.17	0.04807	200% Above	No	No
27808015703	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.50	0.06506	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.17	0.06008	101%-200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.35	0.06008	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.44	0.06008	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	1.19	0.06575	200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.17	0.06575	101%-200% Above	No	No
27808015801	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.36	0.06575	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.01	0.06506	76%-100% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.17	0.06506	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.35	0.06506	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.17	0.06240	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.33	0.06240	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.33	0.06240	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.01	0.06240	76%-100% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.01	0.06240	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 372

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.35	0.06240	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.17	0.06008	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.33	0.06008	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.35	0.06008	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.01	0.06008	76%-100% Below	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.17	0.06008	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.35	0.06008	200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.17	0.05907	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.17	0.06575	101%-200% Above	No	No
27808015803	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.36	0.06575	200% Above	No	No
27808019001	COLESEVELAM 625 MG TABLET	1	270.00	0.15	0.29039	26%-50% Below	Yes	No
27808019001	COLESEVELAM 625 MG TABLET	1	360.00	0.11	0.29039	51%-75% Below	Yes	No
27808019001	COLESEVELAM 625 MG TABLET	2	540.00	0.47	0.28991	51%-75% Above	Yes	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	7.00	1.92	0.11535	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.21	0.11535	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.49	0.11535	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	1.07	0.11535	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.21	0.11535	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.43	0.11535	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.49	0.11535	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.50	0.11535	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.75	0.11535	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	28.00	0.18	0.11535	51%-75% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	60.00	0.21	0.11535	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	1	60.00	0.49	0.11535	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 373

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	6.00	0.21	0.11372	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.21	0.11372	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.35	0.11372	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.71	0.11372	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	1.07	0.11372	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	16.00	0.94	0.11372	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.21	0.11372	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.25	0.11372	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.50	0.11372	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.75	0.11372	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	28.00	0.21	0.11372	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	60.00	0.17	0.11372	26%-50% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	2	60.00	0.21	0.11372	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	10.00	0.21	0.11469	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	10.00	1.89	0.11469	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	0.21	0.11469	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	1.07	0.11469	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.21	0.11469	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.25	0.11469	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	28.00	0.21	0.11469	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	30.00	0.21	0.11469	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.21	0.11469	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	10.00	0.21	0.11523	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	14.00	1.43	0.11523	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.21	0.11523	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 374

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	60.00	0.21	0.11523	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	10.00	0.22	0.11767	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	0.00	0.11767	76%-100% Below	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	0.22	0.11767	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	0.49	0.11767	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	0.71	0.11767	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.22	0.11767	76%-100% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.25	0.11767	101%-200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	28.00	0.54	0.11767	200% Above	No	No
27808023302	DOXYCYCLINE HYCLATE 100 MG CAP	12	60.00	0.22	0.11767	76%-100% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.32	0.11892	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.75	0.11892	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.11892	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	1	30.00	0.50	0.11892	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.01	0.11683	76%-100% Below	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.32	0.11683	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.32	0.11683	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.35	0.11683	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	2	28.00	0.54	0.11683	200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	0.01	0.11939	76%-100% Below	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	0.32	0.11939	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.25	0.11939	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.32	0.11939	101%-200% Above	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.01	0.12409	76%-100% Below	No	No
27808023401	DOXYCYCLINE HYCLATE 100 MG TAB	4	28.00	0.01	0.12409	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 375

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	14.00	0.71	0.12171	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	1.22	0.11892	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.11892	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.32	0.11683	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	1.07	0.11683	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.32	0.11683	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.75	0.11683	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	28.00	0.32	0.11683	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	2	90.00	0.22	0.11683	76%-100% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	3	10.00	1.24	0.11939	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	3	10.00	1.44	0.11939	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.32	0.11939	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	3	23.00	0.32	0.11939	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	4	8.00	0.32	0.12409	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	4	20.00	0.32	0.12409	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	4	90.00	0.17	0.12409	26%-50% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	1.32	0.12171	200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.34	0.12171	101%-200% Above	No	No
27808023402	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.75	0.12171	200% Above	No	No
27808029602	CELECOXIB 100 MG CAPSULE	1	60.00	0.37	0.07283	200% Above	No	No
27808029602	CELECOXIB 100 MG CAPSULE	2	60.00	0.16	0.07148	101%-200% Above	No	No
27808029602	CELECOXIB 100 MG CAPSULE	3	60.00	0.16	0.07113	101%-200% Above	No	No
27808029602	CELECOXIB 100 MG CAPSULE	4	60.00	0.16	0.07308	101%-200% Above	No	No
29033000301	SUCRALFATE TAB 1GM	1	120.00	0.08	.		No	No
29300011101	LAMOTRIGINE 25 MG TABLET	1	60.00	0.08	0.02947	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 376

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011101	LAMOTRIGINE 25 MG TABLET	2	90.00	0.08	0.02913	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	3	30.00	0.08	0.02924	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	12	42.00	0.08	0.03008	101%-200% Above	No	No
29300011101	LAMOTRIGINE 25 MG TABLET	12	60.00	0.08	0.03008	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	1	180.00	0.04	0.02947	26%-50% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	3	120.00	0.08	0.02924	101%-200% Above	No	No
29300011105	LAMOTRIGINE 25 MG TABLET	4	120.00	0.08	0.02939	101%-200% Above	No	No
29300011110	LAMOTRIGINE 25 MG TABLET	2	270.00	0.05	0.02913	76%-100% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	1	15.00	0.10	0.04550	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	1	135.00	0.09	0.04550	76%-100% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	2	30.00	0.09	0.04411	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	2	147.00	0.09	0.04411	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	3	30.00	0.08	0.04414	51%-75% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	3	30.00	0.09	0.04414	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	3	90.00	0.09	0.04414	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	4	30.00	0.09	0.04454	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	4	180.00	0.09	0.04454	101%-200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	12	30.00	0.17	0.04582	200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	12	135.00	0.17	0.04582	200% Above	No	No
29300011201	LAMOTRIGINE 100 MG TABLET	12	180.00	0.17	0.04582	200% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	1	30.00	0.06	0.04550	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	1	30.00	0.09	0.04550	76%-100% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	2	30.00	0.06	0.04411	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	2	30.00	0.09	0.04411	101%-200% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	3	30.00	0.06	0.04414	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 377

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011205	LAMOTRIGINE 100 MG TABLET	3	30.00	0.09	0.04414	101%-200% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	4	30.00	0.06	0.04454	26%-50% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	4	30.00	0.09	0.04454	101%-200% Above	No	No
29300011205	LAMOTRIGINE 100 MG TABLET	12	30.00	0.09	0.04582	76%-100% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	1	60.00	0.20	0.06777	101%-200% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	2	30.00	0.09	0.06466	26%-50% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	2	60.00	0.09	0.06466	26%-50% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	3	30.00	0.09	0.06504	26%-50% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	3	90.00	0.09	0.06504	26%-50% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	4	30.00	0.09	0.06722	26%-50% Above	No	No
29300011305	LAMOTRIGINE 150 MG TABLET	4	60.00	0.09	0.06722	26%-50% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	1	30.00	0.08	0.06777	10%-25% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	1	90.00	0.08	0.06777	10%-25% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	2	60.00	0.08	0.06466	10%-25% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	3	60.00	0.08	0.06504	10%-25% Above	No	No
29300011316	LAMOTRIGINE 150 MG TABLET	3	120.00	0.09	0.06504	26%-50% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	1	30.00	0.18	0.08016	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	2	90.00	0.07	0.08077	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	2	90.00	0.07	0.08077	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	2	180.00	0.18	0.08077	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	3	30.00	0.18	0.08161	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	3	60.00	0.18	0.08161	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	3	135.00	0.07	0.08161	10%-25% Below	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	4	30.00	0.18	0.08328	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	4	90.00	0.07	0.08328	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 378

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300011405	LAMOTRIGINE 200 MG TABLET	4	360.00	0.18	0.08328	101%-200% Above	No	No
29300011405	LAMOTRIGINE 200 MG TABLET	12	135.00	0.07	0.08032	10%-25% Below	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	1	30.00	0.10	0.08016	10%-25% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	1	60.00	0.18	0.08016	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	1	90.00	0.18	0.08016	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	2	30.00	0.10	0.08077	10%-25% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	2	60.00	0.18	0.08077	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	2	90.00	0.07	0.08077	10%-25% Below	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	3	60.00	0.18	0.08161	101%-200% Above	No	No
29300011416	LAMOTRIGINE 200 MG TABLET	12	30.00	0.18	0.08032	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	2	60.00	0.01	0.02556	51%-75% Below	No	No
29300011505	TOPIRAMATE 25 MG TABLET	2	90.00	0.02	0.02556	26%-50% Below	No	No
29300011505	TOPIRAMATE 25 MG TABLET	3	30.00	0.03	0.02602	26%-50% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	3	30.00	0.04	0.02602	26%-50% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	3	30.00	0.07	0.02602	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	4	30.00	0.07	0.02574	101%-200% Above	No	No
29300011505	TOPIRAMATE 25 MG TABLET	4	60.00	0.01	0.02574	51%-75% Below	No	No
29300011516	TOPIRAMATE 25 MG TABLET	3	30.00	0.03	0.02602	10%-25% Above	Yes	No
29300011516	TOPIRAMATE 25 MG TABLET	4	30.00	0.04	0.02574	26%-50% Above	Yes	No
29300011605	TOPIRAMATE 50 MG TABLET	1	30.00	0.06	0.03682	51%-75% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	1	30.00	0.09	0.03682	101%-200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	1	60.00	0.01	0.03682	51%-75% Below	No	No
29300011605	TOPIRAMATE 50 MG TABLET	1	60.00	0.09	0.03682	101%-200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	1	180.00	0.19	0.03682	200% Above	Yes	No
29300011605	TOPIRAMATE 50 MG TABLET	2	30.00	0.06	0.03531	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 379

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.09	0.03531	101%-200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	3	30.00	0.06	0.03492	51%-75% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	3	30.00	0.09	0.03492	101%-200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	3	60.00	0.09	0.03492	101%-200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	12	30.00	0.09	0.03828	101%-200% Above	No	No
29300011605	TOPIRAMATE 50 MG TABLET	12	60.00	0.00	0.03828	76%-100% Below	No	No
29300011605	TOPIRAMATE 50 MG TABLET	12	60.00	0.09	0.03828	101%-200% Above	No	No
29300011616	TOPIRAMATE 50 MG TABLET	3	30.00	0.09	0.03492	101%-200% Above	Yes	No
29300012410	MELOXICAM 7.5 MG TABLET	1	30.00	0.03	0.01708	76%-100% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	1	30.00	0.04	0.01708	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	30.00	0.03	0.01652	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	60.00	0.03	0.01652	51%-75% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	2	60.00	0.03	0.01652	51%-75% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	3	30.00	0.03	0.01641	101%-200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	3	30.00	0.07	0.01641	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	3	60.00	0.07	0.01641	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	3	90.00	0.07	0.01641	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	4	90.00	0.07	0.01657	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	12	30.00	0.07	0.01742	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	12	30.00	0.42	0.01742	200% Above	No	No
29300012410	MELOXICAM 7.5 MG TABLET	12	90.00	0.15	0.01742	200% Above	No	No
29300012501	MELOXICAM 15 MG TABLET	1	30.00	0.13	0.02016	200% Above	No	No
29300012501	MELOXICAM 15 MG TABLET	2	30.00	0.06	0.01971	101%-200% Above	No	No
29300012501	MELOXICAM 15 MG TABLET	3	30.00	0.06	0.01965	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	14.00	0.05	0.02016	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 380

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.03	0.02016	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.06	0.02016	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	30.00	0.13	0.02016	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.02016	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	90.00	0.06	0.02016	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	1	90.00	0.13	0.02016	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	14.00	0.06	0.01971	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01971	76%-100% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	30.00	0.06	0.01971	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	60.00	0.02	0.01971	10%-25% Below	No	No
29300012510	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01971	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	2	90.00	0.06	0.01971	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	3.00	0.13	0.01965	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	26%-50% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	30.00	0.06	0.01965	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	90.00	0.02	0.01965	10%-25% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	3	90.00	0.06	0.01965	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.01933	51%-75% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	4	30.00	0.06	0.01933	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 381

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.06	0.01933	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	10	90.00	0.64	0.01980	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	30.00	0.06	0.02019	101%-200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	30.00	0.64	0.02019	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	60.00	0.64	0.02019	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	90.00	0.13	0.02019	200% Above	No	No
29300012510	MELOXICAM 15 MG TABLET	12	90.00	0.64	0.02019	200% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	1	30.00	0.50	0.17808	101%-200% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	2	30.00	0.21	0.16554	26%-50% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	3	30.00	0.21	0.15718	26%-50% Above	No	No
29300012601	BISOPROLOL FUMARATE 5 MG TAB	4	30.00	0.21	0.14339	26%-50% Above	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	1	60.00	0.42	0.17808	101%-200% Above	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	2	60.00	0.21	0.16554	26%-50% Above	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	3	60.00	0.21	0.15718	26%-50% Above	No	No
29300012613	BISOPROLOL FUMARATE 5 MG TAB	4	60.00	0.21	0.14339	26%-50% Above	No	No
29300012701	BISOPROLOL FUMARATE 10 MG TAB	1	90.00	0.30	0.21661	26%-50% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01221	200% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.02	0.01214	26%-50% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.03	0.01214	101%-200% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01212	26%-50% Above	No	No
29300012801	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.02	0.01202	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.01	0.01221	10%-25% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.02	0.01221	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01221	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 382

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.02	0.01221	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	60.00	0.04	0.01221	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.04	0.01221	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.01	0.01214	10%-25% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.02	0.01214	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	60.00	0.02	0.01214	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	51%-75% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	76%-100% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.00	0.01212	51%-75% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01212	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01212	101%-200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	60.00	0.02	0.01212	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.00	0.01212	51%-75% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.02	0.01202	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	4	60.00	0.02	0.01202	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 383

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.02	0.01202	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	10.00	0.04	0.01237	200% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.02	0.01237	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	60.00	0.02	0.01237	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.00	0.01237	76%-100% Below	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	26%-50% Above	No	No
29300012810	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.04	0.01237	200% Above	No	No
29300012901	HYDROCHLOROTHIAZIDE 50 MG TAB	1	30.00	0.04	0.03169	10%-25% Above	No	No
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	2	90.00	0.03	0.03140	10%-25% Below	No	No
29300012910	HYDROCHLOROTHIAZIDE 50 MG TAB	3	30.00	0.04	0.03141	10%-25% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.08	0.03053	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.04	0.03053	10%-25% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.05	0.03053	51%-75% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.11	0.03053	200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.08	0.03048	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.01	0.03048	51%-75% Below	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.08	0.03048	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.05	0.02976	76%-100% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.08	0.02976	101%-200% Above	No	No
29300013005	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.09	0.03032	101%-200% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.04	0.03053	10%-25% Above	No	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.08	0.03048	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.08	0.02976	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 384

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.08	0.02976	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.08	0.02908	101%-200% Above	Yes	No
29300013010	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.17	0.03032	200% Above	No	No
29300013201	ZALEPLON 10 MG CAPSULE	1	30.00	0.04	0.15651	76%-100% Below	No	No
29300013201	ZALEPLON 10 MG CAPSULE	2	30.00	0.04	0.15619	76%-100% Below	No	No
29300013201	ZALEPLON 10 MG CAPSULE	3	30.00	0.04	0.15674	76%-100% Below	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.07	0.03467	76%-100% Above	No	No
29300013601	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.07	0.03411	76%-100% Above	No	No
29300013605	CLONIDINE HCL 0.2 MG TABLET	1	60.00	0.02	0.03482	26%-50% Below	No	No
29300013605	CLONIDINE HCL 0.2 MG TABLET	3	60.00	0.02	0.03467	26%-50% Below	No	No
29300013605	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.07	0.03411	76%-100% Above	No	No
29300013605	CLONIDINE HCL 0.2 MG TABLET	4	60.00	0.02	0.03411	26%-50% Below	No	No
29300013701	CLONIDINE HCL 0.3 MG TABLET	2	45.00	0.08	0.03877	76%-100% Above	No	No
29300013701	CLONIDINE HCL 0.3 MG TABLET	3	90.00	0.07	0.03895	51%-75% Above	No	No
29300013701	CLONIDINE HCL 0.3 MG TABLET	12	45.00	0.08	0.04060	76%-100% Above	No	No
29300013801	DIVALPROEX SOD DR 125 MG TAB	3	60.00	0.04	0.05527	26%-50% Below	No	No
29300014001	DIVALPROEX SOD DR 500 MG TAB	3	30.00	0.08	0.16239	26%-50% Below	No	No
29300014001	DIVALPROEX SOD DR 500 MG TAB	4	60.00	0.08	0.16714	51%-75% Below	No	No
29300014710	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.09	0.02970	101%-200% Above	No	No
29300014710	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.09	0.02893	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.24	0.03501	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.11	0.03276	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.11	0.03133	200% Above	No	No
29300014810	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.11	0.03114	200% Above	No	No
29300014901	QUETIAPINE FUMARATE 100 MG TAB	3	90.00	0.03	0.05126	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 385

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300015101	QUETIAPINE FUMARATE 300 MG TAB	1	60.00	0.29	0.12648	101%-200% Above	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	3	30.00	0.01	0.13206	76%-100% Below	No	No
29300015101	QUETIAPINE FUMARATE 300 MG TAB	4	30.00	0.01	0.14087	76%-100% Below	No	No
29300015501	ALFUZOSIN HCL ER 10 MG TABLET	2	30.00	0.16	0.10735	51%-75% Above	Yes	No
29300015501	ALFUZOSIN HCL ER 10 MG TABLET	3	90.00	0.13	0.11112	10%-25% Above	Yes	No
29300016815	TIZANIDINE HCL 2 MG TABLET	1	90.00	0.02	0.03244	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	2	90.00	0.02	0.03221	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	3	20.00	0.11	0.03084	200% Above	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	3	90.00	0.02	0.03084	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	3	180.00	0.02	0.03084	26%-50% Below	No	No
29300016815	TIZANIDINE HCL 2 MG TABLET	12	90.00	0.16	0.03120	200% Above	No	No
29300016910	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.09	0.03285	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	1	56.00	0.09	0.03313	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.19	0.03313	200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.09	0.03285	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.03	0.03285	10%-25% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.09	0.03285	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	14.00	0.05	0.03285	51%-75% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	56.00	0.09	0.03285	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	3	180.00	0.02	0.03285	26%-50% Below	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.09	0.03342	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.09	0.03289	101%-200% Above	No	No
29300016915	TIZANIDINE HCL 4 MG TABLET	12	56.00	0.09	0.03289	101%-200% Above	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	1	90.00	0.32	0.20053	51%-75% Above	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	2	90.00	0.14	0.18671	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 386

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	3	90.00	0.17	0.19512	10%-25% Below	No	No
29300018701	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	4	90.00	0.14	0.18547	10%-25% Below	No	No
29300018705	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	1	90.00	0.32	0.20053	51%-75% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	1	90.00	0.29	0.19667	26%-50% Above	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	1	180.00	0.08	0.19667	51%-75% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	2	90.00	0.13	0.19162	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	3	30.00	0.13	0.21058	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	3	180.00	0.13	0.21058	26%-50% Below	No	No
29300018801	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	12	90.00	0.13	0.19525	26%-50% Below	No	No
29300018805	BISOPROLOL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB	3	90.00	0.13	0.21058	26%-50% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	90.00	0.15	0.22244	26%-50% Below	No	No
29300018901	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	2	90.00	0.17	0.21834	10%-25% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	28.00	0.33	0.22244	26%-50% Above	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	90.00	0.15	0.22244	26%-50% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	2	28.00	0.15	0.21834	26%-50% Below	No	No
29300018905	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	28.00	0.15	0.21491	26%-50% Below	No	No
29300019019	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.13	0.07049	76%-100% Above	No	No
29300019110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.33	0.07896	200% Above	No	No
29300019110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	30.00	0.33	0.07767	200% Above	No	No
29300019110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	0.33	0.07510	200% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.15	0.08251	76%-100% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.33	0.08251	200% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.35	0.08251	200% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.15	0.08118	76%-100% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.33	0.08118	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 387

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.15	0.08118	76%-100% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.15	0.08156	76%-100% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.33	0.08156	200% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.33	0.08092	200% Above	No	No
29300019210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.16	0.08232	76%-100% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	20.00	0.27	0.04577	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.12	0.04577	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.17	0.04577	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.18	0.04577	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.25	0.04577	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.27	0.04577	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	20.00	0.12	0.04433	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.12	0.04433	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.17	0.04433	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.25	0.04433	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.12	0.04433	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.12	0.04334	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.18	0.04334	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.25	0.04334	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.12	0.04349	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.12	0.04735	101%-200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.18	0.04735	200% Above	No	No
29300022010	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.25	0.04735	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.12	0.04577	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.17	0.04577	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 388

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.27	0.04577	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.18	0.04577	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.27	0.04577	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.01	0.04433	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.12	0.04433	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.17	0.04433	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.12	0.04433	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.17	0.04433	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	28.00	0.12	0.04334	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.12	0.04334	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.17	0.04334	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.24	0.04334	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.01	0.04334	76%-100% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.12	0.04334	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.14	0.04334	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.04334	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.22	0.04334	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.12	0.04349	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.16	0.04349	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.17	0.04349	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.12	0.04735	101%-200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.27	0.04735	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.52	0.04735	200% Above	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.03	0.04735	26%-50% Below	No	No
29300022019	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.12	0.04735	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 389

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.52	0.04735	200% Above	No	No
29300022601	METRONIDAZOLE 250 MG TABLET	4	14.00	0.10	0.07914	26%-50% Above	No	No
29300022605	METRONIDAZOLE 250 MG TABLET	4	20.00	0.10	0.07914	26%-50% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	14.00	0.16	0.09995	51%-75% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	14.00	0.38	0.09995	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	14.00	0.52	0.09995	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	1	30.00	0.38	0.09995	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	2	14.00	0.16	0.10005	51%-75% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	2	14.00	0.35	0.10005	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	2	21.00	0.27	0.10005	101%-200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	14.00	0.16	0.10236	51%-75% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	14.00	0.33	0.10236	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	21.00	0.01	0.10236	76%-100% Below	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	3	42.00	0.01	0.10236	76%-100% Below	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	4	14.00	0.33	0.10224	200% Above	No	No
29300022701	METRONIDAZOLE 500 MG TABLET	4	28.00	0.16	0.10224	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	4.00	0.16	0.09995	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.16	0.09995	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.33	0.09995	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	14.00	0.38	0.09995	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	1	30.00	0.33	0.09995	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	4.00	0.42	0.10005	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	14.00	0.16	0.10005	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	14.00	0.29	0.10005	101%-200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	14.00	0.33	0.10005	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 390

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	14.00	0.42	0.10005	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	30.00	0.16	0.10005	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	2	56.00	0.31	0.10005	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	4.00	0.41	0.10236	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.16	0.10236	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.33	0.10236	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.35	0.10236	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	14.00	0.44	0.10236	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	20.00	0.32	0.10236	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	21.00	0.16	0.10236	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	30.00	0.16	0.10236	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	3	42.00	0.31	0.10236	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	4.00	0.16	0.10224	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	14.00	0.16	0.10224	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	4	20.00	0.42	0.10224	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	12	4.00	0.41	0.10290	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	12	14.00	0.17	0.10290	51%-75% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	12	14.00	0.33	0.10290	200% Above	No	No
29300022705	METRONIDAZOLE 500 MG TABLET	12	30.00	0.24	0.10290	101%-200% Above	No	No
29300023916	TOLTERODINE TARTRATE 1 MG TAB	4	180.00	0.27	0.20255	26%-50% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	10.00	0.09	0.02206	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.06	0.02206	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.06	0.02206	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	1	240.00	0.13	0.02206	200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	20.00	0.05	0.02161	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 391

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.06	0.02161	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02161	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.06	0.02161	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.06	0.02161	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.05	0.02161	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	180.00	0.05	0.02161	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	2	270.00	0.04	0.02161	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	40.00	0.05	0.02165	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.00	0.02165	76%-100% Below	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02165	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02165	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02165	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02165	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	3	180.00	0.05	0.02165	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.06	0.02199	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.05	0.02199	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	5	90.00	0.06	0.02350	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	7	90.00	0.06	0.02297	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	48.00	0.05	0.02211	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.06	0.02211	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.06	0.02211	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	180.00	0.06	0.02211	101%-200% Above	No	No
29300024401	BUSPIRONE HCL 5 MG TABLET	12	270.00	0.06	0.02211	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	20.00	0.05	0.02206	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.05	0.02206	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 392

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.05	0.02206	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.06	0.02206	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	60.00	0.13	0.02206	200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	90.00	0.05	0.02206	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	90.00	0.06	0.02206	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	180.00	0.04	0.02206	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	180.00	0.05	0.02206	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	270.00	0.13	0.02206	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	1	320.00	0.04	0.02206	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	30.00	0.06	0.02161	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02161	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02161	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02161	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02161	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02161	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.06	0.02161	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.06	0.02161	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	120.00	0.05	0.02161	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	180.00	0.04	0.02161	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	180.00	0.05	0.02161	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	2	180.00	0.05	0.02161	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02165	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02165	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.05	0.02165	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02165	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 393

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.05	0.02165	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02165	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.06	0.02165	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	180.00	0.04	0.02165	76%-100% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	3	270.00	0.00	0.02165	76%-100% Below	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	60.00	0.05	0.02199	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	90.00	0.05	0.02199	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	4	320.00	0.04	0.02199	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.01	0.02211	26%-50% Below	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.05	0.02211	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.05	0.02211	101%-200% Above	No	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	60.00	0.13	0.02211	200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	120.00	0.05	0.02211	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	180.00	0.05	0.02211	101%-200% Above	Yes	No
29300024405	BUSPIRONE HCL 5 MG TABLET	12	270.00	0.06	0.02211	101%-200% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.05	0.02956	51%-75% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.05	0.02938	51%-75% Above	No	No
29300024501	BUSPIRONE HCL 10 MG TABLET	3	270.00	0.05	0.02938	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	30.00	0.06	0.02956	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	30.00	0.08	0.02956	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.05	0.02956	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.05	0.02956	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.05	0.02956	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.06	0.02956	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.11	0.02956	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 394

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.05	0.02956	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.11	0.02956	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	120.00	0.05	0.02956	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.05	0.02956	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.11	0.02956	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	30.00	0.05	0.02925	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	30.00	0.06	0.02925	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	40.00	0.05	0.02925	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.05	0.02925	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.05	0.02925	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.06	0.02925	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.07	0.02925	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.05	0.02925	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.05	0.02925	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	180.00	0.05	0.02925	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	270.00	0.05	0.02925	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	2	270.00	0.06	0.02925	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	30.00	0.05	0.02938	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	30.00	0.06	0.02938	101%-200% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.05	0.02938	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 395

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.05	0.02938	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.05	0.02938	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.05	0.02938	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.02938	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.02938	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	60.00	0.06	0.02938	76%-100% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.06	0.02938	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	90.00	0.06	0.02938	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.05	0.02938	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.05	0.02938	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	180.00	0.05	0.02938	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	3	270.00	0.05	0.02938	51%-75% Above	Yes	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	30.00	0.07	0.02946	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	30.00	0.07	0.02946	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.05	0.02946	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	60.00	0.06	0.02946	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.05	0.02946	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.06	0.02946	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	90.00	0.06	0.02946	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	120.00	0.05	0.02946	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.05	0.02946	76%-100% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	4	270.00	0.05	0.02946	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	14.00	0.08	0.03038	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.05	0.03038	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.05	0.03038	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 396

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.03038	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	60.00	0.11	0.03038	200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.05	0.03038	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.07	0.03038	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	90.00	0.07	0.03038	101%-200% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	180.00	0.05	0.03038	51%-75% Above	No	No
29300024505	BUSPIRONE HCL 10 MG TABLET	12	180.00	0.11	0.03038	200% Above	No	No
29300024605	BUSPIRONE HCL 15 MG TABLET	12	30.00	0.06	0.04806	10%-25% Above	No	No
29300028705	TADALAFIL 5 MG TABLET	2	30.00	0.69	0.10434	200% Above	No	No
29300028705	TADALAFIL 5 MG TABLET	3	30.00	0.69	0.10444	200% Above	No	No
29300028905	TADALAFIL 20 MG TABLET	4	60.00	3.47	0.18693	200% Above	No	No
29300030213	PRASUGREL 10 MG TABLET	1	30.00	0.17	0.28974	26%-50% Below	No	No
29300030213	PRASUGREL 10 MG TABLET	2	30.00	0.17	0.29300	26%-50% Below	No	No
29300030213	PRASUGREL 10 MG TABLET	2	90.00	0.88	0.29300	200% Above	No	No
29300030213	PRASUGREL 10 MG TABLET	3	30.00	0.17	0.30717	26%-50% Below	No	No
29300030213	PRASUGREL 10 MG TABLET	12	30.00	0.17	0.28267	26%-50% Below	No	No
29300030916	QUETIAPINE ER 150 MG TABLET	1	30.00	2.00	0.20952	200% Above	No	No
29300030916	QUETIAPINE ER 150 MG TABLET	2	30.00	0.90	0.19152	200% Above	No	No
29300030916	QUETIAPINE ER 150 MG TABLET	3	30.00	0.90	0.18129	200% Above	No	No
29300032819	SOLIFENACIN 5 MG TABLET	1	30.00	0.80	0.17995	200% Above	No	No
29300032819	SOLIFENACIN 5 MG TABLET	1	30.00	1.85	0.17995	200% Above	No	No
29300032819	SOLIFENACIN 5 MG TABLET	2	30.00	0.80	0.16853	200% Above	No	No
29300032919	SOLIFENACIN 10 MG TABLET	1	30.00	0.33	0.17621	76%-100% Above	No	No
29300032919	SOLIFENACIN 10 MG TABLET	2	30.00	0.33	0.17223	76%-100% Above	No	No
29300032919	SOLIFENACIN 10 MG TABLET	4	30.00	0.33	0.18532	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 397

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300032919	SOLIFENACIN 10 MG TABLET	12	30.00	0.33	0.18156	76%-100% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	2	30.00	0.09	0.03288	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	2	90.00	0.09	0.03288	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	4	30.00	0.09	0.03403	101%-200% Above	No	No
29300034310	BACLOFEN 10 MG TABLET	4	90.00	0.09	0.03403	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	1	30.00	0.08	0.03584	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	1	90.00	0.09	0.03584	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	1	90.00	0.11	0.03584	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	1	90.00	0.20	0.03584	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	30.00	0.08	0.03476	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	36.00	0.14	0.03476	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	60.00	0.19	0.03476	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	90.00	0.15	0.03476	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	2	90.00	0.16	0.03476	200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	2	90.00	0.18	0.03476	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	30.00	0.21	0.03313	200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	90.00	0.09	0.03313	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	90.00	0.17	0.03313	200% Above	No	No
29300034901	ALLOPURINOL 100 MG TABLET	3	180.00	0.08	0.03313	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	3	180.00	0.18	0.03313	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	4	90.00	0.08	0.03304	101%-200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	4	90.00	0.09	0.03304	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 398

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.03660	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	12	90.00	0.20	0.03660	200% Above	Yes	No
29300034901	ALLOPURINOL 100 MG TABLET	12	180.00	0.20	0.03660	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	30.00	0.23	0.06202	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	45.00	0.29	0.06202	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	90.00	0.24	0.06202	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	90.00	0.24	0.06202	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	1	90.00	0.29	0.06202	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	2	30.00	0.16	0.05890	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	0.08	0.05890	26%-50% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	0.12	0.05890	101%-200% Above	No	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	0.12	0.05890	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	2	90.00	0.22	0.05890	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	30.00	0.16	0.05702	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	45.00	0.12	0.05702	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	90.00	0.12	0.05702	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	90.00	0.17	0.05702	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	3	90.00	0.24	0.05702	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	45.00	0.19	0.05520	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.03	0.05520	26%-50% Below	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.12	0.05520	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	4	90.00	0.24	0.05520	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	12	30.00	0.40	0.06302	200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	12	90.00	0.13	0.06302	101%-200% Above	Yes	No
29300035005	ALLOPURINOL 300 MG TABLET	12	90.00	0.17	0.06302	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 399

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.24	0.06302	200% Above	Yes	No
29300035201	DOXAZOSIN MESYLATE 2 MG TAB	2	90.00	0.14	0.07150	76%-100% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	10.00	0.05	0.02390	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	12.00	0.05	0.02390	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	12.00	0.07	0.02390	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	60.00	0.11	0.02390	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	90.00	0.01	0.02390	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	90.00	0.02	0.02390	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	90.00	0.02	0.02390	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	112.00	0.05	0.02390	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	180.00	0.01	0.02390	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	180.00	0.05	0.02390	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	1	180.00	0.11	0.02390	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	9.00	0.05	0.02387	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	12.00	0.05	0.02387	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	20.00	0.05	0.02387	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	21.00	0.03	0.02387	26%-50% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	21.00	0.04	0.02387	76%-100% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	28.00	0.05	0.02387	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	60.00	0.02	0.02387	10%-25% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	60.00	0.05	0.02387	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	90.00	0.01	0.02387	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	90.00	0.02	0.02387	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	180.00	0.01	0.02387	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	2	180.00	0.05	0.02387	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 400

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035501	TRAMADOL HCL 50 MG TABLET	3	12.00	0.05	0.02392	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	21.00	0.04	0.02392	76%-100% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	28.00	0.05	0.02392	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	60.00	0.05	0.02392	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	90.00	0.02	0.02392	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	112.00	0.05	0.02392	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	3	180.00	0.05	0.02392	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	28.00	0.05	0.02408	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	60.00	0.02	0.02408	10%-25% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	90.00	0.01	0.02408	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	180.00	0.01	0.02408	26%-50% Below	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	4	180.00	0.05	0.02408	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	14.00	0.05	0.02368	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	18.00	0.29	0.02368	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	21.00	0.29	0.02368	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	60.00	0.29	0.02368	200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	90.00	0.05	0.02368	101%-200% Above	No	No
29300035501	TRAMADOL HCL 50 MG TABLET	12	90.00	0.29	0.02368	200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	2	15.00	0.04	0.02387	51%-75% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	2	15.00	0.05	0.02387	101%-200% Above	No	No
29300035505	TRAMADOL HCL 50 MG TABLET	12	12.00	0.05	0.02368	76%-100% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	30.00	0.03	0.02390	10%-25% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	30.00	0.11	0.02390	200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	60.00	0.11	0.02390	200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	1	120.00	0.05	0.02390	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 401

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300035510	TRAMADOL HCL 50 MG TABLET	2	20.00	0.05	0.02387	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	2	30.00	0.05	0.02387	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	2	90.00	0.05	0.02387	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	2	120.00	0.05	0.02387	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	3	15.00	0.05	0.02392	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	3	30.00	0.05	0.02392	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	30.00	0.03	0.02408	10%-25% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	60.00	0.05	0.02408	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	4	90.00	0.05	0.02408	101%-200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	12	15.00	0.11	0.02368	200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	12	120.00	0.11	0.02368	200% Above	No	No
29300035510	TRAMADOL HCL 50 MG TABLET	12	180.00	0.11	0.02368	200% Above	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	1	90.00	0.08	0.12266	26%-50% Below	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	1	180.00	0.08	0.12266	26%-50% Below	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	3	90.00	0.09	0.12070	26%-50% Below	No	No
29300035905	AMIODARONE HCL 200 MG TABLET	3	90.00	0.10	0.12070	10%-25% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	2	45.00	0.09	0.12123	26%-50% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	2	90.00	0.09	0.12123	26%-50% Below	Yes	No
29300035916	AMIODARONE HCL 200 MG TABLET	2	90.00	0.09	0.12123	10%-25% Below	No	No
29300035916	AMIODARONE HCL 200 MG TABLET	12	90.00	0.09	0.12133	10%-25% Below	Yes	No
29300038101	DIVALPROEX SOD ER 500 MG TAB	3	30.00	0.31	0.17419	76%-100% Above	No	No
29300038101	DIVALPROEX SOD ER 500 MG TAB	3	60.00	0.31	0.17419	76%-100% Above	No	No
29300038201	CARBAMAZEPINE 200 MG TABLET	1	60.00	0.25	0.11572	101%-200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.12	0.01053	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.02	0.01053	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.02	0.01053	101%-200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.12	0.01053	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.12	0.01036	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.12	0.01036	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	0.12	0.01090	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.17	0.01112	200% Above	No	No
29300039605	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	0.13	0.01112	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.12	0.01053	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.28	0.01053	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.28	0.01053	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	60.00	0.28	0.01053	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.02	0.01053	51%-75% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.02	0.01053	101%-200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.28	0.01053	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.28	0.01053	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.03	0.01036	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.04	0.01036	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.12	0.01036	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.12	0.01036	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	35.00	0.02	0.01036	51%-75% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.02	0.01036	51%-75% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.12	0.01036	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.12	0.01036	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	0.04	0.01090	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	0.12	0.01090	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	30.00	0.12	0.01090	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.02	0.01090	51%-75% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.03	0.01090	101%-200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.12	0.01090	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.12	0.01090	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	0.00	0.01138	51%-75% Below	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.01	0.01138	10%-25% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.02	0.01138	51%-75% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	4	90.00	0.12	0.01138	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.13	0.01112	200% Above	No	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.28	0.01112	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	0.13	0.01112	200% Above	Yes	No
29300039610	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	0.28	0.01112	200% Above	Yes	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01107	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.11	0.01107	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.25	0.01107	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	45.00	0.11	0.01107	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	60.00	0.02	0.01107	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01107	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01107	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	76%-100% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.11	0.01107	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.25	0.01107	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.11	0.01085	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	45.00	0.11	0.01085	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01085	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01085	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.11	0.01085	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	2	180.00	0.11	0.01085	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01069	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.11	0.01069	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	45.00	0.11	0.01069	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	60.00	0.02	0.01069	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01069	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	51%-75% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	101%-200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.11	0.01069	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.11	0.01036	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	45.00	0.11	0.01036	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01036	26%-50% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01036	76%-100% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.11	0.01036	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.11	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.17	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.11	0.01111	200% Above	No	No
29300039705	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.17	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01107	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.01	0.01107	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 405

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.03	0.01107	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01107	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.04	0.01107	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.04	0.01107	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.11	0.01107	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.11	0.01107	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.25	0.01107	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.25	0.01107	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	60.00	0.02	0.01107	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	60.00	0.11	0.01107	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01107	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01107	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01107	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.11	0.01107	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.11	0.01107	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.25	0.01107	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.25	0.01107	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.01	0.01085	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01085	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01085	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.04	0.01085	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.04	0.01085	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 406

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.11	0.01085	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.11	0.01085	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	60.00	0.02	0.01085	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	60.00	0.02	0.01085	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01085	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01085	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01085	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01085	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.11	0.01085	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.11	0.01085	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	180.00	0.02	0.01085	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	180.00	0.11	0.01085	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	2	180.00	0.11	0.01085	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01069	26%-50% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01069	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 407

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.03	0.01069	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01069	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01069	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.04	0.01069	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.11	0.01069	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.11	0.01069	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	60.00	0.02	0.01069	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	60.00	0.11	0.01069	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01069	26%-50% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01069	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01069	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01069	26%-50% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	51%-75% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	76%-100% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.11	0.01069	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.11	0.01069	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.01	0.01036	26%-50% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.04	0.01036	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.11	0.01036	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.11	0.01036	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	60.00	0.11	0.01036	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01036	26%-50% Below	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01036	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.11	0.01036	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.11	0.01036	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	4	180.00	0.11	0.01036	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	7	30.00	0.13	0.01146	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	8	30.00	0.11	0.01148	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	9	30.00	0.11	0.01128	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	10	30.00	0.11	0.01116	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	11	30.00	0.11	0.01105	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	15.00	0.04	0.01111	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.01	0.01111	26%-50% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01111	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01111	101%-200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01111	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01111	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.11	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.11	0.01111	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.25	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01111	26%-50% Below	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01111	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 409

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.02	0.01111	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01111	51%-75% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01111	101%-200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.11	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.11	0.01111	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.25	0.01111	200% Above	No	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.25	0.01111	200% Above	Yes	No
29300039710	AMLODIPINE BESYLATE 5 MG TAB	12	180.00	0.01	0.01111	26%-50% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.11	0.01632	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.24	0.01632	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01632	101%-200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.24	0.01632	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.11	0.01581	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01581	51%-75% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.11	0.01575	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	No	No
29300039805	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	28.00	0.11	0.01632	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.01	0.01632	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.01	0.01632	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.01	0.01632	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.03	0.01632	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.03	0.01632	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 410

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.03	0.01632	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01632	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01632	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.11	0.01632	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.13	0.01632	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.24	0.01632	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	60.00	0.03	0.01632	51%-75% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	60.00	0.24	0.01632	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.01	0.01632	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.01	0.01632	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01632	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01632	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.11	0.01632	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.11	0.01632	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.24	0.01632	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.24	0.01632	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	22.00	0.04	0.01581	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	28.00	0.11	0.01581	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 411

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.01	0.01581	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01581	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.01	0.01581	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01581	76%-100% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01581	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01581	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.04	0.01581	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.04	0.01581	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.11	0.01581	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.11	0.01581	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.13	0.01581	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	60.00	0.11	0.01581	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01581	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01581	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01581	51%-75% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01581	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01581	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01575	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 412

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.01	0.01575	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.01	0.01575	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01575	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01575	76%-100% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01575	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01575	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01575	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.11	0.01575	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.13	0.01575	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01575	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.01	0.01575	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	51%-75% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01575	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.01	0.01531	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.03	0.01531	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01531	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	60.00	0.03	0.01531	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 413

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.02	0.01531	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.01	0.01671	26%-50% Below	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.03	0.01671	76%-100% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.03	0.01671	101%-200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.04	0.01671	101%-200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.11	0.01671	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.11	0.01671	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.13	0.01671	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.24	0.01671	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	45.00	0.11	0.01671	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	60.00	0.11	0.01671	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.01	0.01671	26%-50% Below	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01671	10%-25% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01671	10%-25% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01671	26%-50% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01671	26%-50% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.03	0.01671	76%-100% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.11	0.01671	200% Above	No	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.11	0.01671	200% Above	Yes	No
29300039810	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.24	0.01671	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 414

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.24	0.01671	200% Above	Yes	No
29300039819	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.24	0.01632	200% Above	No	No
29300039819	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.03	0.01531	51%-75% Above	No	No
29300039819	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.03	0.01671	51%-75% Above	No	No
29300040001	ATENOLOL-CHLORTHALIDONE 50-25	3	90.00	0.31	0.26476	10%-25% Above	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	2	30.00	0.10	0.34471	51%-75% Below	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	3	30.00	0.10	0.34025	51%-75% Below	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	3	90.00	0.17	0.34025	26%-50% Below	No	No
29300040101	ATENOLOL-CHLORTHALIDONE 100-25	12	90.00	0.18	0.35090	26%-50% Below	No	No
29300041001	ATENOLOL 25 MG TABLET	1	15.00	0.10	0.02341	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	1	90.00	0.11	0.02341	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	2	15.00	0.10	0.02255	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	3	15.00	0.10	0.02249	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	4	15.00	0.10	0.02266	200% Above	No	No
29300041001	ATENOLOL 25 MG TABLET	4	90.00	0.11	0.02266	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	1	15.00	0.01	0.02341	51%-75% Below	No	No
29300041010	ATENOLOL 25 MG TABLET	1	90.00	0.04	0.02341	76%-100% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	1	90.00	0.26	0.02341	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	2	15.00	0.08	0.02255	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	2	30.00	0.06	0.02255	101%-200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	2	90.00	0.11	0.02255	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	3	30.00	0.11	0.02249	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	3	180.00	0.11	0.02249	200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	4	30.00	0.06	0.02266	101%-200% Above	No	No
29300041010	ATENOLOL 25 MG TABLET	4	30.00	0.11	0.02266	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 415

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041010	ATENOLOL 25 MG TABLET	4	90.00	0.11	0.02266	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	1	60.00	0.24	0.02603	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	2	60.00	0.11	0.02542	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	3	30.00	0.11	0.02524	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	3	60.00	0.11	0.02524	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	3	90.00	0.11	0.02524	200% Above	No	No
29300041101	ATENOLOL 50 MG TABLET	4	60.00	0.11	0.02553	200% Above	No	No
29300041105	ATENOLOL 50 MG TABLET	2	30.00	0.11	0.02542	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	1	180.00	0.08	0.02603	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	2	90.00	0.07	0.02542	101%-200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	3	90.00	0.06	0.02524	101%-200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	3	90.00	0.11	0.02524	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	4	90.00	0.11	0.02553	200% Above	No	No
29300041110	ATENOLOL 50 MG TABLET	12	90.00	0.11	0.02627	200% Above	No	No
29300041201	ATENOLOL 100 MG TABLET	1	90.00	0.01	0.04004	51%-75% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	1	20.00	0.09	0.02138	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.03	0.02138	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.09	0.02138	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	7.00	0.10	0.02094	200% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.02	0.02094	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.03	0.02094	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.03	0.02094	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.03	0.02094	51%-75% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.09	0.02094	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	60.00	0.09	0.02094	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 416

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.01	0.02094	51%-75% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	2	90.00	0.01	0.02094	26%-50% Below	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	10.00	0.08	0.02088	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	10.00	0.09	0.02088	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	15.00	0.06	0.02088	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	15.00	0.09	0.02088	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	21.00	0.03	0.02088	26%-50% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	21.00	0.04	0.02088	101%-200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.02	0.02088	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.03	0.02088	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.03	0.02088	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.09	0.02088	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	3	60.00	0.09	0.02088	200% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.02	0.02108	10%-25% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.03	0.02108	26%-50% Above	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.03	0.02108	51%-75% Above	No	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.01	0.02171	26%-50% Below	Yes	No
29300041301	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.22	0.02171	200% Above	No	No
29300041305	CYCLOBENZAPRINE 5 MG TABLET	2	21.00	0.09	0.02094	200% Above	No	No
29300041305	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.09	0.02094	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.02	0.02138	10%-25% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.09	0.02138	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.20	0.02138	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	2	15.00	0.09	0.02094	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.09	0.02094	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 417

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041319	CYCLOBENZAPRINE 5 MG TABLET	2	60.00	0.02	0.02094	10%-25% Below	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	3	21.00	0.03	0.02088	26%-50% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.03	0.02088	10%-25% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	12	14.00	0.22	0.02171	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	12	15.00	0.09	0.02171	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.22	0.02171	200% Above	No	No
29300041319	CYCLOBENZAPRINE 5 MG TABLET	12	90.00	0.20	0.02171	200% Above	No	No
29300041501	CYCLOBENZAPRINE 10 MG TABLET	3	45.00	0.09	0.01787	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	15.00	0.06	0.01799	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01799	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01799	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.09	0.01799	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.20	0.01799	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.20	0.01799	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01799	26%-50% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.20	0.01799	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	9.00	0.06	0.01781	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.03	0.01781	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01781	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.03	0.01781	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.03	0.01781	76%-100% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.09	0.01781	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	2	45.00	0.09	0.01781	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	7.00	0.07	0.01787	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	10.00	0.09	0.01787	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 418

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	15.00	0.09	0.01787	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.02	0.01787	10%-25% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.03	0.01787	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.09	0.01787	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	45.00	0.02	0.01787	26%-50% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.09	0.01787	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.09	0.01787	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	10.00	0.08	0.01758	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	21.00	0.03	0.01758	51%-75% 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	0.03	0.01758	51%-75% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	20.00	0.09	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.00	0.01770	76%-100% Below	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.09	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.15	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.20	0.01770	200% Above	No	No
29300041510	CYCLOBENZAPRINE 10 MG TABLET	12	45.00	0.09	0.01770	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	10.00	0.20	0.01799	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01799	10%-25% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01799	26%-50% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.09	0.01799	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.09	0.01799	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01781	10%-25% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.05	0.01781	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 419

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.09	0.01781	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.09	0.01781	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	2	270.00	0.09	0.01781	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	14.00	0.09	0.01787	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.09	0.01787	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.02	0.01787	10%-25% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.09	0.01787	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.01	0.01787	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	3	180.00	0.01	0.01787	26%-50% Below	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	12	20.00	0.09	0.01770	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.09	0.01770	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.43	0.01770	200% Above	No	No
29300041519	CYCLOBENZAPRINE 10 MG TABLET	12	180.00	0.43	0.01770	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.06	0.03495	76%-100% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	60.00	0.08	0.03495	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	60.00	0.10	0.03495	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	60.00	0.14	0.03495	200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	1	90.00	0.06	0.03495	76%-100% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	2	30.00	0.02	0.03414	51%-75% Below	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	2	60.00	0.10	0.03414	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	0.06	0.03414	76%-100% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	2	270.00	0.06	0.03414	76%-100% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	30.00	0.02	0.03527	51%-75% Below	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	30.00	0.06	0.03527	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 420

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.10	0.03527	101%-200% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.06	0.03527	76%-100% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.06	0.03527	76%-100% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.09	0.03527	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	180.00	0.06	0.03527	76%-100% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	3	180.00	0.06	0.03527	76%-100% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	12	30.00	0.07	0.03665	76%-100% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	12	60.00	0.08	0.03665	101%-200% Above	Yes	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	12	90.00	0.06	0.03665	76%-100% Above	No	No
29300041901	AMITRIPTYLINE HCL 10 MG TAB	12	180.00	0.02	0.03665	51%-75% Below	Yes	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	1	30.00	0.14	0.03495	200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	1	90.00	0.06	0.03495	76%-100% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	30.00	0.06	0.03414	76%-100% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	60.00	0.01	0.03414	51%-75% Below	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	2	90.00	0.09	0.03414	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	3	90.00	0.10	0.03527	101%-200% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	3	180.00	0.06	0.03527	76%-100% Above	No	No
29300041910	AMITRIPTYLINE HCL 10 MG TAB	4	90.00	0.06	0.03418	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.10	0.05416	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.24	0.05416	200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.10	0.05282	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	0.10	0.05282	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	0.10	0.05232	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	12	30.00	0.11	0.05664	76%-100% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	12	60.00	0.11	0.05664	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 421

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300042001	AMITRIPTYLINE HCL 25 MG TAB	12	60.00	0.24	0.05664	200% Above	No	No
29300042001	AMITRIPTYLINE HCL 25 MG TAB	12	90.00	0.11	0.05664	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.24	0.05416	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	60.00	0.10	0.05416	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.11	0.05416	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.18	0.05416	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.18	0.05416	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.21	0.05416	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	1	90.00	0.24	0.05416	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.10	0.05282	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.21	0.05282	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	0.11	0.05282	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	0.18	0.05282	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	90.00	0.20	0.05282	200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	2	180.00	0.10	0.05282	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	0.10	0.05232	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	0.10	0.05232	76%-100% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	60.00	0.10	0.05232	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	90.00	0.10	0.05232	76%-100% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	90.00	0.10	0.05232	76%-100% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	3	90.00	0.20	0.05232	200% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	4	90.00	0.10	0.05422	76%-100% Above	Yes	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	30.00	0.13	0.05664	101%-200% Above	No	No
29300042010	AMITRIPTYLINE HCL 25 MG TAB	12	30.00	0.19	0.05664	200% Above	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	1	30.00	0.04	0.09469	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 422

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300042101	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	0.04	0.08892	51%-75% Below	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	0.33	0.08892	200% Above	No	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	3	30.00	0.04	0.09322	51%-75% Below	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	3	30.00	0.33	0.09322	200% Above	No	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	3	90.00	0.13	0.09322	26%-50% Above	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	0.04	0.09802	51%-75% Below	Yes	No
29300042101	AMITRIPTYLINE HCL 50 MG TAB	12	90.00	0.31	0.09561	200% Above	Yes	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	1	90.00	0.31	0.09469	200% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	0.13	0.08892	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	2	90.00	0.11	0.08892	10%-25% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	3	90.00	0.11	0.09322	10%-25% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	0.13	0.09802	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	4	90.00	0.13	0.09802	26%-50% Above	No	No
29300042110	AMITRIPTYLINE HCL 50 MG TAB	12	90.00	0.11	0.09561	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	1	90.00	0.31	0.11154	101%-200% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	2	30.00	0.13	0.11535	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	3	30.00	0.13	0.11900	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	4	30.00	0.04	0.11912	51%-75% Below	Yes	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	4	30.00	0.13	0.11912	10%-25% Above	No	No
29300042201	AMITRIPTYLINE HCL 75 MG TAB	12	30.00	0.13	0.11466	10%-25% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	1	90.00	0.43	0.16803	101%-200% Above	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	2	90.00	0.03	0.16990	76%-100% Below	No	No
29300042301	AMITRIPTYLINE HCL 100 MG TAB	2	90.00	0.19	0.16990	10%-25% Above	Yes	No
29300043001	ZONISAMIDE 100 MG CAPSULE	2	30.00	0.16	0.10654	26%-50% Above	No	No
29300043001	ZONISAMIDE 100 MG CAPSULE	3	30.00	0.16	0.10664	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 423

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300045801	GUANFACINE 1 MG TABLET	1	30.00	0.37	0.16153	101%-200% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	1	45.00	0.22	0.16153	26%-50% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	1	180.00	0.37	0.16153	101%-200% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	2	45.00	0.22	0.14794	26%-50% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	3	30.00	0.16	0.13998	10%-25% Above	Yes	No
29300045801	GUANFACINE 1 MG TABLET	3	45.00	0.22	0.13998	51%-75% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	3	180.00	0.16	0.13998	10%-25% Above	No	No
29300045801	GUANFACINE 1 MG TABLET	12	30.00	0.34	0.16901	76%-100% Above	No	No
29300045901	GUANFACINE 2 MG TABLET	1	60.00	0.39	0.25542	51%-75% Above	No	No
29300045901	GUANFACINE 2 MG TABLET	2	60.00	0.17	0.24096	26%-50% Below	No	No
29300045901	GUANFACINE 2 MG TABLET	3	30.00	0.17	0.24175	26%-50% Below	No	No
29300045901	GUANFACINE 2 MG TABLET	3	60.00	0.17	0.24175	26%-50% Below	No	No
29300045901	GUANFACINE 2 MG TABLET	4	180.00	0.17	0.25146	26%-50% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.04	0.02526	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	1	90.00	0.01	0.02526	26%-50% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.04	0.02516	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	2	135.00	0.01	0.02516	51%-75% Below	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	3	14.00	0.04	0.02514	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.04	0.02514	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.04	0.02473	51%-75% Above	No	No
29300046801	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.04	0.02535	76%-100% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.03	0.02526	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.04	0.02526	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.01	0.02516	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.02	0.02516	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 424

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.04	0.02516	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	2	90.00	0.01	0.02516	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	20.00	0.04	0.02514	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.01	0.02514	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.02	0.02514	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.04	0.02514	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.01	0.02514	26%-50% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.01	0.02473	51%-75% Below	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	4	180.00	0.04	0.02473	51%-75% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	12	45.00	0.03	0.02535	26%-50% Above	No	No
29300046810	CLONIDINE HCL 0.1 MG TABLET	12	60.00	0.04	0.02535	76%-100% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.07	0.04575	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	1	120.00	0.13	0.04575	101%-200% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.06	0.04413	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	3	90.00	0.07	0.04340	51%-75% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	3	120.00	0.06	0.04340	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	3	270.00	0.06	0.04340	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	4	120.00	0.06	0.04301	26%-50% Above	No	No
29300047701	BUSPIRONE HCL 15 MG TABLET	12	180.00	0.06	0.04806	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	30.00	0.06	0.04575	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.06	0.04575	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.06	0.04575	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.13	0.04575	101%-200% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	60.00	0.13	0.04575	101%-200% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.06	0.04575	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 425

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.06	0.04575	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.07	0.04575	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	90.00	0.13	0.04575	101%-200% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	120.00	0.06	0.04575	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.06	0.04575	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.13	0.04575	101%-200% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	1	270.00	0.06	0.04575	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	45.00	0.06	0.04413	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.06	0.04413	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.06	0.04413	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.07	0.04413	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.06	0.04413	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.06	0.04413	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.07	0.04413	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	90.00	0.08	0.04413	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	120.00	0.06	0.04413	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	120.00	0.07	0.04413	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.05	0.04413	10%-25% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.06	0.04413	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.06	0.04413	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	180.00	0.06	0.04413	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	2	270.00	0.06	0.04413	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	30.00	0.06	0.04340	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	60.00	0.06	0.04340	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	60.00	0.06	0.04340	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 426

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.07	0.04340	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	90.00	0.06	0.04340	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	90.00	0.06	0.04340	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	90.00	0.07	0.04340	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	180.00	0.06	0.04340	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	180.00	0.06	0.04340	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	270.00	0.02	0.04340	26%-50% Below	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	3	270.00	0.06	0.04340	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	60.00	0.06	0.04301	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	90.00	0.06	0.04301	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	120.00	0.07	0.04301	51%-75% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	180.00	0.06	0.04301	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	180.00	0.06	0.04301	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	4	270.00	0.06	0.04301	26%-50% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.07	0.04806	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	60.00	0.13	0.04806	101%-200% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.07	0.04806	26%-50% Above	Yes	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.13	0.04806	101%-200% Above	No	No
29300047705	BUSPIRONE HCL 15 MG TABLET	12	180.00	0.06	0.04806	10%-25% Above	Yes	No
29300047716	BUSPIRONE HCL 15 MG TABLET	2	120.00	0.06	0.04413	26%-50% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	1	120.00	0.06	0.04575	26%-50% Above	No	No
29300047718	BUSPIRONE HCL 15 MG TABLET	3	60.00	0.07	0.04340	51%-75% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	1	60.00	0.25	0.11492	101%-200% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	1	60.00	0.29	0.11492	101%-200% Above	Yes	No
29300047816	BUSPIRONE HCL 30 MG TABLET	2	60.00	0.25	0.11322	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 427

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
29300047816	BUSPIRONE HCL 30 MG TABLET	2	180.00	0.13	0.11322	10%-25% Above	Yes	No
29300047816	BUSPIRONE HCL 30 MG TABLET	3	60.00	0.17	0.10976	26%-50% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	3	120.00	0.13	0.10976	10%-25% Above	No	No
29300047816	BUSPIRONE HCL 30 MG TABLET	12	180.00	0.13	0.11459	10%-25% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.07	0.04110	51%-75% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.07	0.04118	51%-75% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.09	0.04118	101%-200% Above	No	No
29300048501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.08	0.04030	76%-100% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.07	0.04083	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.10	0.04083	101%-200% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.07	0.04083	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.10	0.04083	101%-200% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.14	0.04083	200% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.07	0.04110	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.07	0.04118	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.01	0.04118	51%-75% Below	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.07	0.04118	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.07	0.04083	51%-75% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	0.07	0.04030	76%-100% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	0.09	0.04030	101%-200% Above	No	No
29300048510	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.07	0.04030	76%-100% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.13	0.09093	26%-50% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	2	60.00	0.10	0.08813	10%-25% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.13	0.08813	26%-50% Above	No	No
31722000290	VENLAFAXINE HCL ER 37.5 MG CAP	12	30.00	0.13	0.09016	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 428

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.11	0.09204	10%-25% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.13	0.09204	26%-50% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.24	0.09204	101%-200% Above	Yes	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.11	0.09025	10%-25% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09025	10%-25% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.12	0.09025	26%-50% Above	No	No
31722000390	VENLAFAXINE HCL ER 75 MG CAP	12	30.00	0.11	0.09163	10%-25% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.21	0.12796	51%-75% Above	Yes	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.46	0.12796	200% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.46	0.12796	200% Above	Yes	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.16	0.12387	26%-50% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	2	180.00	0.16	0.12387	26%-50% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.21	0.12317	51%-75% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.16	0.12317	26%-50% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.21	0.12317	51%-75% Above	No	No
31722000490	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.21	0.12253	51%-75% Above	Yes	No
31722000860	ZAFIRLUKAST 20 MG TABLET	1	60.00	0.17	0.65761	51%-75% Below	No	No
31722000860	ZAFIRLUKAST 20 MG TABLET	2	60.00	0.17	0.65203	51%-75% Below	No	No
31722001647	GLYCOPYRROLATE 1 MG/5 ML ORAL SOLUTION	1	108.00	0.15	0.24909	26%-50% Below	No	No
31722001647	GLYCOPYRROLATE 1 MG/5 ML ORAL SOLUTION	2	216.00	0.15	0.21152	26%-50% Below	No	No
31722001701	FAMOTIDINE 20 MG TABLET	2	60.00	0.08	0.03015	101%-200% Above	No	No
31722001701	FAMOTIDINE 20 MG TABLET	3	90.00	0.08	0.03030	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	1	14.00	0.08	0.02947	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	1	60.00	0.08	0.02947	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	2	30.00	0.08	0.03015	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 429

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	7.00	0.13	0.03030	200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	3	60.00	0.03	0.03030	10%-25% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	3	60.00	0.08	0.03030	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	4	60.00	0.08	0.03099	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	4	180.00	0.08	0.03099	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	12	14.00	0.19	0.02948	200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	12	60.00	0.08	0.02948	101%-200% Above	No	No
31722001710	FAMOTIDINE 20 MG TABLET	12	60.00	0.19	0.02948	200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	30.00	0.14	0.05196	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	30.00	0.14	0.05196	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	30.00	0.25	0.05196	200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	1	90.00	0.25	0.05196	200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	30.00	0.11	0.05125	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	30.00	0.13	0.05125	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	30.00	0.14	0.05125	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	2	90.00	0.15	0.05125	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05137	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05137	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05137	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.13	0.05137	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.14	0.05137	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	30.00	0.14	0.05137	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	90.00	0.09	0.05137	51%-75% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05137	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 430

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.12	0.05137	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	3	180.00	0.10	0.05137	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	30.00	0.11	0.05159	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	30.00	0.13	0.05159	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	4	180.00	0.14	0.05159	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	12	30.00	0.14	0.05202	101%-200% Above	No	No
31722001810	FAMOTIDINE 40 MG TABLET	12	90.00	0.11	0.05202	101%-200% Above	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	2	30.00	0.07	0.10870	26%-50% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	2	45.00	0.07	0.10870	26%-50% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	2	180.00	0.07	0.10870	26%-50% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	3	30.00	0.07	0.10594	26%-50% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	3	45.00	0.01	0.10594	76%-100% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	3	90.00	0.07	0.10594	26%-50% Below	No	No
31722002301	OXCARBAZEPINE 150 MG TABLET	12	45.00	0.07	0.11526	26%-50% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	1	30.00	0.15	0.17240	10%-25% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	1	60.00	0.14	0.17240	10%-25% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	2	90.00	0.01	0.16905	76%-100% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	2	90.00	0.14	0.16905	10%-25% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	3	60.00	0.09	0.16776	26%-50% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	3	90.00	0.01	0.16776	76%-100% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	4	60.00	0.09	0.16763	26%-50% Below	No	No
31722002401	OXCARBAZEPINE 300 MG TABLET	12	90.00	0.14	0.17285	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	1	60.00	0.14	0.17240	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	1	60.00	0.15	0.17240	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
31722002405	OXCARBAZEPINE 300 MG TABLET	1	180.00	0.11	0.17240	26%-50% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	3	60.00	0.14	0.16776	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	3	60.00	0.15	0.16776	10%-25% Below	No	No
31722002405	OXCARBAZEPINE 300 MG TABLET	12	60.00	0.15	0.17285	10%-25% Below	No	No
31722002501	OXCARBAZEPINE 600 MG TABLET	2	60.00	0.17	0.32796	26%-50% Below	No	No
31722002501	OXCARBAZEPINE 600 MG TABLET	2	315.00	0.14	0.32796	51%-75% Below	No	No
31722002501	OXCARBAZEPINE 600 MG TABLET	12	60.00	0.17	0.34894	51%-75% Below	No	No
31722002501	OXCARBAZEPINE 600 MG TABLET	12	60.00	0.52	0.34894	26%-50% Above	No	No
31722002890	SOLIFENACIN 10 MG TABLET	12	30.00	0.81	0.18156	200% Above	No	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	1	12.00	3.57	2.10818	51%-75% Above	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	1	20.00	1.54	2.10818	26%-50% Below	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	2	12.00	1.54	2.05812	10%-25% Below	Yes	No
31722004131	PROMETHAZINE 25 MG SUPPOSITORY	3	7.00	1.54	1.95715	10%-25% Below	No	No
31722004930	EPLERENONE 25 MG TABLET	2	5.00	0.04	0.32546	76%-100% Below	No	No
31722004930	EPLERENONE 25 MG TABLET	3	30.00	0.04	0.32873	76%-100% Below	No	No
31722005201	DICYCLOMINE 10 MG CAPSULE	1	9.00	0.15	0.08099	76%-100% Above	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	1	14.00	0.15	0.08099	76%-100% Above	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	1	20.00	0.11	0.08099	26%-50% Above	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	1	30.00	0.11	0.08099	26%-50% Above	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	1	56.00	0.15	0.08099	76%-100% Above	No	No
31722005201	DICYCLOMINE 10 MG CAPSULE	1	90.00	0.06	0.08099	10%-25% Below	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	2	28.00	0.06	0.07786	10%-25% Below	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	2	28.00	0.12	0.07786	51%-75% Above	Yes	No
31722005201	DICYCLOMINE 10 MG CAPSULE	2	60.00	0.06	0.07786	10%-25% Below	No	No
31722005210	DICYCLOMINE 10 MG CAPSULE	12	270.00	0.06	0.08102	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
31722005360	IVABRADINE HCL 5 MG TABLET	2	60.00	1.04	0.91976	10%-25% Above	No	No
31722005360	IVABRADINE HCL 5 MG TABLET	2	90.00	1.04	0.91976	10%-25% Above	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	1	100.00	0.15	0.19970	10%-25% Below	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	3	50.00	0.10	0.15430	26%-50% Below	No	No
31722006331	FAMOTIDINE 40 MG/5 ML SUSP	12	100.00	0.00	0.21399	76%-100% Below	No	No
31722006601	BUPROPION HCL SR 100 MG TABLET	2	30.00	0.11	0.07086	26%-50% Above	No	No
31722006601	BUPROPION HCL SR 100 MG TABLET	3	30.00	0.11	0.06762	51%-75% Above	No	No
31722006601	BUPROPION HCL SR 100 MG TABLET	3	60.00	0.11	0.06762	51%-75% Above	No	No
31722006601	BUPROPION HCL SR 100 MG TABLET	3	180.00	0.20	0.06762	101%-200% Above	Yes	No
31722006601	BUPROPION HCL SR 100 MG TABLET	4	180.00	0.11	0.07409	26%-50% Above	No	No
31722006660	BUPROPION HCL SR 100 MG TABLET	2	60.00	0.11	0.07086	26%-50% Above	No	No
31722006660	BUPROPION HCL SR 100 MG TABLET	2	90.00	0.11	0.07086	26%-50% Above	No	No
31722006660	BUPROPION HCL SR 100 MG TABLET	3	60.00	0.11	0.06762	51%-75% Above	No	No
31722006705	BUPROPION HCL SR 150 MG TABLET	1	30.00	0.19	0.08346	101%-200% Above	No	No
31722006705	BUPROPION HCL SR 150 MG TABLET	3	180.00	0.15	0.08199	76%-100% Above	No	No
31722006705	BUPROPION HCL SR 150 MG TABLET	12	90.00	0.19	0.08217	101%-200% Above	No	No
31722006760	BUPROPION HCL SR 150 MG TABLET	1	60.00	0.19	0.08346	101%-200% Above	No	No
31722006760	BUPROPION HCL SR 150 MG TABLET	2	30.00	0.16	0.08166	76%-100% Above	No	No
31722006860	BUPROPION HCL SR 200 MG TABLET	3	60.00	0.20	0.11110	76%-100% Above	No	No
31722006860	BUPROPION HCL SR 200 MG TABLET	12	180.00	0.20	0.10729	76%-100% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	3	20.00	0.14	0.05828	101%-200% Above	No	No
31722007901	DICYCLOMINE 20 MG TABLET	3	30.00	0.10	0.05828	51%-75% Above	No	No
31722008030	LURASIDONE HCL 20 MG TABLET	3	30.00	3.18	0.14272	200% Above	No	No
31722008330	LURASIDONE HCL 80 MG TABLET	2	30.00	3.18	0.37185	200% Above	No	No
31722008330	LURASIDONE HCL 80 MG TABLET	3	30.00	3.18	0.37394	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
31722008330	LURASIDONE HCL 80 MG TABLET	12	30.00	3.32	0.39350	200% Above	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	1	56.00	0.06	0.10265	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	1	180.00	0.06	0.10265	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	2	56.00	0.06	0.10049	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	2	90.00	0.06	0.10049	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	2	180.00	0.06	0.10049	26%-50% Below	No	No
31722012805	GEMFIBROZIL 600 MG TABLET	2	180.00	0.07	0.10049	26%-50% Below	No	No
31722013130	DUTASTERIDE 0.5 MG CAPSULE	1	90.00	0.35	0.17772	76%-100% Above	No	No
31722013190	DUTASTERIDE 0.5 MG CAPSULE	2	90.00	0.42	0.17151	101%-200% Above	No	No
31722013190	DUTASTERIDE 0.5 MG CAPSULE	12	90.00	0.16	0.17763	10%-25% Below	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	2	90.00	0.05	0.03199	26%-50% Above	No	No
31722014505	SERTRALINE HCL 25 MG TABLET	4	90.00	0.06	0.02999	76%-100% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	1	90.00	0.05	0.03881	10%-25% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	2	30.00	0.05	0.03624	26%-50% Above	No	No
31722014605	SERTRALINE HCL 50 MG TABLET	3	30.00	0.05	0.03533	26%-50% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.05254	26%-50% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	1	30.00	0.12	0.05254	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	2	30.00	0.10	0.05182	76%-100% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	2	30.00	0.12	0.05182	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05182	10%-25% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	2	90.00	0.12	0.05182	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	3	30.00	0.10	0.05082	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	3	30.00	0.12	0.05082	101%-200% Above	No	No
31722014705	SERTRALINE HCL 100 MG TABLET	12	30.00	0.12	0.05186	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	1	120.00	0.05	0.02137	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 434

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	120.00	0.05	0.02124	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	3	20.00	0.05	0.02112	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	3	120.00	0.05	0.02112	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	4	20.00	0.05	0.02107	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	90.00	0.01	0.02119	51%-75% Below	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	120.00	0.06	0.02119	101%-200% Above	No	No
31722014805	GABAPENTIN 100 MG CAPSULE	12	360.00	0.06	0.02119	101%-200% Above	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	2	60.00	0.05	0.02124	101%-200% Above	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02124	51%-75% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02124	26%-50% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	2	180.00	0.01	0.02124	26%-50% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	2	180.00	0.05	0.02124	101%-200% Above	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02112	26%-50% Below	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	3	90.00	0.05	0.02112	101%-200% Above	No	No
31722014810	GABAPENTIN 100 MG CAPSULE	3	360.00	0.05	0.02112	101%-200% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	60.00	0.06	0.03342	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03342	10%-25% Below	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	3	30.00	0.06	0.03282	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	3	69.00	0.06	0.03282	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	4	21.00	0.06	0.03246	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	4	60.00	0.06	0.03246	76%-100% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	12	90.00	0.14	0.03399	200% Above	No	No
31722014905	GABAPENTIN 300 MG CAPSULE	12	90.00	0.18	0.03399	200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	1	30.00	0.37	0.11406	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 435

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722015130	VALSARTAN 40 MG TABLET	2	30.00	0.37	0.11128	200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	2	90.00	0.16	0.11128	26%-50% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	2	90.00	0.16	0.11128	26%-50% Above	Yes	No
31722015130	VALSARTAN 40 MG TABLET	2	90.00	0.33	0.11128	101%-200% Above	Yes	No
31722015130	VALSARTAN 40 MG TABLET	2	90.00	0.34	0.11128	200% Above	Yes	No
31722015130	VALSARTAN 40 MG TABLET	3	30.00	0.37	0.10241	200% Above	No	No
31722015130	VALSARTAN 40 MG TABLET	12	90.00	0.35	0.11131	200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	1	30.00	0.18	0.12024	51%-75% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	1	30.00	0.18	0.12024	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	1	90.00	0.40	0.12024	200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	1	180.00	0.25	0.12024	101%-200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	2	30.00	0.18	0.11553	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	2	90.00	0.18	0.11553	51%-75% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	2	90.00	0.18	0.11553	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	2	90.00	0.33	0.11553	101%-200% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	3	30.00	0.18	0.11315	51%-75% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	4	30.00	0.18	0.11383	51%-75% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	12	30.00	0.18	0.12444	26%-50% Above	Yes	No
31722015290	VALSARTAN 80 MG TABLET	12	30.00	0.40	0.12444	200% Above	No	No
31722015290	VALSARTAN 80 MG TABLET	12	90.00	0.52	0.12444	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	1	30.00	0.16	0.14102	10%-25% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	1	30.00	0.48	0.14102	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	1	90.00	0.28	0.14102	76%-100% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	1	90.00	0.28	0.14102	76%-100% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	1	90.00	0.62	0.14102	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
31722015390	VALSARTAN 160 MG TABLET	2	30.00	0.16	0.14100	10%-25% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	2	30.00	0.48	0.14100	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	2	90.00	0.28	0.14100	76%-100% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	2	90.00	0.28	0.14100	76%-100% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	3	30.00	0.16	0.13856	10%-25% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	3	30.00	0.48	0.13856	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	3	90.00	0.28	0.13856	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	3	90.00	0.28	0.13856	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	3	90.00	0.33	0.13856	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	3	90.00	0.33	0.13856	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	3	180.00	0.28	0.13856	101%-200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	4	90.00	0.28	0.14016	76%-100% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	4	90.00	0.32	0.14016	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	12	30.00	0.16	0.13926	10%-25% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	12	30.00	0.48	0.13926	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	12	90.00	0.04	0.13926	51%-75% Below	Yes	No
31722015390	VALSARTAN 160 MG TABLET	12	90.00	0.28	0.13926	76%-100% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	12	90.00	0.33	0.13926	101%-200% Above	Yes	No
31722015390	VALSARTAN 160 MG TABLET	12	90.00	0.45	0.13926	200% Above	No	No
31722015390	VALSARTAN 160 MG TABLET	12	180.00	0.62	0.13926	200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	1	30.00	0.45	0.19070	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	1	30.00	0.55	0.19070	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	1	30.00	0.55	0.19070	101%-200% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	1	90.00	0.55	0.19070	101%-200% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	2	30.00	0.25	0.18468	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 437

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722015490	VALSARTAN 320 MG TABLET	2	30.00	0.50	0.18468	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	2	90.00	0.08	0.18468	51%-75% Below	No	No
31722015490	VALSARTAN 320 MG TABLET	2	90.00	0.25	0.18468	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	2	90.00	0.25	0.18468	26%-50% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	3	30.00	0.25	0.18078	26%-50% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	3	30.00	0.25	0.18078	26%-50% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	3	30.00	0.45	0.18078	101%-200% Above	No	No
31722015490	VALSARTAN 320 MG TABLET	3	90.00	0.25	0.18078	26%-50% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	4	30.00	0.25	0.18206	26%-50% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	4	90.00	0.25	0.18206	26%-50% Above	Yes	No
31722015490	VALSARTAN 320 MG TABLET	12	90.00	0.25	0.19107	26%-50% Above	Yes	No
31722016705	GABAPENTIN 800 MG TABLET	3	90.00	0.06	0.09930	26%-50% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	2	45.00	0.11	0.14119	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	2	120.00	0.11	0.14119	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	3	45.00	0.11	0.14060	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	4	120.00	0.11	0.13720	10%-25% Below	No	No
31722017301	METHYLPHENIDATE 5 MG TABLET	12	90.00	0.11	0.14118	10%-25% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	1	30.00	0.22	0.18194	10%-25% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	1	93.00	0.05	0.18194	51%-75% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	2	30.00	0.10	0.17135	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	2	60.00	0.10	0.17135	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	2	90.00	0.06	0.17135	51%-75% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	3	30.00	0.10	0.16762	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	3	60.00	0.27	0.16471	51%-75% Above	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	3	90.00	0.06	0.16762	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 438

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722017401	METHYLPHENIDATE 10 MG TABLET	4	60.00	0.10	0.16306	26%-50% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	4	90.00	0.06	0.16306	51%-75% Below	No	No
31722017401	METHYLPHENIDATE 10 MG TABLET	8	60.00	0.10	0.18966	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	1	30.00	0.12	0.22658	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	1	60.00	0.29	0.22658	26%-50% Above	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	2	30.00	0.12	0.21337	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	2	60.00	0.12	0.21337	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	3	60.00	0.12	0.20238	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	4	30.00	0.12	0.19617	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	4	60.00	0.12	0.19617	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	12	30.00	0.13	0.23320	26%-50% Below	No	No
31722017501	METHYLPHENIDATE 20 MG TABLET	12	30.00	0.33	0.23320	26%-50% Above	No	No
31722018701	DEXTROAMP-AMPHET ER 15 MG CAP	8	30.00	0.43	0.57663	10%-25% Below	No	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.50	0.61634	200% Above	No	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	4.29	0.61634	200% Above	Yes	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	1	90.00	3.50	0.61634	200% Above	Yes	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.61911	10%-25% Below	No	No
31722018801	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.50	0.61941	10%-25% Below	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	4.60	0.48958	200% Above	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	4.60	0.50155	200% Above	No	No
31722018901	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	4.60	0.52848	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	1	56.00	0.83	0.48532	51%-75% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.33	0.52822	26%-50% Below	Yes	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.50	0.52822	200% Above	Yes	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	3	60.00	3.50	0.52822	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 439

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.50	0.55958	10%-25% Below	Yes	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	2.01	0.55958	200% Above	No	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	3.50	0.55958	200% Above	Yes	No
31722019501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	4.96	0.55958	200% Above	Yes	No
31722022901	DEXMETHYLPHENIDATE ER 5 MG CAP	4	30.00	3.86	1.16329	200% Above	No	No
31722023001	DEXMETHYLPHENIDATE ER 10 MG CP	1	30.00	2.37	1.69780	26%-50% Above	No	No
31722023001	DEXMETHYLPHENIDATE ER 10 MG CP	4	30.00	0.50	1.49999	51%-75% Below	No	No
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	1.08	1.92686	26%-50% Below	No	No
31722023201	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.00	1.13	1.87146	26%-50% Below	No	No
31722024230	LAMOTRIGINE ER 100 MG TABLET	3	90.00	1.29	0.72215	76%-100% Above	Yes	No
31722024530	LAMOTRIGINE ER 300 MG TABLET	1	30.00	0.66	1.38576	51%-75% Below	Yes	No
31722024530	LAMOTRIGINE ER 300 MG TABLET	3	30.00	0.66	1.27563	26%-50% Below	Yes	No
31722025201	ALLOPURINOL 100 MG TABLET	3	90.00	0.18	0.03313	200% Above	No	No
31722025205	ALLOPURINOL 100 MG TABLET	12	90.00	0.09	0.03660	101%-200% Above	No	No
31722025205	ALLOPURINOL 100 MG TABLET	12	180.00	0.09	0.03660	101%-200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	1	90.00	0.20	0.03584	200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	3	180.00	0.08	0.03313	101%-200% Above	No	No
31722025210	ALLOPURINOL 100 MG TABLET	12	60.00	0.17	0.03660	200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	1	90.00	0.28	0.06202	200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	2	30.00	0.12	0.05890	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	2	90.00	0.12	0.05890	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	3	30.00	0.12	0.05702	101%-200% Above	No	No
31722025305	ALLOPURINOL 300 MG TABLET	4	90.00	0.03	0.05520	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 440

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722025310	ALLOPURINOL 300 MG TABLET	1	90.00	0.29	0.06202	200% Above	No	No
31722025310	ALLOPURINOL 300 MG TABLET	1	90.00	0.33	0.06202	200% Above	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	6.84	2.95842	101%-200% Above	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	7.96	3.04859	101%-200% Above	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	1.88	3.36979	26%-50% Below	No	No
31722035201	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	7.82	3.36979	101%-200% Above	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	0.39	3.21897	76%-100% Below	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	7.96	3.21897	101%-200% Above	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	2	60.00	1.61	3.09944	26%-50% Below	No	No
31722035301	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	7.96	3.06463	101%-200% Above	No	No
31722035401	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	1.70	2.82863	26%-50% Below	No	No
31722035501	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	1.71	2.92947	26%-50% Below	No	No
31722042405	ATORVASTATIN 10 MG TABLET	1	30.00	0.18	0.02577	200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
31722042405	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	2	90.00	0.01	0.02543	51%-75% Below	No	No
31722042405	ATORVASTATIN 10 MG TABLET	3	30.00	0.18	0.02524	200% Above	No	No
31722042405	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	51%-75% Below	No	No
31722042410	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02524	76%-100% Below	No	No
31722042410	ATORVASTATIN 10 MG TABLET	12	90.00	0.01	0.02546	76%-100% Below	No	No
31722042505	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
31722042505	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
31722042505	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 441

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722042505	ATORVASTATIN 20 MG TABLET	4	90.00	0.15	0.02872	200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
31722042510	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
31722042590	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
31722042605	ATORVASTATIN 40 MG TABLET	1	30.00	0.12	0.04141	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	1	30.00	0.14	0.04141	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	1	90.00	0.13	0.04141	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	2	30.00	0.14	0.04031	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	2	90.00	0.10	0.04031	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
31722042605	ATORVASTATIN 40 MG TABLET	12	90.00	0.01	0.04222	51%-75% Below	No	No
31722042605	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	1	30.00	0.26	0.04141	200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
31722042610	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	1	90.00	0.14	0.07209	76%-100% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	1	90.00	0.17	0.07209	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 442

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722042705	ATORVASTATIN 80 MG TABLET	2	90.00	0.15	0.07199	101%-200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	3	90.00	0.15	0.07148	101%-200% Above	No	No
31722042705	ATORVASTATIN 80 MG TABLET	12	90.00	0.15	0.07261	101%-200% Above	No	No
31722044431	ELETRIPTAN HBR 40 MG TABLET	1	12.00	2.14	1.89356	10%-25% Above	Yes	No
31722044431	ELETRIPTAN HBR 40 MG TABLET	2	12.00	2.14	1.82950	10%-25% Above	Yes	No
31722044431	ELETRIPTAN HBR 40 MG TABLET	3	12.00	2.14	1.87015	10%-25% Above	Yes	No
31722044730	AMLODIPINE-OLMESARTAN 10-20 MG	3	90.00	0.62	0.30427	101%-200% Above	No	No
31722044830	AMLODIPINE-OLMESARTAN 10-40 MG	3	90.00	1.06	0.35285	200% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	1	90.00	0.04	0.03697	10%-25% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	1	180.00	0.04	0.03697	10%-25% Above	No	No
31722052001	HYDRALAZINE 25 MG TABLET	2	180.00	0.05	0.03604	26%-50% Above	Yes	No
31722052010	HYDRALAZINE 25 MG TABLET	1	270.00	0.11	0.03697	200% Above	No	No
31722052010	HYDRALAZINE 25 MG TABLET	12	90.00	0.05	0.03754	26%-50% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	1	180.00	0.06	0.04659	26%-50% Above	No	No
31722052101	HYDRALAZINE 50 MG TABLET	2	270.00	0.04	0.04567	10%-25% Below	No	No
31722052101	HYDRALAZINE 50 MG TABLET	3	180.00	0.06	0.04545	26%-50% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	1	60.00	0.10	0.04659	101%-200% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	1	270.00	0.06	0.04659	10%-25% Above	No	No
31722052110	HYDRALAZINE 50 MG TABLET	12	120.00	0.10	0.04747	101%-200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	1	90.00	0.03	0.07551	51%-75% Below	No	No
31722052201	HYDRALAZINE 100 MG TABLET	2	60.00	0.17	0.07590	101%-200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	2	180.00	0.05	0.07590	26%-50% Below	Yes	No
31722052201	HYDRALAZINE 100 MG TABLET	3	60.00	0.17	0.07651	101%-200% Above	No	No
31722052201	HYDRALAZINE 100 MG TABLET	3	180.00	0.05	0.07651	26%-50% Below	No	No
31722052201	HYDRALAZINE 100 MG TABLET	4	270.00	0.16	0.07605	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 443

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	180.00	0.06	0.07688	10%-25% Below	No	No
31722052510	FINASTERIDE 5 MG TABLET	3	90.00	0.10	0.06970	26%-50% Above	No	No
31722052510	FINASTERIDE 5 MG TABLET	3	90.00	0.11	0.06970	51%-75% Above	No	No
31722052510	FINASTERIDE 5 MG TABLET	12	90.00	0.12	0.07014	51%-75% Above	No	No
31722052510	FINASTERIDE 5 MG TABLET	12	90.00	0.17	0.07014	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	1	30.00	0.37	0.06948	200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	1	90.00	0.17	0.06948	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	2	30.00	0.17	0.06916	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	2	90.00	0.17	0.06916	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	3	30.00	0.17	0.06970	101%-200% Above	No	No
31722052530	FINASTERIDE 5 MG TABLET	12	30.00	0.17	0.07014	101%-200% Above	No	No
31722052901	TORSEMIDE 5 MG TABLET	3	60.00	0.13	0.06322	76%-100% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	1	90.00	0.10	0.07458	26%-50% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	2	90.00	0.12	0.07341	51%-75% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	3	180.00	0.10	0.07251	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	3	180.00	0.10	0.07251	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	3	360.00	0.10	0.07251	26%-50% Above	Yes	No
31722053101	TORSEMIDE 20 MG TABLET	12	90.00	0.10	0.07528	26%-50% Above	No	No
31722053101	TORSEMIDE 20 MG TABLET	12	180.00	0.04	0.07528	26%-50% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	12.00	0.06	0.03625	51%-75% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	12.00	0.08	0.03625	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	14.00	0.07	0.03625	76%-100% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	20.00	0.17	0.03625	200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	28.00	0.08	0.03625	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	30.00	0.03	0.03625	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 444

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.17	0.03625	200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	40.00	0.03	0.03625	10%-25% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	40.00	0.08	0.03625	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	60.00	0.02	0.03625	26%-50% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	90.00	0.02	0.03625	26%-50% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	90.00	0.17	0.03625	200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	98.00	0.17	0.03625	200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	1	360.00	0.02	0.03625	51%-75% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	9.00	0.08	0.03668	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	12.00	0.08	0.03668	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	20.00	0.08	0.03668	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	28.00	0.08	0.03668	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	30.00	0.04	0.03668	10%-25% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	30.00	0.08	0.03668	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	90.00	0.02	0.03668	26%-50% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	2	90.00	0.08	0.03668	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	30.00	0.08	0.03725	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	40.00	0.03	0.03725	10%-25% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	3	40.00	0.08	0.03725	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	10.00	0.08	0.03758	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	30.00	0.03	0.03758	10%-25% Below	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	4	90.00	0.08	0.03758	101%-200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	12	20.00	0.17	0.03572	200% Above	No	No
31722053301	METHOCARBAMOL 500 MG TABLET	12	30.00	0.17	0.03572	200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	1	20.00	0.17	0.03625	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 445

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.08	0.03625	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	2	90.00	0.08	0.03668	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	3	14.00	0.08	0.03725	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	3	30.00	0.08	0.03725	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	3	42.00	0.08	0.03725	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	3	90.00	0.07	0.03725	76%-100% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	3	180.00	0.08	0.03725	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	12	20.00	0.07	0.03572	101%-200% Above	No	No
31722053305	METHOCARBAMOL 500 MG TABLET	12	90.00	0.07	0.03572	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	1	24.00	0.09	0.04384	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	1	40.00	0.03	0.04384	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	7.00	0.09	0.04326	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	15.00	0.05	0.04326	10%-25% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	30.00	0.09	0.04326	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	40.00	0.09	0.04326	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	2	84.00	0.09	0.04326	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	3	90.00	0.02	0.04352	51%-75% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	3	180.00	0.09	0.04352	76%-100% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	4	30.00	0.09	0.04232	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	4	100.00	0.03	0.04232	26%-50% Below	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	12	20.00	0.25	0.04329	200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	12	30.00	0.09	0.04329	101%-200% Above	No	No
31722053401	METHOCARBAMOL 750 MG TABLET	12	90.00	0.25	0.04329	200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	15.00	0.20	0.04384	200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	20.00	0.09	0.04384	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 446

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	40.00	0.20	0.04384	200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	60.00	0.03	0.04384	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	60.00	0.20	0.04384	200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	90.00	0.20	0.04384	200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	180.00	0.09	0.04384	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	1	270.00	0.02	0.04384	51%-75% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	2	21.00	0.09	0.04326	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	2	30.00	0.03	0.04326	10%-25% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	2	42.00	0.09	0.04326	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	2	60.00	0.09	0.04326	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	2	90.00	0.09	0.04326	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	20.00	0.09	0.04352	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	21.00	0.09	0.04352	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	30.00	0.03	0.04352	10%-25% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	30.00	0.09	0.04352	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	60.00	0.09	0.04352	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	90.00	0.09	0.04352	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	180.00	0.09	0.04352	76%-100% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	3	270.00	0.02	0.04352	51%-75% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	10.00	0.09	0.04232	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	20.00	0.09	0.04232	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	21.00	0.09	0.04232	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	60.00	0.09	0.04232	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	90.00	0.09	0.04232	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	4	270.00	0.09	0.04232	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 447

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	42.00	0.02	0.04329	26%-50% Below	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	12	90.00	0.09	0.04329	101%-200% Above	No	No
31722053405	METHOCARBAMOL 750 MG TABLET	12	270.00	0.02	0.04329	26%-50% Below	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	2	60.00	0.12	0.07658	51%-75% Above	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	3	60.00	0.12	0.07693	51%-75% Above	No	No
31722053705	LEVETIRACETAM 500 MG TABLET	4	60.00	0.12	0.07798	51%-75% Above	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	1	60.00	0.08	0.11345	26%-50% Below	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	1	360.00	0.01	0.11345	76%-100% Below	No	No
31722053812	LEVETIRACETAM 750 MG TABLET	4	360.00	0.01	0.11697	76%-100% Below	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	1	180.00	0.12	0.16300	26%-50% Below	Yes	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	1	180.00	0.27	0.16300	51%-75% Above	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	2	180.00	0.12	0.16061	10%-25% Below	No	No
31722053960	LEVETIRACETAM 1,000 MG TABLET	4	180.00	0.12	0.16425	26%-50% Below	Yes	No
31722054301	INDOMETHACIN 50 MG CAPSULE	1	14.00	0.12	0.13802	10%-25% Below	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	2	30.00	0.12	0.13640	10%-25% Below	No	No
31722054301	INDOMETHACIN 50 MG CAPSULE	12	90.00	0.10	0.13467	10%-25% Below	Yes	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	10.00	0.17	0.05671	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.08	0.05671	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.17	0.05671	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.08	0.05671	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.17	0.05671	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	10.00	0.08	0.05504	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.08	0.05504	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.16	0.05504	101%-200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.08	0.05504	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 448

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.08	0.05504	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.22	0.05504	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.08	0.05516	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.24	0.05516	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.25	0.05516	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.08	0.05516	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.22	0.05516	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.08	0.05470	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.23	0.05470	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.08	0.05681	26%-50% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.23	0.05681	200% Above	No	No
31722055190	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.17	0.05681	200% Above	No	No
31722056030	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	1	30.00	7.00	0.48835	200% Above	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	1	30.00	0.36	0.20904	51%-75% Above	No	No
31722056560	INDOMETHACIN ER 75 MG CAPSULE	2	30.00	0.16	0.20716	10%-25% Below	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	1	300.00	0.04	0.03132	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	3	120.00	0.04	0.03039	26%-50% Above	No	No
31722057447	LEVETIRACETAM 100 MG/ML SOLN	3	300.00	0.04	0.03039	26%-50% Above	No	No
31722058530	NEBIVOLOL 2.5 MG TABLET	2	30.00	0.22	0.12569	51%-75% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	2	90.00	0.22	0.12569	51%-75% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	2	180.00	0.22	0.12569	51%-75% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	3	30.00	0.22	0.11969	76%-100% Above	Yes	No
31722058530	NEBIVOLOL 2.5 MG TABLET	3	90.00	0.22	0.11969	76%-100% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	1	90.00	0.01	0.10936	76%-100% Below	No	No
31722058630	NEBIVOLOL 5 MG TABLET	1	90.00	0.72	0.10936	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 449

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722058630	NEBIVOLOL 5 MG TABLET	2	30.00	0.01	0.09956	76%-100% Below	No	No
31722058630	NEBIVOLOL 5 MG TABLET	2	30.00	0.31	0.09956	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	3	30.00	0.31	0.09742	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	3	90.00	0.01	0.09742	76%-100% Below	No	No
31722058630	NEBIVOLOL 5 MG TABLET	3	90.00	0.31	0.09742	200% Above	No	No
31722058630	NEBIVOLOL 5 MG TABLET	4	30.00	0.31	0.09997	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	4	90.00	0.31	0.09997	200% Above	Yes	No
31722058630	NEBIVOLOL 5 MG TABLET	12	90.00	0.32	0.11037	101%-200% Above	No	No
31722058690	NEBIVOLOL 5 MG TABLET	1	90.00	0.50	0.10936	200% Above	No	No
31722058690	NEBIVOLOL 5 MG TABLET	3	30.00	0.31	0.09742	200% Above	No	No
31722058690	NEBIVOLOL 5 MG TABLET	4	90.00	0.50	0.09997	200% Above	No	No
31722058730	NEBIVOLOL 10 MG TABLET	2	90.00	0.22	0.13532	51%-75% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	2	90.00	0.33	0.13532	101%-200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	3	90.00	0.22	0.13403	51%-75% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	3	90.00	0.28	0.13403	101%-200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	3	90.00	0.33	0.13403	101%-200% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	12	90.00	0.22	0.13765	51%-75% Above	Yes	No
31722058730	NEBIVOLOL 10 MG TABLET	12	90.00	0.28	0.13765	76%-100% Above	Yes	No
31722058790	NEBIVOLOL 10 MG TABLET	1	30.00	0.23	0.13884	51%-75% Above	No	No
31722058830	NEBIVOLOL 20 MG TABLET	2	90.00	0.09	0.18126	26%-50% Below	Yes	No
31722058830	NEBIVOLOL 20 MG TABLET	3	30.00	0.22	0.17932	10%-25% Above	No	No
31722058830	NEBIVOLOL 20 MG TABLET	3	90.00	0.44	0.17932	101%-200% Above	Yes	No
31722058890	NEBIVOLOL 20 MG TABLET	12	60.00	0.12	0.18702	26%-50% Below	No	No
31722059690	FENOFIBRATE 145 MG TABLET	1	30.00	0.60	0.11906	200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	1	90.00	0.27	0.11906	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 450

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722059690	FENOFIBRATE 145 MG TABLET	2	30.00	0.27	0.11783	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	2	30.00	0.30	0.11783	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	2	90.00	0.27	0.11783	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	3	30.00	0.30	0.11758	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	3	90.00	0.27	0.11758	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	4	30.00	0.27	0.11850	101%-200% Above	No	No
31722059690	FENOFIBRATE 145 MG TABLET	12	90.00	0.27	0.11723	101%-200% Above	No	No
31722061105	PREGABALIN 50 MG CAPSULE	3	120.00	0.03	0.04696	26%-50% Below	No	No
31722061205	PREGABALIN 75 MG CAPSULE	1	60.00	0.03	0.05263	26%-50% Below	No	No
31722061305	PREGABALIN 100 MG CAPSULE	2	270.00	0.31	0.05680	200% Above	No	No
31722061390	PREGABALIN 100 MG CAPSULE	1	90.00	0.02	0.06072	51%-75% Below	No	No
31722061390	PREGABALIN 100 MG CAPSULE	4	90.00	0.03	0.05447	26%-50% Below	No	No
31722061490	PREGABALIN 150 MG CAPSULE	2	90.00	0.03	0.05194	26%-50% Below	No	No
31722061790	PREGABALIN 300 MG CAPSULE	2	60.00	0.30	0.06689	200% Above	No	No
31722061790	PREGABALIN 300 MG CAPSULE	3	60.00	0.30	0.06533	200% Above	No	No
31722061790	PREGABALIN 300 MG CAPSULE	12	60.00	0.30	0.06927	200% Above	No	No
31722062805	EZETIMIBE 10 MG TABLET	2	30.00	0.30	0.07371	200% Above	No	No
31722062805	EZETIMIBE 10 MG TABLET	3	30.00	0.30	0.07252	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	1	30.00	0.30	0.07565	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	1	90.00	0.22	0.07565	101%-200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	1	90.00	0.30	0.07565	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	2	90.00	0.30	0.07371	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	3	90.00	0.30	0.07252	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	4	90.00	0.30	0.07238	200% Above	No	No
31722062890	EZETIMIBE 10 MG TABLET	12	90.00	0.30	0.07430	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 451

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.50	0.90366	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.00	0.90366	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.18	0.90366	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.21	0.90366	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.37	0.90366	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.39	0.90366	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.50	0.90366	51%-75% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.13	0.90366	200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.99	0.88849	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.99	0.88849	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.00	0.88849	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.18	0.88849	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.28	0.88849	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	0.50	0.90290	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.00	0.90290	10%-25% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.18	0.90290	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.21	0.90290	26%-50% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.78	0.90290	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.78	0.88807	76%-100% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	7.00	2.06	0.91339	101%-200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	8.00	4.13	0.91339	200% Above	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	0.50	0.91339	26%-50% Below	No	No
31722063231	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.38	0.91339	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 452

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	10.00	1.86	0.91339	101%-200% Above	No	No
31722063630	SILODOSIN 8 MG CAPSULE	12	90.00	0.59	0.35471	51%-75% Above	No	No
31722064430	TADALAFIL 5 MG TABLET	3	90.00	0.69	0.10444	200% Above	No	No
31722065931	LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	75.00	0.20	0.14852	26%-50% Above	No	No
31722065931	LEVOCETIRIZINE 2.5 MG/5 ML SOL	3	75.00	0.20	0.15011	26%-50% Above	No	No
31722066490	ESOMEPRAZOLE MAG DR 20 MG CAP	2	90.00	0.14	0.16432	10%-25% Below	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.42	0.14339	101%-200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.98	0.14339	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.42	0.14339	101%-200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.98	0.14339	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	0.42	0.14145	101%-200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.42	0.13883	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.42	0.13883	200% Above	No	No
31722066510	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.42	0.13636	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.50	0.14339	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.44	0.14145	200% Above	No	No
31722066530	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.50	0.13636	200% Above	No	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.98	0.14339	200% Above	Yes	No
31722066590	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.42	0.13636	200% Above	Yes	No
31722066860	RANOLAZINE ER 500 MG TABLET	1	180.00	1.05	0.16297	200% Above	Yes	No
31722067460	SACUBITRIL-VALSARTAN 49-51 MG	3	60.00	0.18	0.59631	51%-75% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	1	10.00	0.70	0.14752	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	1	15.00	0.30	0.14752	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	1	15.00	0.70	0.14752	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	1	16.00	0.63	0.14752	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 453

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722068601	KETOROLAC 10 MG TABLET	1	20.00	0.30	0.14752	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	1	20.00	0.55	0.14752	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	1	20.00	0.67	0.14752	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	1	20.00	0.68	0.14752	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	1	20.00	0.70	0.14752	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	2	8.00	0.03	0.13480	76%-100% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	2	10.00	0.80	0.13480	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	2	12.00	0.30	0.13480	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	2	15.00	0.30	0.13480	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	2	20.00	0.30	0.13480	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	2	20.00	0.67	0.13480	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	3	12.00	0.30	0.12442	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	3	15.00	0.30	0.12442	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	3	20.00	0.02	0.12442	76%-100% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	3	20.00	0.30	0.12442	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	3	20.00	0.67	0.12442	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	3	30.00	0.30	0.12442	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	3	84.00	0.30	0.12442	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	4	20.00	0.02	0.13651	76%-100% Below	No	No
31722068601	KETOROLAC 10 MG TABLET	4	20.00	0.35	0.13651	101%-200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	12	10.00	0.50	0.14705	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	12	20.00	0.67	0.14705	200% Above	No	No
31722068601	KETOROLAC 10 MG TABLET	12	20.00	0.70	0.14705	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	28.00	0.27	0.02130	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.07	0.02130	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 454

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.12	0.02130	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.27	0.02130	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.05	0.02130	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.12	0.02130	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.27	0.02130	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02075	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.12	0.02075	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.06	0.02075	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	2	270.00	0.12	0.02075	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.02102	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.12	0.02102	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.02102	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.02102	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	3	180.00	0.05	0.02102	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.12	0.02106	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.02106	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.12	0.02106	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	5.00	0.27	0.02247	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.07	0.02247	101%-200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.07	0.02247	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.12	0.02247	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.22	0.02247	200% Above	No	No
31722070010	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.27	0.02247	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.01	0.02130	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 455

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.12	0.02130	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.27	0.02130	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	45.00	0.01	0.02130	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	60.00	0.12	0.02130	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02130	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02130	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.12	0.02130	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.27	0.02130	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	28.00	0.12	0.02075	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.01	0.02075	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.12	0.02075	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	45.00	0.05	0.02075	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	60.00	0.12	0.02075	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.01	0.02075	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.05	0.02075	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	15.00	0.12	0.02102	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	28.00	0.12	0.02102	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.12	0.02102	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	60.00	0.12	0.02102	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.01	0.02102	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.05	0.02102	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.02102	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.12	0.02102	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.01	0.02106	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 456

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	45.00	0.01	0.02106	51%-75% Below	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.05	0.02106	101%-200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.06	0.02106	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.12	0.02106	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.12	0.02247	200% Above	No	No
31722070090	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.17	0.02247	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.08	0.03146	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.11	0.03146	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.25	0.03146	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	60.00	0.09	0.03146	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.02	0.03146	26%-50% Below	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03146	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03146	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.11	0.03146	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.25	0.03146	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.11	0.03181	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	60.00	0.08	0.03181	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03181	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.11	0.03181	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	2	180.00	0.11	0.03181	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03302	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.11	0.03302	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03302	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03302	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03302	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 457

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.11	0.03302	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	3	180.00	0.11	0.03302	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03343	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.06	0.03343	76%-100% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.08	0.03109	101%-200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.10	0.03109	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.11	0.03109	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	60.00	0.25	0.03109	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.11	0.03109	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	180.00	0.11	0.03109	200% Above	No	No
31722070110	LOSARTAN POTASSIUM 50 MG TAB	12	180.00	0.25	0.03109	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.08	0.03146	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.09	0.03146	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.11	0.03146	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.25	0.03146	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	60.00	0.25	0.03146	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03146	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03146	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.25	0.03146	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.08	0.03181	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.09	0.03181	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.09	0.03181	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.11	0.03181	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	45.00	0.11	0.03181	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	60.00	0.11	0.03181	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 458

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.01	0.03181	51%-75% Below	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03181	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03181	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.11	0.03181	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.08	0.03302	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.09	0.03302	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.09	0.03302	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03302	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	45.00	0.11	0.03302	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.06	0.03302	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03302	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.11	0.03302	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	3	180.00	0.07	0.03302	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.09	0.03343	101%-200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03343	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.06	0.03343	76%-100% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.11	0.03343	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.11	0.03109	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.17	0.03109	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.25	0.03109	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.11	0.03109	200% Above	No	No
31722070190	LOSARTAN POTASSIUM 50 MG TAB	12	180.00	0.17	0.03109	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.13	0.04195	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.28	0.04195	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 459

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.11	0.04195	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.28	0.04195	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.04114	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.04114	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.13	0.04315	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.13	0.04315	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.13	0.04249	101%-200% Above	No	No
31722070210	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.13	0.04249	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	20.00	0.28	0.04195	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.12	0.04195	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.13	0.04195	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.13	0.04195	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.13	0.04195	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.28	0.04195	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.13	0.04195	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.13	0.04195	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.27	0.04195	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.12	0.04114	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 460

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.13	0.04114	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.01	0.04114	51%-75% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.01	0.04254	76%-100% Below	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.12	0.04254	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.09	0.04254	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.04254	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.04254	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.12	0.04254	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.13	0.04315	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.13	0.04315	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.26	0.05322	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.13	0.04315	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.13	0.04249	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.17	0.04249	200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.11	0.04249	101%-200% Above	No	No
31722070290	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.17	0.04249	200% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	20.00	0.27	0.23221	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	20.00	0.43	0.23221	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 461

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	20.00	0.61	0.23221	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.27	0.23221	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.35	0.23221	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.42	0.23221	76%-100% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.43	0.23221	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.61	0.23221	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	60.00	0.61	0.23221	101%-200% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.28	0.23221	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.42	0.23221	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.61	0.23221	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	6.00	0.27	0.22707	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.27	0.22707	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.42	0.22707	76%-100% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	45.00	0.27	0.22707	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	60.00	0.27	0.22707	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.27	0.22707	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.33	0.22707	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	6.00	0.27	0.22999	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.27	0.22999	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.27	0.22999	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.35	0.22999	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.43	0.22999	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	45.00	0.27	0.22999	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	60.00	0.27	0.22999	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.33	0.22999	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 462

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.27	0.22965	10%-25% Above	No	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.27	0.22965	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.33	0.22965	26%-50% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.35	0.22965	51%-75% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.50	0.22965	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	45.00	0.27	0.22965	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.27	0.22965	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	10.00	0.49	0.23387	101%-200% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.12	0.23387	26%-50% Below	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.43	0.23387	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	60.00	0.27	0.23387	10%-25% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	90.00	0.42	0.23387	76%-100% Above	Yes	No
31722070430	VALACYCLOVIR HCL 500 MG TABLET	12	90.00	0.42	0.23387	76%-100% Above	Yes	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	12.00	0.27	0.23221	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.27	0.23221	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.44	0.23221	76%-100% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.27	0.23221	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.42	0.23221	76%-100% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	1	180.00	0.61	0.23221	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	6.00	0.46	0.22707	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	8.00	0.50	0.22707	101%-200% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.27	0.22707	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	60.00	0.27	0.22707	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.27	0.22707	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.27	0.22999	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 463

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	40.00	0.27	0.22999	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.27	0.22999	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.27	0.22965	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	4	180.00	0.27	0.22965	10%-25% Above	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	12	6.00	0.09	0.23387	51%-75% Below	No	No
31722070490	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.27	0.23387	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	0.52	0.41238	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	0.52	0.41238	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.07	0.41238	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.15	0.41238	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	5.00	0.91	0.41238	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	6.00	0.90	0.41238	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	10.00	0.89	0.41238	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	14.00	0.87	0.41238	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	20.00	0.50	0.41238	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	20.00	0.52	0.41238	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	20.00	0.86	0.41238	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	20.00	1.15	0.41238	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	21.00	0.52	0.41238	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	21.00	1.15	0.41238	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.22	0.41238	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.33	0.41238	10%-25% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.52	0.41238	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	30.00	0.86	0.41238	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	1	42.00	0.85	0.41238	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 464

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	1.15	0.41238	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	0.52	0.40668	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	0.52	0.40668	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	5.00	0.52	0.40668	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	10.00	0.52	0.40668	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	10.00	0.52	0.40668	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	14.00	0.52	0.40668	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	21.00	0.24	0.40668	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	21.00	0.52	0.40668	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	21.00	0.52	0.40668	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	21.00	0.86	0.40668	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.50	0.40668	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.52	0.40668	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.86	0.40668	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	60.00	0.33	0.40668	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	60.00	0.52	0.40668	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.52	0.40668	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.52	0.40668	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	0.52	0.40550	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	0.86	0.40550	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	1.00	0.40550	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	5.00	0.52	0.40550	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	5.00	0.52	0.40550	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	5.00	0.99	0.40550	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	10.00	0.52	0.40550	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 465

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	10.00	0.52	0.40550	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	20.00	0.52	0.40550	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	20.00	0.52	0.40550	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.52	0.40550	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.71	0.40550	51%-75% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.20	0.40550	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.52	0.40550	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.52	0.40550	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	45.00	0.22	0.40550	26%-50% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	60.00	0.25	0.40550	26%-50% Below	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	60.00	0.52	0.40550	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	3	90.00	0.52	0.40550	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	0.52	0.40626	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	0.52	0.40626	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	4.00	1.00	0.40626	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	21.00	0.52	0.40626	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.50	0.40626	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.52	0.40626	26%-50% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	4	90.00	0.52	0.40626	26%-50% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	0.52	0.41606	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	1.13	0.41606	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	1.14	0.41606	101%-200% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	1.15	0.41606	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	5.00	0.52	0.41606	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	5.00	1.15	0.41606	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 466

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	6.00	0.52	0.41606	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	8.00	0.52	0.41606	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	12.00	0.52	0.41606	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	21.00	0.52	0.41606	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	21.00	0.52	0.41606	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	21.00	1.15	0.41606	101%-200% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.00	0.52	0.41606	10%-25% Above	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.00	0.52	0.41606	10%-25% Above	No	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	60.00	0.33	0.41606	10%-25% Below	Yes	No
31722070530	VALACYCLOVIR HCL 1 GRAM TABLET	12	61.00	0.24	0.41606	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	0.52	0.41238	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.15	0.41238	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	8.00	0.52	0.41238	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	12.00	0.83	0.41238	76%-100% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	14.00	1.15	0.41238	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	20.00	0.52	0.41238	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	1	21.00	1.15	0.41238	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	0.52	0.40668	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	6.00	0.52	0.40668	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	10.00	0.52	0.40668	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	12.00	0.94	0.40668	101%-200% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	20.00	0.52	0.40668	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.50	0.40668	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.52	0.40668	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	60.00	0.52	0.40668	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 467

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	2	90.00	0.52	0.40668	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	0.52	0.40550	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	8.00	0.52	0.40550	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	10.00	0.52	0.40550	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	14.00	0.71	0.40550	51%-75% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	21.00	0.52	0.40550	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.52	0.40550	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	60.00	0.25	0.40550	26%-50% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	90.00	0.17	0.40550	51%-75% Below	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	90.00	0.52	0.40550	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	3	180.00	0.52	0.40550	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	4	90.00	0.52	0.40626	26%-50% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	0.52	0.41606	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.00	0.52	0.41606	10%-25% Above	No	No
31722070590	VALACYCLOVIR HCL 1 GRAM TABLET	12	60.00	1.15	0.41606	101%-200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	1	30.00	1.44	0.11004	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	2	20.00	1.44	0.10686	200% Above	No	No
31722071030	SILDENAFIL 50 MG TABLET	3	15.00	1.44	0.10655	200% Above	No	No
31722071101	SILDENAFIL 100 MG TABLET	3	10.00	1.32	0.13339	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	1	18.00	2.93	0.13585	200% Above	No	No
31722071130	SILDENAFIL 100 MG TABLET	4	12.00	1.32	0.13333	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.29	0.04593	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	2	7.00	0.16	0.04496	200% Above	No	No
31722071290	PANTOPRAZOLE SOD DR 20 MG TAB	4	90.00	0.13	0.04493	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03603	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 468

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.10	0.03603	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.14	0.03603	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.25	0.03603	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03603	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03603	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.25	0.03603	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.14	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.09	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.11	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	2	104.00	0.08	0.03549	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.02	0.03540	26%-50% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03540	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03540	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03540	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.10	0.03540	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.14	0.03540	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 469

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	14.00	0.02	0.03598	26%-50% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.02	0.03598	26%-50% Below	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.10	0.03598	101%-200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.03598	200% Above	No	No
31722071310	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.13	0.03598	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03603	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03603	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.25	0.03603	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.11	0.03603	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.25	0.03603	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03603	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03603	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03603	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03603	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03603	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.25	0.03603	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.25	0.03603	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03549	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.11	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.08	0.03549	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03549	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 470

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.11	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	2	180.00	0.07	0.03549	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03540	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.12	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.10	0.03540	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.11	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.08	0.03540	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03540	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03540	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.10	0.03540	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.09	0.03540	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03540	101%-200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	Yes	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.03598	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.25	0.03598	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.52	0.03598	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	60.00	0.52	0.03598	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 471

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.11	0.03598	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.25	0.03598	200% Above	No	No
31722071390	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.52	0.03598	200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	1	30.00	0.33	0.43998	10%-25% Below	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	1	30.00	3.66	0.43998	200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	2	30.00	0.33	0.43213	10%-25% Below	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	3	15.00	1.58	0.41911	200% Above	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	3	30.00	0.33	0.41911	10%-25% Below	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	4	90.00	0.28	0.42864	26%-50% Below	No	No
31722071630	ATOMOXETINE HCL 25 MG CAPSULE	12	60.00	1.65	0.44885	200% Above	Yes	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	2	60.00	1.78	0.53121	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	1.78	0.50707	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	1.78	0.49646	200% Above	No	No
31722071730	ATOMOXETINE HCL 40 MG CAPSULE	12	45.00	1.86	0.58121	200% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	2	30.00	1.82	0.48322	200% Above	No	No
31722071830	ATOMOXETINE HCL 60 MG CAPSULE	2	45.00	1.82	0.48322	200% Above	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	2	90.00	1.91	0.53033	200% Above	No	No
31722071930	ATOMOXETINE HCL 80 MG CAPSULE	12	30.00	4.43	0.52031	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	1	7.00	0.12	0.14168	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	1	7.00	0.91	0.14168	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	1	10.00	0.41	0.14168	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	1	10.00	0.91	0.14168	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	1	14.00	0.91	0.14168	200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	5.00	0.16	0.14175	10%-25% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	5.00	0.41	0.14175	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 472

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	7.00	0.12	0.14175	10%-25% Below	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	10.00	0.41	0.14175	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	2	14.00	0.41	0.14175	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	3	3.00	0.19	0.14273	26%-50% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	3	5.00	0.41	0.14273	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	3	30.00	0.41	0.14273	101%-200% Above	No	No
31722072250	LEVOFLOXACIN 500 MG TABLET	12	7.00	0.52	0.14770	200% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	1	7.00	1.07	0.28395	200% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	2	10.00	0.17	0.27532	26%-50% Below	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	2	10.00	0.48	0.27532	51%-75% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	3	5.00	0.48	0.27285	76%-100% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	4	7.00	0.48	0.28017	51%-75% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	4	14.00	0.48	0.28017	51%-75% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	12	7.00	0.48	0.29023	51%-75% Above	No	No
31722072320	LEVOFLOXACIN 750 MG TABLET	12	10.00	1.07	0.29023	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.01	0.04577	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.12	0.04577	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.16	0.04577	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.18	0.04577	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.20	0.04577	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.27	0.04577	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	60.00	0.12	0.04577	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.01	0.04577	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.12	0.04577	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.17	0.04577	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 473

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.17	0.04577	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.27	0.04577	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.01	0.04433	51%-75% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.12	0.04433	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.19	0.04433	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.20	0.04433	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.12	0.04433	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.17	0.04433	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.20	0.04433	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.01	0.04334	51%-75% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.12	0.04334	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.15	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.18	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.19	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.21	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	60.00	0.12	0.04334	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.01	0.04334	51%-75% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.08	0.04334	76%-100% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.12	0.04334	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.18	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.19	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.20	0.04334	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.01	0.04349	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 474

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.12	0.04349	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.19	0.04349	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.12	0.04349	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.12	0.04735	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.18	0.04735	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.20	0.04735	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.00	0.04735	76%-100% Below	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.12	0.04735	101%-200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.17	0.04735	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.18	0.04735	200% Above	No	No
31722072610	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.27	0.04735	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.06	0.04577	10%-25% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.17	0.04577	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.27	0.04577	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.17	0.04433	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	10.00	0.12	0.04334	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.01	0.04334	76%-100% Below	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.12	0.04334	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.14	0.04334	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.04334	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.12	0.04349	101%-200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.12	0.04349	101%-200% Above	Yes	No
31722072690	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.18	0.04349	200% Above	No	No
31722072690	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.12	0.04735	101%-200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	1	30.00	0.15	0.07651	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 475

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.29	0.07651	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	1	30.00	0.33	0.07651	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	2	30.00	0.15	0.07524	76%-100% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	2	30.00	0.29	0.07524	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	3	30.00	0.15	0.07750	76%-100% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	3	90.00	0.15	0.07750	76%-100% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	4	30.00	0.29	0.07560	200% Above	No	No
31722072790	MONTELUKAST SOD 4 MG TAB CHEW	12	30.00	0.15	0.07702	76%-100% Above	No	No
31722072830	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.15	0.06842	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	0.15	0.06967	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	0.17	0.06967	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	1	90.00	0.26	0.06967	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.15	0.06856	101%-200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	3	90.00	0.06	0.06842	10%-25% Below	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	4	90.00	0.22	0.06890	200% Above	No	No
31722072890	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	0.52	0.07101	200% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	3	90.00	0.15	0.08431	76%-100% Above	No	No
31722072930	IRBESARTAN 75 MG TABLET	12	90.00	0.15	0.09094	51%-75% Above	No	No
31722072990	IRBESARTAN 75 MG TABLET	1	30.00	0.50	0.09177	200% Above	No	No
31722072990	IRBESARTAN 75 MG TABLET	2	90.00	0.15	0.08927	51%-75% Above	No	No
31722072990	IRBESARTAN 75 MG TABLET	2	90.00	0.17	0.08927	76%-100% Above	No	No
31722073030	IRBESARTAN 150 MG TABLET	2	90.00	0.14	0.11185	26%-50% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	1	30.00	0.17	0.14700	10%-25% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	2	30.00	0.17	0.14613	10%-25% Above	No	No
31722073190	IRBESARTAN 300 MG TABLET	3	30.00	0.17	0.14822	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 476

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722073190	IRBESARTAN 300 MG TABLET	3	90.00	0.01	0.14822	76%-100% Below	No	No
31722073190	IRBESARTAN 300 MG TABLET	12	30.00	0.17	0.15081	10%-25% Above	No	No
31722074920	LINEZOLID 600 MG TABLET	1	14.00	0.85	1.48487	26%-50% Below	No	No
31722074920	LINEZOLID 600 MG TABLET	3	14.00	0.85	1.37704	26%-50% Below	No	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.10	0.03125	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	1	180.00	0.01	0.03125	51%-75% Below	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.10	0.02970	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.10	0.02893	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	3	90.00	0.08	0.02893	101%-200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	3	180.00	0.10	0.02893	200% Above	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	12	15.00	0.01	0.03188	51%-75% Below	Yes	No
31722076401	QUETIAPINE FUMARATE 25 MG TAB	12	180.00	0.10	0.03188	200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.12	0.03276	200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	3	60.00	0.08	0.03133	101%-200% Above	Yes	No
31722076501	QUETIAPINE FUMARATE 50 MG TAB	3	90.00	0.11	0.03133	200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	2	30.00	0.12	0.05134	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	2	90.00	0.11	0.05134	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	2	90.00	0.12	0.05134	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	3	90.00	0.12	0.05126	101%-200% Above	Yes	No
31722076601	QUETIAPINE FUMARATE 100 MG TAB	4	180.00	0.12	0.05168	101%-200% Above	Yes	No
31722076701	QUETIAPINE FUMARATE 200 MG TAB	1	30.00	0.14	0.08613	51%-75% Above	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	1	30.00	0.12	0.17815	26%-50% Below	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	2	30.00	0.12	0.18010	26%-50% Below	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	3	30.00	0.12	0.18345	26%-50% Below	Yes	No
31722076901	QUETIAPINE FUMARATE 400 MG TAB	12	30.00	0.12	0.17152	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 477

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722077701	ACYCLOVIR 400 MG TABLET	1	20.00	0.11	0.09133	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	1	30.00	0.24	0.09133	101%-200% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	2	30.00	0.11	0.09122	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	3	20.00	0.12	0.09659	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	3	30.00	0.11	0.09659	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	4	20.00	0.12	0.09805	10%-25% Above	No	No
31722077701	ACYCLOVIR 400 MG TABLET	12	40.00	0.11	0.09243	10%-25% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	1	10.00	0.25	0.16554	51%-75% Above	No	No
31722077801	ACYCLOVIR 800 MG TABLET	3	10.00	0.25	0.16934	26%-50% Above	No	No
31722081260	LACOSAMIDE 50 MG TABLET	1	180.00	0.60	0.12634	200% Above	No	No
31722081360	LACOSAMIDE 100 MG TABLET	3	180.00	0.91	0.17376	200% Above	No	No
31722085501	ESZOPICLONE 1 MG TABLET	1	30.00	0.30	0.11132	101%-200% Above	Yes	No
31722085501	ESZOPICLONE 1 MG TABLET	2	30.00	0.30	0.10764	101%-200% Above	Yes	No
31722085501	ESZOPICLONE 1 MG TABLET	2	30.00	0.50	0.10764	200% Above	Yes	No
31722085501	ESZOPICLONE 1 MG TABLET	3	30.00	0.30	0.09735	200% Above	Yes	No
31722085530	ESZOPICLONE 1 MG TABLET	3	14.00	0.30	0.09735	200% Above	No	No
31722085530	ESZOPICLONE 1 MG TABLET	4	30.00	0.30	0.09486	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	1	30.00	0.17	0.08658	76%-100% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	1	30.00	0.33	0.08658	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	1	30.00	0.33	0.08658	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	1	30.00	0.38	0.08658	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	1	30.00	0.38	0.08658	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	2	30.00	0.17	0.08486	101%-200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	2	30.00	0.17	0.08486	101%-200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	2	30.00	0.33	0.08486	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 478

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722085601	ESZOPICLONE 2 MG TABLET	2	30.00	0.33	0.08486	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	2	90.00	0.17	0.08486	76%-100% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	2	90.00	0.17	0.08486	76%-100% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	3	30.00	0.17	0.08453	101%-200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	3	30.00	0.33	0.08453	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	3	30.00	0.33	0.08453	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	3	90.00	0.17	0.08453	101%-200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	4	30.00	0.17	0.08760	76%-100% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	12	30.00	0.33	0.08592	200% Above	No	No
31722085601	ESZOPICLONE 2 MG TABLET	12	30.00	0.33	0.08592	200% Above	Yes	No
31722085601	ESZOPICLONE 2 MG TABLET	12	90.00	0.17	0.08592	76%-100% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	1	30.00	0.48	0.08952	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	1	90.00	0.21	0.08952	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	2	30.00	0.17	0.08865	76%-100% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	2	30.00	0.21	0.08865	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	2	30.00	0.33	0.08865	200% Above	Yes	No
31722085701	ESZOPICLONE 3 MG TABLET	3	30.00	0.21	0.08846	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	3	30.00	0.49	0.08846	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	3	90.00	0.21	0.08846	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	3	90.00	0.22	0.08846	101%-200% Above	Yes	No
31722085701	ESZOPICLONE 3 MG TABLET	4	30.00	0.21	0.09060	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	4	90.00	0.21	0.09060	101%-200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	12	30.00	0.48	0.08899	200% Above	No	No
31722085701	ESZOPICLONE 3 MG TABLET	12	90.00	0.22	0.08899	101%-200% Above	Yes	No
31722087590	PITAVASTATIN 1 MG TABLET	1	30.00	1.70	1.34100	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 479

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722087590	PITAVASTATIN 1 MG TABLET	1	90.00	1.57	1.34100	10%-25% Above	No	No
31722087590	PITAVASTATIN 1 MG TABLET	12	30.00	0.84	1.53118	26%-50% Below	No	No
31722087690	PITAVASTATIN 2 MG TABLET	2	90.00	0.64	1.28938	26%-50% Below	Yes	No
31722087690	PITAVASTATIN 2 MG TABLET	3	180.00	0.73	1.26790	26%-50% Below	Yes	No
31722087790	PITAVASTATIN 4 MG TABLET	1	90.00	0.73	1.53849	51%-75% Below	No	No
31722087790	PITAVASTATIN 4 MG TABLET	2	30.00	0.14	1.44148	76%-100% Below	No	No
31722087790	PITAVASTATIN 4 MG TABLET	3	90.00	0.73	1.38181	26%-50% Below	No	No
31722087790	PITAVASTATIN 4 MG TABLET	12	30.00	0.00	1.54796	76%-100% Below	No	No
31722087790	PITAVASTATIN 4 MG TABLET	12	30.00	0.91	1.54796	26%-50% Below	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
31722088390	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.22	0.03993	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.22	0.05022	200% Above	No	No
31722088490	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.50	0.04848	200% Above	No	No
31722088530	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.81	0.06506	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	1	9.00	0.90	0.12832	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	3	30.00	0.90	0.12334	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	3	90.00	0.90	0.12334	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	4	15.00	0.99	0.12992	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	12	9.00	0.94	0.13676	200% Above	No	No
31722089901	COLCHICINE 0.6 MG TABLET	12	90.00	0.94	0.13676	200% Above	No	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	1	180.00	0.24	0.16942	26%-50% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	1	360.00	0.24	0.16942	26%-50% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	120.00	0.24	0.16982	26%-50% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	360.00	0.24	0.16982	26%-50% Above	Yes	No
31722093612	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	360.00	0.05	0.16697	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 480

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722094201	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	21.00	0.08	0.13787	26%-50% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	60.00	0.26	0.14240	76%-100% Above	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	16.00	0.11	0.13860	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	20.00	0.11	0.13860	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	60.00	0.11	0.13860	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.11	0.13969	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	0.11	0.13969	10%-25% Below	No	No
31722094205	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	60.00	0.11	0.13969	10%-25% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	1	84.00	0.09	0.16832	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	3	84.00	0.09	0.15747	26%-50% Below	No	No
31722094531	DROSPIRENONE-EE 3-0.03 MG TAB	12	84.00	0.36	0.17314	101%-200% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	5.00	0.40	0.11869	200% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.17	0.11869	26%-50% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	28.00	0.07	0.11973	26%-50% Below	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.17	0.12005	26%-50% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	28.00	0.17	0.11777	26%-50% Above	No	No
31722094901	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	28.00	0.18	0.11786	51%-75% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.08	0.11869	26%-50% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	24.00	0.06	0.11869	51%-75% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.08	0.11973	26%-50% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.09	0.12005	10%-25% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.17	0.12005	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	9.00	0.17	0.11777	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.17	0.11777	26%-50% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.17	0.11777	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 481

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.40	0.11786	200% Above	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.00	0.07	0.11786	26%-50% Below	No	No
31722094905	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	40.00	0.06	0.11786	51%-75% Below	No	No
31722095001	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.08	0.18290	51%-75% Below	No	No
31722095001	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	30.00	0.13	0.18290	26%-50% Below	No	No
31722095001	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	12.00	0.12	0.18002	26%-50% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	60.00	0.07	0.18290	51%-75% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	20.00	0.11	0.18421	26%-50% Below	No	No
31722095005	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	60.00	0.07	0.18421	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	60.00	0.10	0.24154	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	12.00	0.11	0.24056	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	60.00	0.10	0.24056	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	60.00	0.10	0.23814	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	28.00	0.11	0.23315	51%-75% Below	No	No
31722095101	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	60.00	0.13	0.24567	26%-50% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.21	0.24154	10%-25% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.11	0.24056	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	112.00	0.11	0.23814	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.11	0.23814	51%-75% Below	No	No
31722095105	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.11	0.24567	51%-75% Below	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	2	30.00	1.56	0.63165	101%-200% Above	No	No
31722095201	METHYLPHENIDATE ER 18 MG TAB	3	30.00	1.56	0.60859	101%-200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	1	30.00	1.09	0.63890	51%-75% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	1	30.00	3.75	0.63890	200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	2	30.00	1.62	0.62452	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 482

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722095301	METHYLPHENIDATE ER 27 MG TAB	3	30.00	1.62	0.62418	101%-200% Above	No	No
31722095301	METHYLPHENIDATE ER 27 MG TAB	12	60.00	6.06	0.64894	200% Above	No	No
31722095401	METHYLPHENIDATE ER 36 MG TAB	2	30.00	0.37	0.71190	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	1	30.00	0.46	0.80033	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	1	30.00	0.50	0.80033	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	1	30.00	0.60	0.80033	10%-25% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	2	30.00	0.46	0.76322	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	2	30.00	0.50	0.76322	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	3	30.00	0.46	0.77350	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	3	30.00	0.50	0.77350	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	4	30.00	0.46	0.80829	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	12	30.00	0.50	0.83293	26%-50% Below	No	No
31722095501	METHYLPHENIDATE ER 54 MG TAB	12	30.00	6.80	0.83293	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	1	21.00	0.17	0.10448	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	1	30.00	0.17	0.10448	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	1	30.00	0.32	0.10448	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	2	15.00	0.30	0.10310	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	2	21.00	0.17	0.10310	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	2	30.00	0.17	0.10310	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	3	20.00	0.17	0.10651	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	3	20.00	0.36	0.10651	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	3	21.00	0.17	0.10651	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	3	30.00	0.02	0.10651	76%-100% Below	No	No
31722095801	BENZONATATE 200 MG CAPSULE	3	30.00	0.23	0.10651	101%-200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	12	21.00	0.06	0.10611	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 483

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
31722095801	BENZONATATE 200 MG CAPSULE	12	21.00	0.17	0.10611	51%-75% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	12	21.00	0.32	0.10611	200% Above	No	No
31722095801	BENZONATATE 200 MG CAPSULE	12	30.00	0.37	0.10611	200% Above	No	No
31722095805	BENZONATATE 200 MG CAPSULE	1	20.00	0.37	0.10448	200% Above	No	No
31722095805	BENZONATATE 200 MG CAPSULE	1	30.00	0.23	0.10448	101%-200% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	16.00	0.18	0.12893	26%-50% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	8.00	0.25	0.12756	76%-100% Above	No	No
31722099601	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	75.00	0.17	0.12756	26%-50% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	4.00	0.27	0.12931	101%-200% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	8.00	0.21	0.12931	51%-75% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.15	0.12931	10%-25% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.35	0.12931	101%-200% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.19	0.12931	26%-50% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.22	0.12931	51%-75% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.15	0.12893	10%-25% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.24	0.12893	76%-100% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	10.00	0.20	0.12756	51%-75% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	18.00	0.15	0.12756	10%-25% Above	No	No
31722099605	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	20.00	0.18	0.12981	26%-50% Above	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	90.00	0.07	0.16072	51%-75% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.07	0.15566	51%-75% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	4	20.00	0.08	0.15256	26%-50% Below	No	No
31722099705	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	90.00	0.07	0.15907	51%-75% Below	No	No
32909074203	READI-CAT 2 SUS BANANA	3	2.00	0.01	.		No	No
33332002503	AFLURIA INJ 2025-26	1	0.50	42.54	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 484

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33332002503	AFLURIA INJ 2025-26	1	0.50	43.22	.		No	No
33332002503	AFLURIA INJ 2025-26	12	0.50	42.22	.		No	No
33332002504	AFLURIA INJ 2025-26	1	0.50	41.62	.		No	No
33342002208	LEVOFLOXACIN TAB 500MG	1	7.00	0.12	.		No	No
33342004710	IRBESARTAN 75 MG TABLET	12	90.00	0.17	0.09094	76%-100% Above	No	No
33342004810	IRBESARTAN 150 MG TABLET	1	90.00	0.22	0.11480	76%-100% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	1	90.00	0.31	0.11480	101%-200% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	2	90.00	0.05	0.11185	51%-75% Below	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	2	90.00	0.14	0.11185	26%-50% Above	No	No
33342004810	IRBESARTAN 150 MG TABLET	3	90.00	0.14	0.11167	26%-50% Above	Yes	No
33342004810	IRBESARTAN 150 MG TABLET	12	90.00	0.17	0.11579	26%-50% Above	No	No
33342004810	IRBESARTAN 150 MG TABLET	12	90.00	0.31	0.11579	101%-200% Above	Yes	No
33342004910	IRBESARTAN 300 MG TABLET	1	90.00	0.33	0.14700	101%-200% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	30.00	0.13	0.07768	51%-75% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.11	0.07768	26%-50% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.11	0.06467	51%-75% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	180.00	0.11	0.06467	51%-75% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.11	0.05925	76%-100% Above	No	No
33342005010	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.11	0.07615	26%-50% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.51	0.07896	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.33	0.07896	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	30.00	0.51	0.07767	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	14.00	0.53	0.07510	200% Above	No	No
33342005110	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.33	0.07510	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.35	0.08251	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 485

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.51	0.08251	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.15	0.08251	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.22	0.08251	101%-200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.35	0.08251	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.15	0.08118	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.51	0.08118	200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.15	0.08118	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.15	0.08156	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.15	0.08092	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.15	0.08092	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.17	0.08092	101%-200% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.16	0.08232	76%-100% Above	No	No
33342005210	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.52	0.08232	200% Above	No	No
33342005244	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.23	0.08156	101%-200% Above	No	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	3	90.00	0.29	0.20018	26%-50% Above	Yes	No
33342005810	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	12	90.00	0.29	0.21286	26%-50% Above	Yes	No
33342006310	VALSARTAN 80 MG TABLET	1	30.00	0.40	0.12024	200% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	2	30.00	0.18	0.11553	51%-75% Above	No	No
33342006310	VALSARTAN 80 MG TABLET	3	30.00	0.18	0.11315	51%-75% Above	No	No
33342006410	VALSARTAN 160 MG TABLET	1	90.00	0.62	0.14102	200% Above	Yes	No
33342006410	VALSARTAN 160 MG TABLET	4	90.00	0.28	0.14016	76%-100% Above	Yes	No
33342006510	VALSARTAN 320 MG TABLET	3	90.00	0.15	0.18078	10%-25% Below	No	No
33342006707	OLANZAPINE 2.5 MG TABLET	1	30.00	0.04	0.08011	26%-50% Below	No	No
33342006807	OLANZAPINE 5 MG TABLET	2	30.00	0.05	0.08946	26%-50% Below	No	No
33342006807	OLANZAPINE 5 MG TABLET	4	30.00	0.05	0.08769	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 486

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342007007	OLANZAPINE 10 MG TABLET	1	30.00	0.05	0.10700	51%-75% Below	Yes	No
33342007007	OLANZAPINE 10 MG TABLET	2	30.00	0.05	0.10771	51%-75% Below	Yes	No
33342007007	OLANZAPINE 10 MG TABLET	3	30.00	0.05	0.10856	51%-75% Below	Yes	No
33342007007	OLANZAPINE 10 MG TABLET	12	30.00	0.05	0.10689	51%-75% Below	Yes	No
33342007107	OLANZAPINE 15 MG TABLET	1	30.00	0.33	0.13533	101%-200% Above	No	No
33342007107	OLANZAPINE 15 MG TABLET	4	30.00	0.06	0.13689	51%-75% Below	Yes	No
33342007207	OLANZAPINE 20 MG TABLET	1	30.00	0.48	0.14983	200% Above	No	No
33342007207	OLANZAPINE 20 MG TABLET	2	30.00	0.07	0.14838	51%-75% Below	Yes	No
33342007207	OLANZAPINE 20 MG TABLET	12	30.00	0.22	0.14845	26%-50% Above	No	No
33342007410	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	90.00	0.16	0.13423	10%-25% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	90.00	0.02	0.13525	76%-100% Below	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	30.00	0.14	0.12376	10%-25% Above	No	No
33342007510	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	90.00	0.02	0.12376	76%-100% Below	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	30.00	0.18	0.15392	10%-25% Above	No	No
33342007610	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	3	30.00	0.18	0.13884	26%-50% Above	No	No
33342007710	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	2	30.00	0.15	0.21279	26%-50% Below	No	No
33342007710	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	3	30.00	0.15	0.20746	26%-50% Below	No	No
33342008745	RIZATRIPTAN 5 MG TABLET	1	9.00	1.10	0.55552	76%-100% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	1	12.00	1.06	0.47623	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	2	9.00	0.40	0.48193	10%-25% Below	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	2	9.00	0.99	0.48193	101%-200% Above	Yes	No
33342008841	RIZATRIPTAN 10 MG TABLET	2	18.00	0.28	0.48193	26%-50% Below	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	3	9.00	0.40	0.48757	10%-25% Below	Yes	No
33342008841	RIZATRIPTAN 10 MG TABLET	3	12.00	0.99	0.48757	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	3	27.00	0.40	0.48757	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 487

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342008841	RIZATRIPTAN 10 MG TABLET	12	9.00	1.00	0.45660	101%-200% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	12	12.00	0.83	0.45660	76%-100% Above	No	No
33342008841	RIZATRIPTAN 10 MG TABLET	12	18.00	0.52	0.45660	10%-25% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	1	9.00	0.40	0.47623	10%-25% Below	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	1	9.00	0.84	0.47623	76%-100% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	2	9.00	0.40	0.48193	10%-25% Below	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	2	9.00	0.84	0.48193	51%-75% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	3	9.00	0.40	0.48757	10%-25% Below	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	3	9.00	1.03	0.48757	101%-200% Above	No	No
33342008845	RIZATRIPTAN 10 MG TABLET	12	9.00	0.00	0.45660	76%-100% Below	No	No
33342009441	RIZATRIPTAN 10 MG ODT	3	12.00	1.12	0.52849	101%-200% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.06	0.04577	10%-25% Above	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.03	0.04577	26%-50% Below	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.03	0.04433	26%-50% Below	No	No
33342010215	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.19	0.04334	200% Above	No	No
33342011110	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.15	0.06842	101%-200% Above	No	No
33342011610	CANDESARTAN CILEXETIL 16 MG TB	1	30.00	0.17	0.48882	51%-75% Below	No	No
33342011610	CANDESARTAN CILEXETIL 16 MG TB	2	30.00	0.17	0.48027	51%-75% Below	No	No
33342011610	CANDESARTAN CILEXETIL 16 MG TB	3	30.00	0.17	0.49517	51%-75% Below	No	No
33342011610	CANDESARTAN CILEXETIL 16 MG TB	12	30.00	0.29	0.49816	26%-50% Below	No	No
33342013110	CANDESARTAN-HYDROCHLOROTHIAZIDE 16-12.5 MG TB	1	30.00	0.39	0.81116	51%-75% Below	Yes	No
33342013409	QUETIAPINE ER 150 MG TABLET	3	30.00	0.90	0.18129	200% Above	No	No
33342015715	CELECOXIB 200 MG CAPSULE	3	60.00	0.33	0.08423	200% Above	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.31	0.05214	200% Above	No	No
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.31	0.05214	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 488

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342015915	TAMSULOSIN HCL 0.4 MG CAPSULE	2	180.00	0.14	0.05215	101%-200% Above	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	15.00	0.02	0.16869	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.02	0.16869	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	15.00	0.02	0.16694	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.02	0.16694	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	15.00	0.01	0.16915	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.01	0.16915	76%-100% Below	No	No
33342017310	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	15.00	0.01	0.16747	76%-100% Below	No	No
33342017410	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	30.00	0.45	0.21487	101%-200% Above	No	No
33342017410	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	0.45	0.21819	101%-200% Above	No	No
33342017410	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	30.00	0.45	0.23356	76%-100% Above	No	No
33342017510	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	30.00	0.23	0.21095	10%-25% Above	No	No
33342017510	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	30.00	0.23	0.20228	10%-25% Above	No	No
33342017510	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	0.43	0.20228	101%-200% Above	No	No
33342017510	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	90.00	0.43	0.21593	101%-200% Above	No	No
33342017510	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	12	90.00	0.45	0.20845	101%-200% Above	No	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	1	45.00	0.46	0.07415	200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.33	0.07415	200% Above	Yes	No
33342017910	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.21	0.07315	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.33	0.12345	101%-200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.34	0.12345	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.75	0.12345	200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	0.06	0.12340	51%-75% Below	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	0.22	0.12340	76%-100% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	0.33	0.12340	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 489

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.34	0.12340	101%-200% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	0.01	0.12264	76%-100% Below	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	0.03	0.12264	76%-100% Below	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	0.33	0.12264	101%-200% Above	No	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.00	0.16	0.12283	26%-50% Above	Yes	No
33342018010	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	0.34	0.12283	101%-200% Above	Yes	No
33342019007	AMLODIPINE-OLMESARTAN 5-20 MG	2	90.00	0.17	0.24099	26%-50% Below	Yes	No
33342019107	AMLODIPINE-OLMESARTAN 5-40 MG	2	30.00	0.50	0.28407	51%-75% Above	Yes	No
33342019107	AMLODIPINE-OLMESARTAN 5-40 MG	3	90.00	0.42	0.28062	26%-50% Above	Yes	No
33342019307	AMLODIPINE-OLMESARTAN 10-40 MG	12	30.00	0.16	0.34080	51%-75% Below	Yes	No
33342025666	OSELTAMIVIR PHOS 30 MG CAPSULE	2	20.00	1.50	0.82962	76%-100% Above	No	No
33342025766	OSELTAMIVIR PHOS 45 MG CAPSULE	2	10.00	1.57	0.98450	51%-75% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.00	0.90366	10%-25% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.17	0.90366	26%-50% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.13	0.90366	200% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.78	0.90290	76%-100% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.86	0.91339	101%-200% Above	No	No
33342025866	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	4.13	0.91339	200% Above	No	No
33342027407	FEBUXOSTAT 40 MG TABLET	1	90.00	1.36	0.20161	200% Above	No	No
33342027507	FEBUXOSTAT 80 MG TABLET	1	90.00	1.42	0.28987	200% Above	No	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	1	30.00	0.19	0.45265	51%-75% Below	Yes	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	1	30.00	0.33	0.45265	26%-50% Below	Yes	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	1	90.00	0.62	0.45265	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 490

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	2	30.00	0.19	0.44314	51%-75% Below	Yes	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	2	90.00	0.19	0.44314	51%-75% Below	Yes	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	3	30.00	0.19	0.43871	51%-75% Below	Yes	No
33342027907	AMLODIPINE-VALSARTAN 5-160 MG	12	30.00	0.19	0.46137	51%-75% Below	Yes	No
33342028007	AMLODIPINE-VALSARTAN 10-160 MG	1	90.00	0.44	0.50340	10%-25% Below	Yes	No
33342028010	AMLODIPINE-VALSARTAN 10-160 MG	1	30.00	1.83	0.50340	200% Above	No	No
33342028010	AMLODIPINE-VALSARTAN 10-160 MG	2	30.00	0.79	0.49072	51%-75% Above	No	No
33342028010	AMLODIPINE-VALSARTAN 10-160 MG	3	30.00	0.79	0.49028	51%-75% Above	No	No
33342028107	AMLODIPINE-VALSARTAN 5-320 MG	3	90.00	0.27	0.53835	26%-50% Below	Yes	No
33342028207	AMLODIPINE-VALSARTAN 10-320 MG	3	90.00	0.04	0.65669	76%-100% Below	No	No
33342028207	AMLODIPINE-VALSARTAN 10-320 MG	12	90.00	0.00	0.63952	76%-100% Below	No	No
33342029815	MEMANTINE HCL 10 MG TABLET	3	152.00	0.10	0.06315	51%-75% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	1	30.00	0.17	0.08658	76%-100% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	3	30.00	0.17	0.08453	101%-200% Above	No	No
33342030011	ESZOPICLONE 2 MG TABLET	3	30.00	0.17	0.08453	101%-200% Above	Yes	No
33342030011	ESZOPICLONE 2 MG TABLET	3	30.00	0.61	0.08453	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	1	30.00	0.33	0.08952	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	1	30.00	0.48	0.08952	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	2	30.00	0.21	0.08865	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	2	90.00	0.21	0.08865	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	2	90.00	0.33	0.08865	200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	3	30.00	0.21	0.08846	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	12	30.00	0.21	0.08899	101%-200% Above	No	No
33342030111	ESZOPICLONE 3 MG TABLET	12	30.00	0.33	0.08899	200% Above	No	No
33342030907	RASAGILINE MESYLATE 1 MG TAB	3	90.00	0.33	1.10700	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 491

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342030907	RASAGILINE MESYLATE 1 MG TAB	12	90.00	0.33	1.07439	51%-75% Below	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	1	50.00	0.46	0.12394	200% Above	No	No
33342032186	CLOBETASOL 0.05% SOLUTION	2	50.00	0.30	0.12039	101%-200% Above	Yes	No
33342032186	CLOBETASOL 0.05% SOLUTION	3	50.00	0.46	0.11959	200% Above	No	No
33342032715	TRIAMCINOLONE 0.025% CREAM	2	15.00	0.14	0.12230	10%-25% Above	Yes	No
33342032715	TRIAMCINOLONE 0.025% CREAM	4	15.00	0.05	0.12066	51%-75% Below	Yes	No
33342032715	TRIAMCINOLONE 0.025% CREAM	4	30.00	0.05	0.12066	51%-75% Below	No	No
33342032815	TRIAMCINOLONE 0.5% CREAM	1	15.00	0.14	0.20280	26%-50% Below	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	1	15.00	0.33	0.20280	51%-75% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	1	15.00	0.34	0.20280	51%-75% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	1	45.00	0.25	0.20280	10%-25% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	2	30.00	0.26	0.19896	26%-50% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	4	30.00	0.26	0.19466	26%-50% Above	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	4	90.00	0.14	0.19466	26%-50% Below	Yes	No
33342032815	TRIAMCINOLONE 0.5% CREAM	12	30.00	0.16	0.20347	10%-25% Below	Yes	No
33342032915	TRIAMCINOLONE 0.1% CREAM	1	15.00	0.12	0.10760	10%-25% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.09	0.05053	76%-100% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.12	0.05053	101%-200% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.13	0.05053	101%-200% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.13	0.05053	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	1	160.00	0.12	0.05053	101%-200% Above	Yes	No
33342032980	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.08	0.04938	51%-75% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.13	0.04938	101%-200% Above	No	No
33342032980	TRIAMCINOLONE 0.1% CREAM	4	80.00	0.12	0.04977	101%-200% Above	No	No
33342033115	TRIAMCINOLONE 0.025% OINT	3	30.00	0.07	0.24709	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 492

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342033215	TRIAMCINOLONE 0.5% OINTMENT	1	15.00	0.14	0.29142	51%-75% Below	Yes	No
33342033315	TRIAMCINOLONE 0.1% OINTMENT	4	60.00	0.03	0.11542	51%-75% Below	No	No
33342033380	TRIAMCINOLONE 0.1% OINTMENT	1	80.00	0.03	0.06432	26%-50% Below	No	No
33342033511	METHIMAZOLE 5 MG TABLET	2	90.00	0.11	0.07432	26%-50% Above	No	No
33342033611	METHIMAZOLE 10 MG TABLET	3	90.00	0.15	0.11671	26%-50% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	1	10.00	0.12	0.03841	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.12	0.03841	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.03	0.03841	10%-25% Below	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.28	0.03841	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	2	10.00	0.12	0.03758	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.05	0.03758	26%-50% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.12	0.03758	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.03	0.03758	10%-25% Below	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.12	0.03758	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	3	10.00	0.12	0.03749	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.05	0.03749	10%-25% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.12	0.03749	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.03	0.03749	10%-25% Below	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.12	0.03749	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.12	0.03749	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	3	105.00	0.12	0.03749	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	10.00	0.12	0.03796	200% Above	No	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.02	0.03796	26%-50% Below	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.12	0.03796	200% Above	Yes	No
33342039344	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.12	0.03948	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 493

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342039444	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.15	0.04706	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.28	0.04706	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	1	60.00	0.03	0.04706	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.15	0.04706	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.28	0.04706	200% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.28	0.04706	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.15	0.04610	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	2	45.00	0.04	0.04610	10%-25% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.04610	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.04610	26%-50% Below	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.15	0.04610	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	45.00	0.04	0.04588	10%-25% Below	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.02	0.04588	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.04588	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.04588	10%-25% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.15	0.04588	200% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.15	0.04588	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	4	25.00	0.15	0.04736	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.15	0.04736	200% Above	No	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.15	0.04736	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	11	30.00	0.15	0.05238	101%-200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.15	0.05022	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.03	0.05022	26%-50% Below	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.03	0.05022	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 494

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342039444	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.15	0.05022	200% Above	Yes	No
33342039444	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.34	0.05022	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	1	78.00	0.38	0.04954	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.04954	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.04954	26%-50% Below	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.04	0.04954	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.31	0.04954	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.31	0.04850	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.38	0.04850	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.04697	26%-50% Below	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.38	0.04697	200% Above	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.38	0.04697	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.04924	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.04924	26%-50% Below	No	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.31	0.04924	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	11	90.00	0.38	0.05353	200% Above	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.03	0.05283	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.03	0.05283	26%-50% Below	Yes	No
33342039544	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.38	0.05283	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	1	30.00	0.05	0.05372	10%-25% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	1	30.00	0.17	0.05372	200% Above	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.32	0.05372	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 495

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342039644	LEVOTHYROXINE 88 MCG TABLET	2	36.00	0.17	0.05355	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.04	0.05355	26%-50% Below	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.17	0.05355	200% Above	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.17	0.05355	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	3	10.00	0.17	0.05347	200% Above	No	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	3	36.00	0.17	0.05347	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.04	0.05347	26%-50% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.04	0.05347	10%-25% Below	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.17	0.05347	200% Above	Yes	No
33342039644	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.17	0.05416	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.05	0.05499	10%-25% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.31	0.05499	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05499	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.31	0.05499	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.32	0.05499	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.31	0.05259	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.04	0.05259	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.31	0.05259	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.31	0.05258	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.31	0.05258	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05258	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.04	0.05258	10%-25% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.31	0.05258	200% Above	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.31	0.05258	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.03	0.05322	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 496

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342039744	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.31	0.05322	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.03	0.05712	26%-50% Below	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.03	0.05712	26%-50% Below	No	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.24	0.05712	200% Above	Yes	No
33342039744	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.32	0.05712	200% Above	No	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.29	0.06476	200% Above	No	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.29	0.06335	200% Above	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.05	0.06320	10%-25% Below	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.04	0.06320	26%-50% Below	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.05	0.06320	26%-50% Below	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.29	0.06320	200% Above	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	4	90.00	0.03	0.06363	26%-50% Below	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.04	0.06619	26%-50% Below	Yes	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.04	0.06619	26%-50% Below	No	No
33342039844	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.30	0.06619	200% Above	No	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.04	0.06435	26%-50% Below	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.17	0.06435	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.38	0.06435	200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	2	45.00	0.17	0.06065	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.17	0.06065	101%-200% Above	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.04	0.06093	26%-50% Below	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.04	0.06093	26%-50% Below	Yes	No
33342039910	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.17	0.06093	101%-200% Above	Yes	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.17	0.06435	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.17	0.06435	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 497

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342039944	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.17	0.06065	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.05	0.06093	10%-25% Below	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.17	0.06093	101%-200% Above	No	No
33342039944	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.38	0.06648	200% Above	No	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.38	0.07463	200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.19	0.07013	101%-200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	3	45.00	0.19	0.06694	101%-200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.05	0.06694	10%-25% Below	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.19	0.06694	101%-200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	4	90.00	0.19	0.06499	101%-200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	12	45.00	0.20	0.07547	101%-200% Above	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.05	0.07547	26%-50% Below	Yes	No
33342040010	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.20	0.07547	101%-200% Above	Yes	No
33342040044	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.19	0.07463	101%-200% Above	No	No
33342040044	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.19	0.07013	101%-200% Above	No	No
33342040044	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.04	0.06694	26%-50% Below	No	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.04	0.07024	26%-50% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.04	0.07024	26%-50% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.29	0.07024	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.39	0.07024	200% Above	No	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.39	0.07024	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	2	90.00	0.29	0.06752	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	2	96.00	0.04	0.06752	26%-50% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.06715	26%-50% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.05	0.06715	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 498

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342040144	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.05	0.06715	10%-25% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.29	0.06715	200% Above	No	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.29	0.06715	200% Above	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	4	90.00	0.04	0.06736	26%-50% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.05	0.07399	26%-50% Below	Yes	No
33342040144	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.39	0.07399	200% Above	Yes	No
33342040210	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.46	0.10563	200% Above	No	No
33342040210	LEVOTHYROXINE 175 MCG TABLET	4	90.00	0.32	0.08105	200% Above	No	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.05	0.10563	51%-75% Below	No	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	2	90.00	0.32	0.09701	200% Above	Yes	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.05	0.08783	26%-50% Below	No	No
33342040244	LEVOTHYROXINE 175 MCG TABLET	12	90.00	0.33	0.10601	200% Above	Yes	No
33342040310	LEVOTHYROXINE 200 MCG TABLET	1	90.00	0.35	0.08263	200% Above	Yes	No
33342040310	LEVOTHYROXINE 200 MCG TABLET	1	90.00	0.57	0.08263	200% Above	Yes	No
33342040310	LEVOTHYROXINE 200 MCG TABLET	2	60.00	0.07	0.08128	10%-25% Below	No	No
33342040310	LEVOTHYROXINE 200 MCG TABLET	4	90.00	0.35	0.08116	200% Above	Yes	No
33342040310	LEVOTHYROXINE 200 MCG TABLET	12	90.00	0.05	0.08400	26%-50% Below	Yes	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	1	10.00	0.35	0.08263	200% Above	No	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	2	10.00	0.35	0.08128	200% Above	No	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	3	10.00	0.35	0.07969	200% Above	No	No
33342040344	LEVOTHYROXINE 200 MCG TABLET	4	10.00	0.35	0.08116	200% Above	No	No
33342040410	LEVOTHYROXINE 300 MCG TABLET	3	30.00	0.16	0.10976	26%-50% Above	No	No
33342040410	LEVOTHYROXINE 300 MCG TABLET	4	90.00	0.16	0.11351	26%-50% Above	Yes	No
33342040530	LIDOCAINE 5% OINTMENT	1	30.00	0.24	0.15781	51%-75% Above	No	No
33342041907	LURASIDONE HCL 20 MG TABLET	1	30.00	0.50	0.16453	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 499

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342041907	LURASIDONE HCL 20 MG TABLET	2	30.00	0.50	0.15352	200% Above	No	No
33342042007	LURASIDONE HCL 40 MG TABLET	4	90.00	0.50	0.22184	101%-200% Above	No	No
33342042007	LURASIDONE HCL 40 MG TABLET	12	30.00	6.73	0.26295	200% Above	No	No
33342042107	LURASIDONE HCL 60 MG TABLET	1	90.00	0.50	0.33413	26%-50% Above	No	No
33342046930	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.19	0.15235	10%-25% Above	No	No
33342046930	NYSTATIN 100,000 UNIT/GM CREAM	1	30.00	0.43	0.15235	101%-200% Above	No	No
33342046930	NYSTATIN 100,000 UNIT/GM CREAM	2	30.00	0.50	0.15246	200% Above	No	No
33342046930	NYSTATIN 100,000 UNIT/GM CREAM	2	60.00	0.19	0.15246	10%-25% Above	No	No
33342046930	NYSTATIN 100,000 UNIT/GM CREAM	3	30.00	0.19	0.15472	10%-25% Above	No	No
33342048215	NYSTATIN-TRIAMCINOLONE CREAM	1	15.00	2.08	0.31020	200% Above	No	No
33342048215	NYSTATIN-TRIAMCINOLONE CREAM	12	30.00	0.93	0.30453	200% Above	No	No
33342048230	NYSTATIN-TRIAMCINOLONE CREAM	1	30.00	0.33	0.22357	26%-50% Above	No	No
33342048230	NYSTATIN-TRIAMCINOLONE CREAM	2	30.00	0.89	0.21267	200% Above	No	No
33342048230	NYSTATIN-TRIAMCINOLONE CREAM	2	90.00	0.89	0.21267	200% Above	No	No
33342049019	VARENICLINE 1 MG TABLET	3	60.00	0.05	0.41266	76%-100% Below	No	No
33342050615	CLOBETASOL 0.05% OINTMENT	2	30.00	1.19	0.14460	200% Above	No	No
33342050615	CLOBETASOL 0.05% OINTMENT	2	60.00	1.19	0.14460	200% Above	No	No
33342050615	CLOBETASOL 0.05% OINTMENT	3	30.00	1.19	0.13603	200% Above	No	No
33342050645	CLOBETASOL 0.05% OINTMENT	3	45.00	0.22	0.11106	76%-100% Above	No	No
33342050645	CLOBETASOL 0.05% OINTMENT	3	45.00	0.33	0.11106	200% Above	No	No
33342050660	CLOBETASOL 0.05% OINTMENT	3	60.00	1.19	0.11007	200% Above	No	No
33342050660	CLOBETASOL 0.05% OINTMENT	12	60.00	0.25	0.11458	101%-200% Above	No	No
33342053208	LEVOFLOXACIN 500 MG TABLET	2	10.00	0.10	0.14175	26%-50% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	3	10.00	0.10	0.14273	26%-50% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	4	10.00	0.11	0.14361	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 500

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
33342053208	LEVOFLOXACIN 500 MG TABLET	12	10.00	0.12	0.14770	10%-25% Below	Yes	No
33342053208	LEVOFLOXACIN 500 MG TABLET	12	90.00	0.07	0.14770	51%-75% Below	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	2	37.00	0.48	0.27532	51%-75% Above	Yes	No
33342053332	LEVOFLOXACIN 750 MG TABLET	12	7.00	1.07	0.29023	200% Above	Yes	No
33342057109	SACUBITRIL-VALSARTAN 49-51 MG	3	60.00	0.25	0.59631	51%-75% Below	No	No
33342057109	SACUBITRIL-VALSARTAN 49-51 MG	12	180.00	0.08	0.91601	76%-100% Below	No	No
35573043556	SODIUM FLUORIDE 1.1% GEL	1	168.00	0.17	0.10643	51%-75% Above	No	No
35573043556	SODIUM FLUORIDE 1.1% GEL	2	56.00	0.12	0.10665	10%-25% Above	No	No
35573043556	SODIUM FLUORIDE 1.1% GEL	3	56.00	0.18	0.11255	51%-75% Above	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.33	0.69411	51%-75% Below	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	3.50	0.55482	200% Above	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.33	0.63922	26%-50% Below	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	9	30.00	0.43	0.53232	10%-25% Below	No	No
35573046602	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	3.50	0.53884	200% Above	No	No
35573046802	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	3.50	0.48958	200% Above	No	No
35573047030	MILOPHENE 50 MG TAB	2	15.00	13.33	7.09527	76%-100% Above	Yes	No
38396031776	CVS LANCETS MIS 33G	3	200.00	0.05	.		Yes	No
39328000810	PHOSPHO-TRIN TAB K500	1	180.00	0.44	.		Yes	No
39328002912	HYDROCORT AC SUP 25MG	3	20.00	1.47	.		No	No
39328010710	PHOSPHO-TRIN TAB 250 NEUT	1	180.00	0.12	.		No	No
39328010710	PHOSPHO-TRIN TAB 250 NEUT	2	180.00	0.12	.		No	No
39328010710	PHOSPHO-TRIN TAB 250 NEUT	3	120.00	0.28	.		No	No
39328010710	PHOSPHO-TRIN TAB 250 NEUT	12	180.00	0.12	.		No	No
40093010084	NAC CAP 600MG	1	60.00	0.36	.		Yes	No
40093011291	D3 CHW 2000UNIT	1	30.00	0.47	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 501

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
41100058990	ASTEPRO SPR 205.5MCG	2	23.00	1.20	.		No	No
41100082073	MIRALAX POW 3350 NF	2	238.00	0.02	.		Yes	No
41100082073	MIRALAX POW 3350 NF	12	238.00	0.08	.		Yes	No
41167432005	ALLEGRA-D TAB 24 HOUR	1	10.00	1.60	.		No	No
42135010002	COMPACT SPAC MIS MD MASK	3	2.00	41.37	.		No	No
42192013316	SULFACETAMIDE-SULFUR 8-4% SUSP	3	473.00	0.33	0.06195	200% Above	No	No
42192013316	SULFACETAMIDE-SULFUR 8-4% SUSP	12	473.00	0.04	0.07132	26%-50% Below	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	1	170.30	0.50	0.15122	200% Above	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	3	170.30	0.50	0.14684	200% Above	No	No
42192013606	SOD SULFACET-SULFUR 10-5% CLSR	12	170.30	0.35	0.15504	101%-200% Above	No	No
42192014416	SOD SULFACE-SULFUR 9-4.5% WASH	2	454.00	0.23	0.11788	76%-100% Above	Yes	No
42192015101	HYDROQUINONE 4% CREAM	2	28.35	2.15	0.54489	200% Above	No	No
42192015610	SOD SULFACE-SULF 9.8-4.8% CLSR	3	285.00	0.29	0.13043	101%-200% Above	No	No
42192032090	PNV-SELECT TAB	1	30.00	1.65	.		Yes	No
42192032090	PNV-SELECT TAB	3	30.00	1.65	.		No	No
42192032701	NP THYROID 15 MG TABLET	1	30.00	0.72	0.53118	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	1	30.00	0.77	0.53118	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	2	30.00	0.72	0.52950	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	2	30.00	0.77	0.52950	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	2	66.00	0.36	0.52950	26%-50% Below	No	No
42192032701	NP THYROID 15 MG TABLET	2	90.00	0.72	0.52950	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	3	30.00	0.72	0.52605	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	12	30.00	0.77	0.52851	26%-50% Above	No	No
42192032701	NP THYROID 15 MG TABLET	12	66.00	0.36	0.52851	26%-50% Below	No	No
42192032801	NP THYROID 120 MG TABLET	1	30.00	1.75	1.22311	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 502

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192032801	NP THYROID 120 MG TABLET	1	90.00	1.69	1.22311	26%-50% Above	No	No
42192032801	NP THYROID 120 MG TABLET	2	30.00	1.75	1.20515	26%-50% Above	No	No
42192032801	NP THYROID 120 MG TABLET	2	90.00	1.70	1.20515	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.82	0.58418	26%-50% Above	Yes	No
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.83	0.58418	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.85	0.58418	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.85	0.58418	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	30.00	0.87	0.58418	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	90.00	0.83	0.58418	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	1	90.00	0.84	0.58418	26%-50% Above	Yes	No
42192032901	NP THYROID 30 MG TABLET	1	90.00	0.84	0.58418	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	0.74	0.58842	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	0.83	0.58842	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	0.85	0.58842	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	30.00	0.85	0.58842	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	2	90.00	0.84	0.58842	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	30.00	0.71	0.59132	10%-25% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	30.00	0.83	0.59132	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	90.00	0.84	0.59132	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	3	90.00	0.86	0.59132	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	12	30.00	0.85	0.58484	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	12	30.00	0.85	0.58484	26%-50% Above	No	No
42192032901	NP THYROID 30 MG TABLET	12	90.00	0.82	0.58484	26%-50% Above	No	No
42192032930	NP THYROID 30 MG TABLET	2	90.00	0.77	0.58842	26%-50% Above	Yes	No
42192032930	NP THYROID 30 MG TABLET	3	30.00	0.82	0.59132	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 503

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.87	0.66396	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	1	30.00	0.94	0.66396	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	1	30.00	0.96	0.66396	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	1	31.00	0.87	0.66396	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	1	90.00	0.88	0.66396	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	2	30.00	0.87	0.66529	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	2	30.00	0.95	0.66529	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	2	90.00	0.87	0.66529	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	3	30.00	0.87	0.66188	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	3	90.00	0.77	0.66188	10%-25% Above	No	No
42192033001	NP THYROID 60 MG TABLET	3	90.00	0.93	0.66188	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	12	30.00	0.95	0.67054	26%-50% Above	No	No
42192033001	NP THYROID 60 MG TABLET	12	90.00	0.78	0.67054	10%-25% Above	Yes	No
42192033101	NP THYROID 90 MG TABLET	1	30.00	1.49	1.05677	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	2	30.00	1.45	1.04982	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	2	90.00	1.37	1.04982	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	3	30.00	1.45	1.04975	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	3	30.00	1.49	1.04975	26%-50% Above	No	No
42192033101	NP THYROID 90 MG TABLET	12	24.00	1.45	1.04971	26%-50% Above	No	No
42192033130	NP THYROID 90 MG TABLET	1	30.00	1.30	1.05677	10%-25% Above	Yes	No
42192033130	NP THYROID 90 MG TABLET	2	60.00	1.23	1.04982	10%-25% Above	Yes	No
42192033130	NP THYROID 90 MG TABLET	12	30.00	1.30	1.04971	10%-25% Above	Yes	No
42192033801	HYOSCYAMINE 0.125 MG ODT	1	30.00	0.67	0.19905	200% Above	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	1	90.00	0.17	0.19905	10%-25% Below	No	No
42192033801	HYOSCYAMINE 0.125 MG ODT	2	90.00	0.17	0.18641	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 504

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.17	0.20186	10%-25% Below	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	3	30.00	0.01	0.20853	76%-100% Below	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	3	30.00	0.50	0.20853	101%-200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	3	30.00	0.67	0.20853	200% Above	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	3	90.00	0.17	0.20853	10%-25% Below	No	No
42192033901	HYOSCYAMINE 0.125 MG TAB SL	4	20.00	0.48	0.20451	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	1	30.00	0.48	0.18311	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	1	30.00	0.50	0.18311	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	1	90.00	0.48	0.18311	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	2	30.00	0.48	0.17564	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	2	42.00	0.48	0.17564	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	3	20.00	0.48	0.17788	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	3	40.00	0.01	0.17788	76%-100% Below	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	3	40.00	0.48	0.17788	101%-200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	3	90.00	0.22	0.17788	10%-25% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	3	120.00	0.69	0.17788	200% Above	No	No
42192034001	HYOSCYAMINE SULF 0.125 MG TAB	12	90.00	0.22	0.19513	10%-25% Above	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	100.00	0.05	0.08815	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	300.00	0.04	0.07858	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.07322	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.07322	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.07322	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	4	120.00	0.03	0.09101	51%-75% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	150.00	0.05	0.08012	26%-50% Below	No	No
42192060716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	200.00	0.05	0.08012	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 505

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192060816	GABAPENTIN 250 MG/5 ML SOLN	3	940.00	0.04	0.08531	26%-50% Below	Yes	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	118.00	0.04	0.07858	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.07858	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	120.00	0.05	0.07858	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	180.00	0.05	0.07858	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.03	0.07858	51%-75% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	200.00	0.05	0.07858	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	280.00	0.05	0.07858	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	100.00	0.04	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.04	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.04	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	140.00	0.05	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	150.00	0.05	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	150.00	0.05	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	180.00	0.05	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.07322	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	75.00	0.05	0.07424	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	100.00	0.05	0.07424	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	180.00	0.05	0.07424	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	200.00	0.04	0.07424	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	200.00	0.05	0.07424	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	240.00	0.02	0.07424	51%-75% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	240.00	0.04	0.07424	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 506

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	90.00	0.05	0.08012	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	120.00	0.05	0.08012	26%-50% Below	No	No
42192063016	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	12	280.00	0.05	0.08012	26%-50% Below	No	No
42291002610	AMLODIPINE TAB 5MG	12	90.00	0.19	.		No	No
42291009430	AZELASTINE SPR NSL 0.1%	1	30.00	0.17	.		No	No
42291009430	AZELASTINE SPR NSL 0.1%	4	30.00	0.17	.		No	No
42291020950	CEPHALEXIN CAP 500MG	1	40.00	0.07	.		No	No
42291046910	FUROSEMIDE TAB 40MG	3	180.00	0.04	.		No	No
42291047730	LIDOCAINE DIS 5% PATCH	12	90.00	1.06	.		No	No
42291082950	TRAZODONE TAB 150MG	2	90.00	0.12	.		No	No
42291085890	VALSARTAN TAB 160MG	2	90.00	0.05	.		No	No
42291089890	VENLAFAXINE CAP 75MG ER	2	90.00	0.11	.		No	No
42385094711	METFORMIN HCL 500 MG TABLET	1	60.00	0.06	0.01401	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	1	60.00	0.13	0.01401	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	1	90.00	0.06	0.01401	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	2	60.00	0.06	0.01395	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	2	180.00	0.06	0.01395	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	2	180.00	0.06	0.01395	200% Above	Yes	No
42385094711	METFORMIN HCL 500 MG TABLET	3	60.00	0.06	0.01404	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	3	90.00	0.06	0.01404	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	4	180.00	0.06	0.01394	200% Above	Yes	No
42385094711	METFORMIN HCL 500 MG TABLET	12	60.00	0.06	0.01415	200% Above	No	No
42385094711	METFORMIN HCL 500 MG TABLET	12	180.00	0.13	0.01415	200% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.12	0.02384	200% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 507

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42385094905	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	Yes	No
42385094905	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.05	0.02487	101%-200% Above	Yes	No
42385094911	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.05	0.02388	101%-200% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	No	No
42385094911	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.03	0.02417	26%-50% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	1	30.00	7.00	0.48835	200% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	1	30.00	26.46	0.48835	200% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	2	30.00	26.46	0.47598	200% Above	No	No
42385095330	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	3	30.00	26.26	0.45718	200% Above	No	No
42385097305	GABAPENTIN 300 MG CAPSULE	12	30.00	0.14	0.03399	200% Above	No	No
42385097701	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.04	0.02933	26%-50% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.02	0.02969	26%-50% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	1	42.00	0.04	0.02969	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.01	0.02969	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.03	0.02969	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.05	0.02969	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.12	0.02969	200% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.02	0.02905	26%-50% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.05	0.02905	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.01	0.02905	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.05	0.02905	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.05	0.02905	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.06	0.02902	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.01	0.02902	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 508

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42385097705	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.05	0.02902	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.01	0.02902	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.05	0.02902	76%-100% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	270.00	0.03	0.02902	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.01	0.02902	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.01	0.02933	51%-75% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.03	0.02933	10%-25% Below	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.04	0.02982	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.03	0.02982	10%-25% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.12	0.02982	200% Above	No	No
42385097705	METFORMIN HCL ER 500 MG TABLET	12	270.00	0.03	0.02982	10%-25% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.04	0.02969	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.05	0.02969	51%-75% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.05	0.02969	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.05	0.02969	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.01	0.02969	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.04	0.02969	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.04	0.02969	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.01	0.02969	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.03	0.02969	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.05	0.02969	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.12	0.02969	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	120.00	0.12	0.02969	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.01	0.02969	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.03	0.02969	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 509

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.05	0.02969	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.03	0.02969	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.05	0.02969	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.12	0.02969	200% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.05	0.02905	51%-75% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.04	0.02905	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.05	0.02905	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.05	0.02905	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	120.00	0.03	0.02905	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.03	0.02905	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.05	0.02905	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	270.00	0.02	0.02905	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.05	0.02905	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	2	365.00	0.05	0.02905	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.05	0.02902	51%-75% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.05	0.02902	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.01	0.02902	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.04	0.02902	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.05	0.02902	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	120.00	0.03	0.02902	10%-25% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.02	0.02902	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.05	0.02902	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.05	0.02902	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.05	0.02933	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	60.00	0.01	0.02933	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 510

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.05	0.02933	76%-100% Above	No	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.05	0.02933	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	270.00	0.05	0.02933	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.02	0.02933	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.05	0.02933	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	20.00	0.04	0.02982	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.04	0.02982	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.01	0.02982	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.04	0.02982	26%-50% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.03	0.02982	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.06	0.02982	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.03	0.02982	10%-25% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.06	0.02982	76%-100% Above	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	360.00	0.01	0.02982	51%-75% Below	Yes	No
42385097711	METFORMIN HCL ER 500 MG TABLET	12	360.00	0.12	0.02982	200% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.08	0.05657	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.08	0.05657	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.10	0.05657	76%-100% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	2	90.00	0.08	0.05639	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	2	180.00	0.08	0.05639	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	3	180.00	0.08	0.05628	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	3	180.00	0.08	0.05628	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	3	270.00	0.08	0.05628	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	4	90.00	0.08	0.05565	26%-50% Above	Yes	No
42385097801	METFORMIN HCL ER 750 MG TABLET	4	180.00	0.08	0.05565	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 511

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42385097801	METFORMIN HCL ER 750 MG TABLET	12	90.00	0.19	0.05602	200% Above	Yes	No
42543074107	BUSPIRONE HCL 5 MG TABLET	3	60.00	0.06	0.02165	101%-200% Above	No	No
42543074107	BUSPIRONE HCL 5 MG TABLET	4	180.00	0.04	0.02199	76%-100% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	10.00	0.08	0.05671	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.17	0.05671	101%-200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.17	0.05671	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.25	0.05671	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.08	0.05671	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.17	0.05671	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.24	0.05671	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	20.00	0.25	0.05504	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.08	0.05504	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.08	0.05504	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.22	0.05504	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	10.00	0.08	0.05516	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.08	0.05516	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.25	0.05516	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.08	0.05516	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.22	0.05516	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.22	0.05516	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.30	0.05516	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.08	0.05470	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.25	0.05470	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.25	0.05470	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	10.00	0.08	0.05681	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 512

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	10.00	0.17	0.05681	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.08	0.05681	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.17	0.05681	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.29	0.05681	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.41	0.05681	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.08	0.05681	26%-50% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.22	0.05681	200% Above	No	No
42571012290	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.24	0.05681	200% Above	No	No
42571013027	TRAVOPROST 0.004% EYE DROP	2	2.50	12.20	9.78271	10%-25% Above	No	No
42571013027	TRAVOPROST 0.004% EYE DROP	12	5.00	8.00	10.45246	10%-25% Below	No	No
42571013460	DICLOFENAC-MISOPROSTOL DR 75-0.2 MG TABLET	4	60.00	0.33	1.07784	51%-75% Below	No	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	1	5.00	0.98	1.52264	26%-50% Below	No	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	1	5.00	1.09	1.52264	26%-50% Below	Yes	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	2	5.00	0.98	1.47487	26%-50% Below	No	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	2	5.00	0.98	1.47487	26%-50% Below	Yes	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	12	5.00	0.98	1.54058	26%-50% Below	Yes	No
42571013725	KETOROLAC 0.5% OPTH SOLUTION	12	5.00	1.26	1.54058	10%-25% Below	Yes	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	1	10.00	1.15	0.94363	10%-25% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	2	10.00	0.50	0.93389	26%-50% Below	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	2	10.00	1.15	0.93389	10%-25% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	4	10.00	1.15	0.93397	10%-25% Above	No	No
42571014726	DORZOLAMIDE-TIMOLOL EYE DROPS	12	10.00	0.50	0.94083	26%-50% Below	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	1	21.00	0.53	0.29443	76%-100% Above	No	No
42571016101	AMOX-CLAV 500-125 MG TABLET	2	21.00	0.24	0.29036	10%-25% Below	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	2	20.00	0.24	0.29036	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 513

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42571016142	AMOX-CLAV 500-125 MG TABLET	2	20.00	0.44	0.29036	26%-50% Above	No	No
42571016142	AMOX-CLAV 500-125 MG TABLET	2	21.00	0.24	0.29036	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.24	0.27974	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.38	0.27974	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.41	0.27974	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.54	0.27974	76%-100% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.24	0.27974	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	28.00	0.34	0.27974	10%-25% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	1	30.00	0.36	0.27974	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.42	0.27114	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.24	0.27114	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	16.00	0.37	0.27114	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.24	0.27114	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.35	0.27114	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.37	0.27114	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.47	0.27114	51%-75% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.24	0.28117	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.38	0.28117	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.36	0.28117	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.35	0.28438	10%-25% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.24	0.28438	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	9	14.00	0.24	0.28558	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 514

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	6.00	0.16	0.29770	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	10.00	0.24	0.29770	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.16	0.29770	26%-50% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.24	0.29770	10%-25% Below	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.41	0.29770	26%-50% Above	No	No
42571016201	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.35	0.29770	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.39	0.27974	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.48	0.27974	51%-75% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.24	0.27974	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.34	0.27974	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.27974	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.24	0.27114	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.41	0.27114	26%-50% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.24	0.27114	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.24	0.28117	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.24	0.28117	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.35	0.28117	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.24	0.28438	10%-25% Below	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.35	0.28438	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.36	0.28438	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.54	0.29770	76%-100% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.24	0.29770	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 515

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	20.00	0.34	0.29770	10%-25% Above	No	No
42571016242	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.54	0.29770	76%-100% Above	No	No
42571023405	AMOXICILLIN 500 MG CAPSULE	5	14.00	0.10	0.09222	10%-25% Above	No	No
42571023530	AMLODIPINE-OLMESARTAN 5-20 MG	2	30.00	0.33	0.24099	26%-50% Above	No	No
42571023830	AMLODIPINE-OLMESARTAN 10-40 MG	12	30.00	0.76	0.34080	101%-200% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	1	60.00	0.74	0.30549	101%-200% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	3	60.00	0.32	0.29024	10%-25% Above	No	No
42571024301	ACETAZOLAMIDE ER 500 MG CAP	12	60.00	0.33	0.29759	10%-25% Above	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	2	3.00	0.30	0.10488	101%-200% Above	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	3	3.00	0.26	0.10557	101%-200% Above	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	3	20.00	0.08	0.10557	10%-25% Below	Yes	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	3	24.00	0.09	0.10557	10%-25% Below	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	3	30.00	0.08	0.10557	26%-50% Below	No	No
42571025101	CLINDAMYCIN HCL 150 MG CAPSULE	4	30.00	0.07	0.10593	26%-50% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	14.00	0.27	0.18306	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	15.00	0.25	0.18306	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	21.00	0.28	0.18306	51%-75% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	28.00	0.38	0.18306	101%-200% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	30.00	0.16	0.18306	10%-25% Below	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	1	30.00	0.38	0.18306	101%-200% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.24	0.17934	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.24	0.17934	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.25	0.17934	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.26	0.17934	26%-50% Above	No	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	2	40.00	0.27	0.17934	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 516

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	21.00	0.26	0.17912	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	3	28.00	0.24	0.17912	26%-50% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	12	21.00	0.28	0.18494	51%-75% Above	Yes	No
42571025201	CLINDAMYCIN HCL 300 MG CAPSULE	12	28.00	0.24	0.18494	26%-50% Above	Yes	No
42571025830	MEFENAMIC ACID 250 MG CAPSULE	1	30.00	0.46	1.02482	51%-75% Below	No	No
42571025830	MEFENAMIC ACID 250 MG CAPSULE	1	30.00	1.57	1.02482	51%-75% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	1	50.00	0.30	0.12394	101%-200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	2	50.00	0.30	0.12039	101%-200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	2	50.00	0.40	0.12039	200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	2	50.00	0.46	0.12039	200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	3	50.00	0.10	0.11959	10%-25% Below	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	3	50.00	0.46	0.11959	200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	3	50.00	0.46	0.11959	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	4	100.00	0.46	0.11575	200% Above	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	12	50.00	0.10	0.12490	10%-25% Below	Yes	No
42571036299	CLOBETASOL 0.05% SOLUTION	12	50.00	0.30	0.12490	101%-200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	12	50.00	0.48	0.12490	200% Above	No	No
42571036299	CLOBETASOL 0.05% SOLUTION	12	50.00	1.06	0.12490	200% Above	No	No
42571037530	RAMELTEON 8 MG TABLET	1	30.00	0.94	0.74952	10%-25% Above	No	No
42571040421	TIMOLOL MALEATE 0.5% EYE DROPS	2	15.00	0.71	1.08004	26%-50% Below	No	No
42571040488	TIMOLOL MALEATE 0.5% EYE DROPS	3	10.00	0.55	0.76203	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	1	90.00	0.14	0.21709	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	2	30.00	0.41	0.21353	76%-100% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	2	90.00	0.14	0.21353	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	2	180.00	0.14	0.21353	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 517

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42794001812	LIOTHYRONINE SOD 5 MCG TAB	3	30.00	0.41	0.20929	76%-100% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	3	90.00	0.14	0.20929	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	3	180.00	0.14	0.20929	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	4	90.00	0.14	0.21610	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	12	90.00	0.14	0.23344	26%-50% Below	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	12	90.00	0.29	0.23344	10%-25% Above	No	No
42794001812	LIOTHYRONINE SOD 5 MCG TAB	12	186.00	0.29	0.23344	10%-25% Above	No	No
42794001912	LIOTHYRONINE SOD 25 MCG TAB	3	90.00	0.17	0.30006	26%-50% Below	No	No
42794001912	LIOTHYRONINE SOD 25 MCG TAB	12	90.00	0.19	0.32280	26%-50% Below	No	No
42799011501	COLESTIPOL HCL 1 GM TABLET	3	180.00	0.36	0.66757	26%-50% Below	No	No
42799020801	TINIDAZOLE 500 MG TABLET	12	8.00	1.10	2.50652	51%-75% Below	No	No
42799060501	LOPERAMIDE 2 MG CAPSULE	2	12.00	0.18	0.05195	200% Above	No	No
42799080601	IVERMECTIN 3 MG TABLET	1	8.00	2.23	2.84053	10%-25% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	3	9.00	1.68	2.42127	26%-50% Below	Yes	No
42799080601	IVERMECTIN 3 MG TABLET	4	14.00	1.68	2.29261	26%-50% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	12	20.00	0.89	3.06184	51%-75% Below	No	No
42799080601	IVERMECTIN 3 MG TABLET	12	25.00	0.52	3.06184	76%-100% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	6.00	0.07	0.11773	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	6.00	0.16	0.11773	26%-50% Above	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	15.00	0.07	0.11773	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	15.00	0.09	0.11773	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	20.00	0.16	0.11773	26%-50% Above	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	38.00	0.07	0.11773	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	50.00	0.09	0.11773	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	1	67.00	0.07	0.11773	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 518

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	15.00	0.07	0.11128	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	20.00	0.09	0.11128	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	20.00	0.09	0.11128	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	25.00	0.07	0.11128	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	30.00	0.07	0.11128	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	35.00	0.08	0.11128	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	45.00	0.07	0.11128	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	2	50.00	0.07	0.11128	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	9.00	0.14	0.10877	26%-50% Above	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	20.00	0.07	0.10877	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	25.00	0.08	0.10877	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	30.00	0.07	0.10877	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	45.00	0.07	0.10877	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	45.00	0.09	0.10877	10%-25% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	60.00	0.07	0.10877	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	3	60.00	0.08	0.10877	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	12	25.00	0.07	0.11916	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	12	50.00	0.07	0.11916	26%-50% Below	No	No
42799081501	PREDNISOLONE 15 MG/5 ML SOLN	12	75.00	0.09	0.11916	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	2	30.00	0.37	0.61971	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	2	30.00	0.42	0.61971	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	3	30.00	0.37	0.66756	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	4	30.00	0.37	0.71933	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	4	30.00	0.42	0.71933	26%-50% Below	No	No
42799095301	DICLOFENAC SOD ER 100 MG TAB	12	30.00	0.76	0.65063	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 519

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42799095802	ISOSORBIDE MONONIT ER 30 MG TB	3	90.00	0.17	0.07064	101%-200% Above	No	No
42799095802	ISOSORBIDE MONONIT ER 30 MG TB	12	90.00	0.17	0.06958	101%-200% Above	No	No
42806008701	ESTRADIOL 0.5 MG TABLET	1	90.00	0.11	0.06330	76%-100% Above	No	No
42806008701	ESTRADIOL 0.5 MG TABLET	3	12.00	0.11	0.05932	76%-100% Above	No	No
42806008805	ESTRADIOL 1 MG TABLET	2	30.00	0.10	0.06850	51%-75% Above	No	No
42806008901	ESTRADIOL 2 MG TABLET	1	180.00	0.20	0.08708	101%-200% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	1	15.00	0.72	0.37882	76%-100% Above	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	2	30.00	0.31	0.35876	10%-25% Below	No	No
42806014731	AZITHROMYCIN 100 MG/5 ML SUSP	4	15.00	0.97	0.36056	101%-200% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	0.52	0.33014	51%-75% Above	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	2	15.00	0.22	0.31642	26%-50% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	2	45.00	0.22	0.31642	26%-50% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	2	45.00	0.22	0.31642	26%-50% Below	No	No
42806014932	AZITHROMYCIN 200 MG/5 ML SUSP	3	15.00	0.22	0.31287	26%-50% Below	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	1	22.50	0.52	0.24879	101%-200% Above	No	No
42806015033	AZITHROMYCIN 200 MG/5 ML SUSP	2	22.50	0.60	0.22851	101%-200% Above	No	No
42806015134	AZITHROMYCIN 200 MG/5 ML SUSP	2	60.00	0.12	0.20962	26%-50% Below	No	No
42806016010	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.08	0.03471	101%-200% Above	No	No
42806018660	KLAYESTA 100,000 UNIT/GM POWD	1	60.00	0.17	0.27772	26%-50% Below	No	No
42806018660	KLAYESTA 100,000 UNIT/GM POWD	12	60.00	0.17	0.27906	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	1	60.00	0.42	0.73928	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	3	30.00	0.42	0.79555	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	3	60.00	0.44	0.79555	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	3	90.00	0.45	0.79555	26%-50% Below	No	No
42806026695	CHOLESTYRAMINE PACKET	12	90.00	0.71	0.86660	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 520

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806026793	CHOLESTYRAM POW 4GM CAN	4	756.00	0.05	.		No	No
42806027095	CHOLESTYRAMINE LIGHT PACKET	1	60.00	0.49	0.85474	26%-50% Below	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	1	10.00	1.24	0.11892	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	1	10.00	1.27	0.11892	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.32	0.11892	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	1	14.00	0.75	0.11892	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.32	0.11892	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.11892	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.11892	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	2	10.00	0.32	0.11683	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	2	10.00	1.00	0.11683	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.32	0.11683	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.32	0.11683	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	2	20.00	0.75	0.11683	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	2	28.00	0.54	0.11683	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	2	30.00	0.50	0.11683	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	2	60.00	0.08	0.11683	26%-50% Below	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	3	10.00	1.24	0.11939	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	3	14.00	0.32	0.11939	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	3	28.00	0.54	0.11939	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	3	90.00	0.32	0.11939	101%-200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	1.22	0.12409	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	0.75	0.12171	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	1.22	0.12171	200% Above	No	No
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.34	0.12171	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 521

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806031050	DOXYCYCLINE HYCLATE 100 MG TAB	12	30.00	0.52	0.12171	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	1.06	0.12171	200% Above	No	No
42806031205	DOXYCYCLINE HYCLATE 100 MG TAB	12	20.00	0.75	0.12171	200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	2	14.00	0.31	0.11683	101%-200% Above	No	No
42806031250	DOXYCYCLINE HYCLATE 100 MG TAB	12	14.00	0.04	0.12171	51%-75% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	60.00	0.19	0.25954	26%-50% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	60.00	0.19	0.24545	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.18	0.23861	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	60.00	0.19	0.23861	10%-25% Below	No	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	12	30.00	0.18	0.25349	26%-50% Below	Yes	No
42806033901	DEXTROAMP-AMPHETAMINE 5 MG TAB	12	60.00	0.52	0.25349	101%-200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.07	0.25130	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.07	0.25130	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.08	0.25130	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.18	0.25130	26%-50% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.11	0.24258	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.08	0.24258	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.11	0.24258	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24258	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.07	0.24340	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.11	0.24340	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	40.00	0.18	0.24340	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.18	0.24340	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.19	0.24340	10%-25% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.07	0.23643	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 522

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.08	0.23643	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.07	0.24917	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.12	0.24917	51%-75% Below	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.52	0.24917	101%-200% Above	No	No
42806034101	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.52	0.24917	101%-200% Above	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	30.00	0.11	0.29359	51%-75% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	30.00	0.11	0.27345	51%-75% Below	No	No
42806034301	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	30.00	0.11	0.24786	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.11	0.31944	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.19	0.31944	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.08	0.31944	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.18	0.31944	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.11	0.30691	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.19	0.30691	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.23	0.30691	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.08	0.30691	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.11	0.30691	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	15.00	0.11	0.30965	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.11	0.30965	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.24	0.30965	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.08	0.30965	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.11	0.30965	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.18	0.30965	26%-50% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.20	0.30965	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 523

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	15.00	0.11	0.30747	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	6	60.00	0.14	0.32162	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	7	60.00	0.14	0.32485	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	8	60.00	0.12	0.32196	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	9	60.00	0.12	0.32820	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.12	0.32297	51%-75% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.26	0.32297	10%-25% Below	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.52	0.32297	51%-75% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.80	0.32297	101%-200% Above	No	No
42806034401	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.12	0.32297	51%-75% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.19	0.31528	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.22	0.31528	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.15	0.31166	51%-75% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.19	0.31166	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.17	0.31166	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.16	0.31364	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.22	0.31364	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.35	0.31364	10%-25% Above	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.17	0.31364	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	60.00	0.18	0.31364	26%-50% Below	No	No
42806034501	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	0.96	0.31244	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.04	0.11538	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.19	0.11538	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.19	0.11538	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.23	0.11538	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 524

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.24	0.11538	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.24	0.11538	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.44	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.45	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.45	0.11538	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.45	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.45	0.11538	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.47	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.47	0.11538	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.48	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.48	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.51	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.53	0.11538	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.54	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.55	0.11538	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.56	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.58	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.62	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.62	0.11538	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.63	0.11538	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.63	0.11538	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.72	0.11538	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.01	0.11432	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.01	0.11432	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.04	0.11432	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 525

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.19	0.11432	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.19	0.11432	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.23	0.11432	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.24	0.11432	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.28	0.11432	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.38	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.44	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.45	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.45	0.11432	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.47	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.47	0.11432	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.48	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.53	0.11432	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.54	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.55	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.56	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.58	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.58	0.11432	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.62	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.62	0.11432	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.63	0.11432	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.01	0.11554	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.04	0.11554	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.06	0.11554	26%-50% Below	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.19	0.11554	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 526

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.19	0.11554	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.23	0.11554	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.11554	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.44	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.45	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.45	0.11554	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.45	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.47	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.47	0.11554	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.48	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.51	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.53	0.11554	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.54	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.55	0.11554	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.55	0.11554	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.56	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.58	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.62	0.11554	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.63	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.63	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.63	0.11554	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.66	0.11554	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.01	0.11381	76%-100% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.04	0.11381	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.05	0.11381	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 527

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.06	0.11381	26%-50% Below	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.19	0.11381	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.19	0.11381	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.24	0.11381	101%-200% 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	0.33	0.11381	101%-200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.42	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.45	0.11381	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.45	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.45	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.47	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.47	0.11381	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.53	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.53	0.11381	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.56	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.58	0.11381	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.05	0.11636	51%-75% Below	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.20	0.11636	51%-75% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.20	0.11636	51%-75% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.22	0.11636	76%-100% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.23	0.11636	76%-100% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.24	0.11636	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.33	0.11636	101%-200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.44	0.11636	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.45	0.11636	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 528

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.45	0.11636	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.47	0.11636	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.47	0.11636	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.51	0.11636	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.53	0.11636	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.54	0.11636	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.58	0.11636	200% Above	No	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.62	0.11636	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.63	0.11636	200% Above	Yes	No
42806040021	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.68	0.11636	200% Above	Yes	No
42806041405	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.43	0.08572	200% Above	Yes	No
42806041430	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.43	0.07856	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.84	0.11822	200% Above	No	No
42806041605	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.50	0.11822	200% Above	No	No
42806041630	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.39	0.11822	200% Above	No	No
42806041630	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.80	0.11822	200% Above	No	No
42806042301	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.05	0.08995	26%-50% Below	No	No
42806042301	POTASSIUM CL ER 10 MEQ TABLET	2	180.00	0.04	0.09041	51%-75% Below	No	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.06	0.08995	26%-50% Below	No	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.22	0.08995	101%-200% Above	No	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.22	0.08995	101%-200% Above	No	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	1	180.00	0.22	0.08995	101%-200% Above	No	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	0.04	0.09041	51%-75% Below	No	No
42806042305	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	0.06	0.08723	26%-50% Below	No	No
42806042460	BUPROPION HCL SR 100 MG TABLET	2	5.00	0.11	0.07086	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 529

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806050301	URSODIOL 300 MG CAPSULE	3	60.00	0.33	0.47029	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	1.00	0.05	0.10940	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	2.00	0.29	0.10940	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.05	0.10940	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.15	0.10940	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.16	0.10940	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.17	0.10940	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.21	0.10940	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.23	0.10940	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.29	0.10940	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.68	0.10940	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	5.00	0.29	0.10940	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	8.00	0.29	0.10940	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.04	0.10940	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10940	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10940	51%-75% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10940	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.06	0.10940	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.06	0.10940	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.08	0.10940	26%-50% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.08	0.10940	10%-25% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.29	0.10940	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.29	0.10940	101%-200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.68	0.10940	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.08	0.10940	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 530

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	1	13.00	0.29	0.10940	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	1	24.00	0.68	0.10940	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	1.00	0.05	0.11263	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	2.00	0.29	0.11263	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	3.00	0.29	0.11263	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.15	0.11263	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.16	0.11263	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.21	0.11263	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.23	0.11263	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.29	0.11263	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	5.00	0.29	0.11263	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	6.00	0.29	0.11263	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.29	0.11263	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.04	0.11263	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11263	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11263	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.06	0.11263	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.06	0.11263	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.08	0.11263	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.09	0.11263	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.09	0.11263	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.09	0.11263	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.29	0.11263	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	13.00	0.05	0.11263	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	2	13.00	0.29	0.11263	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 531

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1.00	0.05	0.11551	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	2.00	0.29	0.11551	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	2.00	0.43	0.11551	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.05	0.11551	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.15	0.11551	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.16	0.11551	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.17	0.11551	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.21	0.11551	76%-100% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.21	0.11551	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.23	0.11551	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.24	0.11551	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.29	0.11551	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	5.00	0.29	0.11551	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.05	0.11551	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.05	0.11551	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.29	0.11551	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.05	0.11551	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.13	0.11551	10%-25% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.29	0.11551	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.05	0.11551	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.05	0.11551	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.08	0.11551	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.08	0.11551	26%-50% Below	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.09	0.11551	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.10	0.11551	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 532

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12.00	0.29	0.11551	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.29	0.11551	101%-200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.29	0.11551	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	24.00	0.05	0.11551	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	24.00	0.07	0.11551	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	3	26.00	0.29	0.11551	101%-200% Above	Yes	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.05	0.11845	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.16	0.11845	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.21	0.11845	76%-100% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	6.00	0.06	0.11845	26%-50% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.04	0.11845	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.05	0.11845	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.05	0.11845	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.06	0.11845	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.09	0.11845	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.10	0.11845	10%-25% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.29	0.11845	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	10	12.00	0.30	0.11556	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	2.00	0.31	0.11451	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	2.00	0.68	0.11451	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.04	0.11451	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.15	0.11451	26%-50% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.26	0.11451	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.30	0.11451	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 533

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4.00	0.52	0.11451	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.68	0.11451	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	8.00	0.26	0.11451	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	8.00	0.30	0.11451	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.05	0.11451	51%-75% Below	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.26	0.11451	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.30	0.11451	101%-200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.52	0.11451	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.68	0.11451	200% Above	No	No
42806054701	VITAMIN D2 1.25 MG(50,000 UNIT)	12	13.00	0.30	0.11451	101%-200% Above	No	No
42806054909	DUTASTERIDE 0.5 MG CAPSULE	1	90.00	0.35	0.17772	76%-100% Above	Yes	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	1	60.00	0.24	0.16942	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	1	120.00	0.24	0.16942	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	1	120.00	0.55	0.16942	200% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	1	360.00	0.24	0.16942	26%-50% Above	Yes	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	120.00	0.24	0.16982	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	60.00	0.24	0.17185	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	120.00	0.24	0.17185	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	60.00	0.24	0.17154	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	4	120.00	0.24	0.17154	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	120.00	0.25	0.16697	26%-50% Above	No	No
42806055212	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	120.00	0.55	0.16697	200% Above	No	No
42806055501	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	No	No
42806055501	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.13	0.09093	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.13	0.08813	26%-50% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	0.13	0.08731	51%-75% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	3	90.00	0.11	0.08731	10%-25% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	4	30.00	0.13	0.08586	51%-75% Above	No	No
42806060109	VENLAFAXINE HCL ER 37.5 MG CAP	12	30.00	0.13	0.09016	26%-50% Above	No	No
42806060110	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.13	0.08813	26%-50% Above	No	No
42806060209	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.24	0.09204	101%-200% Above	No	No
42806060209	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09025	10%-25% Above	No	No
42806060209	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.11	0.09163	10%-25% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	1	60.00	0.24	0.09204	101%-200% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	2	60.00	0.11	0.09070	10%-25% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.11	0.08791	10%-25% Above	No	No
42806060210	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.11	0.09163	10%-25% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.21	0.12317	51%-75% Above	No	No
42806060309	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.21	0.13088	51%-75% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	10.00	0.23	0.07212	200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	1	20.00	0.23	0.07212	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	30.00	0.15	0.07212	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	12.00	0.15	0.06993	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	20.00	0.15	0.06993	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	21.00	0.19	0.06993	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	2	30.00	0.15	0.06993	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	10.00	0.15	0.07097	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	15.00	0.15	0.07097	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 535

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	21.00	0.15	0.07097	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	30.00	0.15	0.07097	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	30.00	0.15	0.07097	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	30.00	0.17	0.07097	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	3	30.00	0.20	0.07097	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	21.00	0.18	0.07319	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	30.00	0.15	0.07319	101%-200% Above	No	No
42806071401	BENZONATATE 100 MG CAPSULE	12	60.00	0.33	0.07319	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	12.00	0.34	0.07212	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	15.00	0.33	0.07212	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	21.00	0.18	0.07212	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	21.00	0.19	0.07212	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	30.00	0.15	0.07212	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	30.00	0.19	0.07212	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	30.00	0.20	0.07212	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	1	60.00	0.33	0.07212	200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	2	21.00	0.18	0.06993	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	2	30.00	0.15	0.06993	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	20.00	0.15	0.07097	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	3	30.00	0.15	0.07097	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	4	20.00	0.18	0.07006	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	20.00	0.15	0.07319	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	21.00	0.15	0.07319	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	21.00	0.18	0.07319	101%-200% Above	No	No
42806071405	BENZONATATE 100 MG CAPSULE	12	21.00	0.21	0.07319	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 536

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	20.00	0.28	0.10448	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	30.00	0.17	0.10448	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	30.00	0.27	0.10448	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	30.00	0.37	0.10448	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	1	42.00	0.33	0.10448	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	15.00	0.29	0.10310	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	20.00	0.17	0.10310	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	20.00	0.30	0.10310	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	21.00	0.17	0.10310	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	21.00	0.28	0.10310	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	21.00	0.36	0.10310	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.17	0.10310	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	2	30.00	0.29	0.10310	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	10.00	0.17	0.10651	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	20.00	0.17	0.10651	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	20.00	0.30	0.10651	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	21.00	0.17	0.10651	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	30.00	0.17	0.10651	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	3	42.00	0.24	0.10651	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	30.00	0.27	0.10646	101%-200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	4	42.00	0.17	0.10646	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	30.00	0.17	0.10611	51%-75% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	30.00	0.60	0.10611	200% Above	No	No
42806071501	BENZONATATE 200 MG CAPSULE	12	90.00	0.17	0.10611	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	14.00	0.17	0.10448	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 537

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.17	0.10448	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	21.00	0.17	0.10448	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	21.00	0.32	0.10448	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	21.00	0.37	0.10448	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	30.00	0.17	0.10448	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	30.00	0.23	0.10448	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	1	30.00	0.37	0.10448	200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	15.00	0.17	0.10310	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	21.00	0.17	0.10310	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	30.00	0.17	0.10310	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	30.00	0.23	0.10310	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	2	60.00	0.17	0.10310	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	21.00	0.17	0.10651	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	30.00	0.27	0.10651	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	3	30.00	0.28	0.10651	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	4	15.00	0.17	0.10646	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	4	30.00	0.17	0.10646	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	4	42.00	0.22	0.10646	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	12.00	0.17	0.10611	51%-75% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	30.00	0.27	0.10611	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	42.00	0.27	0.10611	101%-200% Above	No	No
42806071505	BENZONATATE 200 MG CAPSULE	12	42.00	0.37	0.10611	200% Above	No	No
42806072410	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05629	76%-100% Above	No	No
42806072510	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.21	0.06092	200% Above	No	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	1	90.00	0.05	0.11374	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 538

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
42806081701	FLECAINIDE ACETATE 50 MG TAB	2	60.00	0.05	0.11143	51%-75% Below	Yes	No
42806081701	FLECAINIDE ACETATE 50 MG TAB	3	30.00	0.05	0.11199	51%-75% Below	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	2	30.00	0.23	0.17938	10%-25% Above	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	2	180.00	0.11	0.17938	26%-50% Below	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	2	180.00	0.23	0.17938	26%-50% Above	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	3	180.00	0.23	0.18012	10%-25% Above	Yes	No
42806081801	FLECAINIDE ACETATE 100 MG TAB	12	180.00	0.24	0.18352	26%-50% Above	Yes	No
42808010306	SODIUM SULFA LIQ 10% WASH	2	177.00	0.08	.		No	No
42808010306	SODIUM SULFA LIQ 10% WASH	12	177.00	0.08	.		No	No
42858000101	OXYCODONE TAB 5MG	3	15.00	0.06	.		No	No
42858000101	OXYCODONE TAB 5MG	3	40.00	0.09	.		Yes	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	4	18.00	0.08	0.16429	26%-50% Below	No	No
42858000201	OXYCODONE HCL (IR) 10 MG TAB	4	48.00	0.08	0.16429	26%-50% Below	No	No
42858000401	OXYCODONE HCL (IR) 20 MG TAB	3	90.00	0.11	0.23417	51%-75% Below	No	No
42858000501	OXYCODONE HCL (IR) 30 MG TAB	1	90.00	0.16	0.34931	51%-75% Below	No	No
42858000501	OXYCODONE HCL (IR) 30 MG TAB	2	90.00	0.16	0.35138	51%-75% Below	No	No
42858000501	OXYCODONE HCL (IR) 30 MG TAB	4	90.00	0.16	0.36171	51%-75% Below	No	No
42858000501	OXYCODONE HCL (IR) 30 MG TAB	12	90.00	0.17	0.35768	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	90.00	0.05	0.11869	51%-75% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.06	0.11973	26%-50% Below	No	No
42858010201	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	90.00	0.05	0.11973	51%-75% Below	No	No
42858010250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.17	0.11869	26%-50% Above	No	No
42858010301	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	30.00	0.13	0.18290	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	120.00	0.17	0.24154	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	70.00	0.13	0.24056	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 539

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	120.00	0.11	0.24056	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	70.00	0.13	0.23814	26%-50% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.11	0.23814	51%-75% Below	No	No
42858010450	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	4	120.00	0.11	0.23315	51%-75% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	0.38	3.18381	76%-100% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	0.98	3.36979	51%-75% Below	No	No
42858016301	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	6.20	3.36979	76%-100% Above	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.39	3.09944	76%-100% Below	No	No
42858016401	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.50	2.93842	76%-100% Below	No	No
42858016501	LISDEXAMFETAMINE 50 MG CAPSULE	4	90.00	0.33	2.79284	76%-100% Below	No	No
42858016701	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	1.59	3.13242	26%-50% Below	Yes	No
42858020150	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	21.00	0.35	0.12931	101%-200% Above	No	No
42858020150	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	16.00	0.15	0.12860	10%-25% Above	No	No
42858030201	HYDROMORPHONE 4 MG TABLET	1	56.00	0.10	0.19319	26%-50% Below	No	No
42858030201	HYDROMORPHONE 4 MG TABLET	2	56.00	0.10	0.19447	26%-50% Below	No	No
42858030201	HYDROMORPHONE 4 MG TABLET	3	56.00	0.10	0.20361	51%-75% Below	No	No
42858030201	HYDROMORPHONE 4 MG TABLET	12	56.00	0.10	0.19092	26%-50% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	0.41	0.52848	10%-25% Below	No	No
42858032501	DEXTROAMP-AMPHET ER 25 MG CAP	4	30.00	0.41	0.55107	10%-25% Below	No	No
42858049340	BUPRENORPHINE 10 MCG/HR PATCH	1	4.00	5.00	32.04615	76%-100% Below	No	No
42858049340	BUPRENORPHINE 10 MCG/HR PATCH	1	4.00	16.20	32.04615	26%-50% Below	No	No
42858058640	BUPRENORPHINE 15 MCG/HR PATCH	2	4.00	18.75	49.83408	51%-75% Below	No	No
42858058640	BUPRENORPHINE 15 MCG/HR PATCH	3	4.00	18.75	47.56824	51%-75% Below	No	No
42858060203	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	12	14.00	0.63	0.71913	10%-25% Below	No	No
42858061001	DEXTROAMP-AMPHET ER 10 MG CAP	3	28.00	0.41	0.51448	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 540

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	28.00	0.41	0.51724	10%-25% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.41	0.60523	26%-50% Below	No	No
42858072001	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.41	0.61911	26%-50% Below	No	No
42858072701	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.15	0.31166	51%-75% Below	No	No
42858075040	BUPRENORPHINE 5 MCG/HR PATCH	12	4.00	11.08	22.57748	26%-50% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	1	60.00	0.13	0.37790	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	2	60.00	0.13	0.36422	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	3	60.00	0.13	0.36321	51%-75% Below	No	No
42858080201	MORPHINE SULF ER 30 MG TABLET	12	60.00	0.13	0.38977	51%-75% Below	No	No
42858093001	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.41	0.52822	10%-25% Below	No	No
43353098780	METFORMIN TAB 1000MG	2	180.00	0.03	.		No	No
43353098780	METFORMIN TAB 1000MG	3	180.00	0.04	.		No	No
43353098780	METFORMIN TAB 1000MG	12	180.00	0.04	.		No	No
43386005019	GAVILYTE-N SOLUTION	1	4000.00	0.00	0.00623	51%-75% Below	No	No
43386006019	GAVILYTE-C SOLUTION	1	4000.00	0.00	0.00374	51%-75% Below	Yes	No
43386006019	GAVILYTE-C SOLUTION	2	4000.00	0.00	0.00378	26%-50% Below	No	No
43386006019	GAVILYTE-C SOLUTION	2	4000.00	0.00	0.00378	10%-25% Below	No	No
43386006019	GAVILYTE-C SOLUTION	2	4000.00	0.00	0.00378	10%-25% Above	No	No
43386006019	GAVILYTE-C SOLUTION	3	4000.00	0.01	0.00378	51%-75% Above	Yes	No
43386006019	GAVILYTE-C SOLUTION	12	4000.00	0.00	0.00374	10%-25% Above	Yes	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00437	51%-75% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00437	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00437	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00437	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00437	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 541

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.00437	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	1	4000.00	0.00	0.00437	10%-25% Below	No	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00444	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00444	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	2	4000.00	0.00	0.00444	10%-25% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	3	4000.00	0.00	0.00451	26%-50% Below	No	No
43386009019	GAVILYTE-G SOLUTION	3	4000.00	0.00	0.00451	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	3	4000.00	0.00	0.00451	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	4	4000.00	0.00	0.00465	26%-50% Below	Yes	No
43386009019	GAVILYTE-G SOLUTION	12	4000.00	0.00	0.00443	26%-50% Below	No	No
43386031208	GAVILAX POWDER	1	238.00	0.08	0.02467	200% Above	Yes	No
43386048024	ORPHENADRINE ER 100 MG TABLET	1	14.00	0.55	0.44257	10%-25% Above	No	No
43386048024	ORPHENADRINE ER 100 MG TABLET	2	8.00	0.04	0.44631	76%-100% Below	No	No
43386048024	ORPHENADRINE ER 100 MG TABLET	3	20.00	0.24	0.45763	26%-50% Below	No	No
43386070083	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.07	0.12364	26%-50% Below	Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	1	0.50	307.22	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	1	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	1	0.50	325.66	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	1	0.50	325.66	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	2	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	2	0.50	325.66	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	3	0.50	299.16	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	3	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	3	0.50	313.42	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	3	0.50	314.42	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 542

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43528000305	HEPLISAV-B INJ 20/0.5ML	3	0.50	325.66	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	3	0.50	325.66	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	4	0.50	313.22	.		Yes	No
43528000305	HEPLISAV-B INJ 20/0.5ML	12	0.50	294.00	.		No	No
43528000305	HEPLISAV-B INJ 20/0.5ML	12	0.50	299.04	.		No	No
43538017069	CLINDACIN-P PAD 1%	2	69.00	5.56	.		No	No
43538017069	CLINDACIN-P PAD 1%	3	60.00	5.56	.		No	No
43547004903	TADALAFIL 5 MG TABLET	1	30.00	0.69	0.10612	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	2	30.00	0.69	0.10434	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	3	30.00	0.69	0.10444	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	3	90.00	0.69	0.10444	200% Above	Yes	No
43547004903	TADALAFIL 5 MG TABLET	4	90.00	0.69	0.10765	200% Above	Yes	No
43547004950	TADALAFIL 5 MG TABLET	4	30.00	0.67	0.10765	200% Above	No	No
43547005003	TADALAFIL 10 MG TABLET	1	12.00	3.46	0.16644	200% Above	Yes	No
43547005003	TADALAFIL 10 MG TABLET	3	30.00	3.46	0.16304	200% Above	Yes	No
43547005003	TADALAFIL 10 MG TABLET	4	6.00	3.46	0.16934	200% Above	No	No
43547005103	TADALAFIL 20 MG TABLET	2	6.00	3.47	0.19216	200% Above	Yes	No
43547022215	LEVETIRACETAM 500 MG TABLET	1	60.00	0.12	0.07613	51%-75% Above	No	No
43547022215	LEVETIRACETAM 500 MG TABLET	3	270.00	0.07	0.07693	10%-25% Below	No	No
43547022650	METHOCARBAMOL 750 MG TABLET	1	12.00	0.20	0.04384	200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	1	21.00	0.03	0.04384	10%-25% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	1	30.00	0.03	0.04384	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	1	30.00	0.03	0.04384	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	1	30.00	0.04	0.04384	10%-25% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	1	30.00	0.09	0.04384	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 543

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547022650	METHOCARBAMOL 750 MG TABLET	1	40.00	0.20	0.04384	200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	1	60.00	0.02	0.04384	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	1	90.00	0.20	0.04384	200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	15.00	0.09	0.04326	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	21.00	0.03	0.04326	10%-25% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	30.00	0.09	0.04326	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	40.00	0.09	0.04326	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	60.00	0.02	0.04326	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	60.00	0.03	0.04326	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	84.00	0.02	0.04326	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	2	180.00	0.09	0.04326	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	3	20.00	0.04	0.04352	10%-25% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	3	30.00	0.09	0.04352	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	3	60.00	0.02	0.04352	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	3	60.00	0.03	0.04352	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	3	90.00	0.03	0.04352	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	3	180.00	0.09	0.04352	76%-100% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	4	20.00	0.05	0.04232	10%-25% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	4	60.00	0.02	0.04232	51%-75% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	4	90.00	0.02	0.04232	51%-75% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	12	30.00	0.03	0.04329	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	12	30.00	0.09	0.04329	101%-200% Above	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	12	60.00	0.03	0.04329	26%-50% Below	Yes	No
43547022650	METHOCARBAMOL 750 MG TABLET	12	60.00	0.09	0.04329	101%-200% Above	Yes	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	1	30.00	0.11	0.04737	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 544

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547026810	ROPINIROLE HCL 0.25 MG TABLET	1	60.00	0.24	0.04737	200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	2	30.00	0.11	0.04684	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	2	60.00	0.11	0.04684	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	3	60.00	0.11	0.04649	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	4	60.00	0.11	0.04759	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	12	30.00	0.11	0.04732	101%-200% Above	No	No
43547026810	ROPINIROLE HCL 0.25 MG TABLET	12	120.00	0.24	0.04732	200% Above	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	1	30.00	0.03	0.04459	26%-50% Below	No	No
43547026910	ROPINIROLE HCL 0.5 MG TABLET	12	30.00	0.03	0.04538	26%-50% Below	No	No
43547026950	ROPINIROLE HCL 0.5 MG TABLET	1	30.00	0.23	0.04459	200% Above	No	No
43547026950	ROPINIROLE HCL 0.5 MG TABLET	2	30.00	0.10	0.04323	101%-200% Above	No	No
43547026950	ROPINIROLE HCL 0.5 MG TABLET	3	30.00	0.10	0.04261	101%-200% Above	No	No
43547026950	ROPINIROLE HCL 0.5 MG TABLET	12	30.00	0.10	0.04538	101%-200% Above	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	1	30.00	0.03	0.05341	26%-50% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	1	90.00	0.02	0.05341	51%-75% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	2	90.00	0.02	0.05201	51%-75% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	2	90.00	0.11	0.05201	101%-200% Above	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	3	30.00	0.03	0.05220	26%-50% Below	No	No
43547027010	ROPINIROLE HCL 1 MG TABLET	3	180.00	0.02	0.05220	51%-75% Below	Yes	No
43547027010	ROPINIROLE HCL 1 MG TABLET	4	30.00	0.03	0.05227	26%-50% Below	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	1	30.00	0.24	0.05341	200% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	2	30.00	0.11	0.05201	101%-200% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	3	30.00	0.11	0.05220	101%-200% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	4	60.00	0.11	0.05227	101%-200% Above	No	No
43547027050	ROPINIROLE HCL 1 MG TABLET	12	90.00	0.11	0.05494	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 545

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.28	0.06736	200% Above	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	2	90.00	0.13	0.06753	76%-100% Above	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	3	90.00	0.13	0.06722	76%-100% Above	No	No
43547027110	ROPINIROLE HCL 2 MG TABLET	12	90.00	0.13	0.06918	76%-100% Above	No	No
43547027310	ROPINIROLE HCL 4 MG TABLET	1	90.00	0.15	0.08225	76%-100% Above	No	No
43547027310	ROPINIROLE HCL 4 MG TABLET	1	90.00	0.33	0.08225	200% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	1	30.00	0.07	0.04436	51%-75% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	2	30.00	0.07	0.04461	51%-75% Above	No	No
43547027509	DONEPEZIL HCL 5 MG TABLET	4	30.00	0.07	0.04405	51%-75% Above	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	1	90.00	0.04	0.05113	26%-50% Below	No	No
43547027609	DONEPEZIL HCL 10 MG TABLET	3	90.00	0.04	0.04945	10%-25% Below	No	No
43547027611	DONEPEZIL HCL 10 MG TABLET	1	30.00	0.33	0.05113	200% Above	No	No
43547027611	DONEPEZIL HCL 10 MG TABLET	3	30.00	0.15	0.04945	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	30.00	0.12	0.04279	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	30.00	0.26	0.04279	200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	1	46.00	0.10	0.04279	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	2	30.00	0.12	0.04176	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	2	45.00	0.12	0.04176	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	30.00	0.10	0.04116	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	30.00	0.11	0.04116	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	30.00	0.12	0.04116	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	45.00	0.12	0.04116	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	60.00	0.11	0.04116	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	3	90.00	0.08	0.04116	101%-200% Above	No	No
43547028010	ESCITALOPRAM 5 MG TABLET	4	30.00	0.10	0.04127	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 546

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.12	0.04127	101%-200% Above	No	No
43547028011	ESCITALOPRAM 5 MG TABLET	2	30.00	0.12	0.04176	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.09	0.04247	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.12	0.04247	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	45.00	0.29	0.04247	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	90.00	0.01	0.04247	76%-100% Below	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	90.00	0.08	0.04247	76%-100% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	90.00	0.09	0.04247	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	90.00	0.13	0.04247	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	1	90.00	0.29	0.04247	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	30.00	0.11	0.04156	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	45.00	0.13	0.04156	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	90.00	0.13	0.04156	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	2	135.00	0.13	0.04156	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	30.00	0.12	0.04099	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	45.00	0.13	0.04099	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	90.00	0.11	0.04099	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	3	90.00	0.13	0.04099	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	30.00	0.12	0.04013	101%-200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	90.00	0.08	0.04013	76%-100% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No
43547028110	ESCITALOPRAM 10 MG TABLET	12	90.00	0.13	0.04292	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 547

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	135.00	0.60	0.04292	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	30.00	0.12	0.04247	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	90.00	0.08	0.04247	76%-100% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	90.00	0.09	0.04247	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	1	90.00	0.11	0.04247	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	0.01	0.04156	51%-75% Below	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	0.11	0.04156	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	2	90.00	0.13	0.04156	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	30.00	0.11	0.04099	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	90.00	0.08	0.04099	76%-100% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04099	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	3	90.00	0.13	0.04099	200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	30.00	0.11	0.04013	101%-200% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	90.00	0.08	0.04013	76%-100% Above	No	No
43547028111	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	30.00	0.12	0.06218	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	60.00	0.25	0.06218	200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	90.00	0.03	0.06218	51%-75% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	14.00	0.11	0.06093	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 548

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547028210	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	30.00	0.12	0.06093	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	60.00	0.11	0.06093	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	2	90.00	0.13	0.06093	101%-200% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	30.00	0.12	0.06049	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	60.00	0.11	0.06049	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	90.00	0.08	0.06049	26%-50% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	90.00	0.03	0.06129	51%-75% Below	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	30.00	0.11	0.06311	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	30.00	0.12	0.06311	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	60.00	0.11	0.06311	76%-100% Above	No	No
43547028210	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06311	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	1	30.00	0.11	0.06218	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	1	90.00	0.25	0.06218	200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	3	30.00	0.15	0.06049	101%-200% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 549

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.12	0.06129	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06311	76%-100% Above	No	No
43547028211	ESCITALOPRAM 20 MG TABLET	12	90.00	0.25	0.06311	200% Above	No	No
43547028303	TELMISARTAN 20 MG TABLET	1	30.00	0.22	0.10720	101%-200% Above	No	No
43547028303	TELMISARTAN 20 MG TABLET	3	90.00	0.22	0.10440	101%-200% Above	No	No
43547028403	TELMISARTAN 40 MG TABLET	3	30.00	0.15	0.17676	10%-25% Below	No	No
43547028403	TELMISARTAN 40 MG TABLET	4	90.00	0.15	0.18076	10%-25% Below	No	No
43547028503	TELMISARTAN 80 MG TABLET	1	30.00	0.23	0.15753	26%-50% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	1	30.00	0.50	0.15753	200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	1	90.00	0.35	0.15753	101%-200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	30.00	0.23	0.15200	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	30.00	0.50	0.15200	200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	30.00	0.50	0.15200	200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	90.00	0.09	0.15200	26%-50% Below	No	No
43547028503	TELMISARTAN 80 MG TABLET	2	90.00	0.32	0.15200	101%-200% Above	Yes	No
43547028503	TELMISARTAN 80 MG TABLET	3	30.00	0.23	0.15421	26%-50% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	3	30.00	0.50	0.15421	200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	4	30.00	0.23	0.15119	51%-75% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	12	30.00	0.35	0.15330	101%-200% Above	No	No
43547028503	TELMISARTAN 80 MG TABLET	12	90.00	0.73	0.15330	200% Above	No	No
43547028950	BUPROPION HCL SR 150 MG TABLET	1	90.00	0.19	0.08346	101%-200% Above	Yes	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.46	0.07415	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.33	0.07415	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.21	0.07315	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 550

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.21	0.07348	101%-200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.23	0.07348	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	4	30.00	0.23	0.07438	200% Above	No	No
43547030009	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	0.01	0.07438	76%-100% Below	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	1	30.00	0.67	0.12345	200% Above	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.75	0.12345	200% Above	No	No
43547030109	OLMESARTAN MEDOXOMIL 40 MG TAB	2	30.00	0.34	0.12340	101%-200% Above	No	No
43547030203	ARIPIRAZOLE 2 MG TABLET	1	30.00	0.16	0.11900	26%-50% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	1	30.00	0.33	0.11900	101%-200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	1	90.00	0.47	0.11900	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	2	30.00	0.33	0.11214	101%-200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	2	30.00	0.47	0.11214	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	2	90.00	0.47	0.11214	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	3	30.00	0.47	0.11188	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	3	60.00	0.33	0.11188	101%-200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	3	90.00	0.47	0.11188	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	4	30.00	0.50	0.11223	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	4	90.00	0.47	0.11223	200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	12	30.00	0.03	0.12458	51%-75% Below	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	12	30.00	0.33	0.12458	101%-200% Above	Yes	No
43547030203	ARIPIRAZOLE 2 MG TABLET	12	30.00	0.50	0.12458	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	1	30.00	0.16	0.09862	51%-75% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	1	30.00	0.50	0.09862	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	1	30.00	0.56	0.09862	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	1	30.00	1.24	0.09862	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 551

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547030303	ARIPIRAZOLE 5 MG TABLET	2	30.00	0.16	0.09783	51%-75% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	2	30.00	0.56	0.09783	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	2	90.00	0.56	0.09783	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.01	0.09769	76%-100% Below	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.16	0.09769	51%-75% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.50	0.09769	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	4	30.00	0.16	0.09968	51%-75% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	4	30.00	0.56	0.09968	200% Above	Yes	No
43547030303	ARIPIRAZOLE 5 MG TABLET	4	60.00	0.25	0.09968	101%-200% Above	Yes	No
43547030403	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.52	0.10313	200% Above	Yes	No
43547030403	ARIPIRAZOLE 10 MG TABLET	4	30.00	0.52	0.10076	200% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	1	90.00	0.16	0.13761	10%-25% Above	No	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	2	90.00	0.32	0.13595	101%-200% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	30.00	0.16	0.13423	10%-25% Above	Yes	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	90.00	0.06	0.13423	51%-75% Below	No	No
43547031109	VALSARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	90.00	0.16	0.13423	10%-25% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	30.00	0.02	0.13525	76%-100% Below	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	1	30.00	0.31	0.13525	101%-200% Above	Yes	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	2	30.00	0.02	0.12626	76%-100% Below	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	30.00	0.01	0.12376	76%-100% Below	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	90.00	0.14	0.12376	10%-25% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	3	90.00	0.14	0.12376	10%-25% Above	Yes	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	4	30.00	0.02	0.12398	76%-100% Below	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	4	90.00	0.14	0.12398	10%-25% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	12	30.00	0.00	0.14078	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 552

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	12	90.00	0.31	0.14078	101%-200% Above	No	No
43547031209	VALSARTAN-HYDROCHLOROTHIAZIDE 160-12.5 MG TAB	12	90.00	0.31	0.14078	101%-200% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.02	0.15392	76%-100% Below	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.18	0.15392	10%-25% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.18	0.15392	10%-25% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.30	0.15392	76%-100% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	1	90.00	0.32	0.15392	101%-200% Above	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	2	30.00	0.07	0.14481	26%-50% Below	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	2	90.00	0.18	0.14481	26%-50% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	3	90.00	0.01	0.13884	76%-100% Below	No	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	3	90.00	0.18	0.13884	26%-50% Above	Yes	No
43547031309	VALSARTAN-HYDROCHLOROTHIAZIDE 160-25 MG TAB	3	90.00	0.30	0.13884	101%-200% Above	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	1	30.00	0.33	0.22014	51%-75% Above	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	2	30.00	0.15	0.21279	26%-50% Below	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	2	90.00	0.15	0.21279	26%-50% Below	Yes	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	3	10.00	0.15	0.20746	26%-50% Below	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	3	30.00	0.15	0.20746	26%-50% Below	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	3	90.00	0.15	0.20746	26%-50% Below	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	4	90.00	0.15	0.20208	10%-25% Below	No	No
43547031409	VALSARTAN-HYDROCHLOROTHIAZIDE 320-12.5 MG TAB	12	90.00	0.15	0.22374	26%-50% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	1	30.00	0.02	0.21624	76%-100% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	2	30.00	0.14	0.21967	26%-50% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	2	90.00	0.14	0.21967	26%-50% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	2	90.00	0.65	0.21967	101%-200% Above	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	30.00	0.01	0.22201	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 553

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	30.00	0.14	0.22201	26%-50% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	0.01	0.22201	76%-100% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	3	90.00	0.14	0.22201	26%-50% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	4	90.00	0.14	0.21957	26%-50% Below	No	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	12	90.00	0.14	0.21318	26%-50% Below	Yes	No
43547031509	VALSARTAN-HYDROCHLOROTHIAZIDE 320-25 MG TAB	12	90.00	0.32	0.21318	26%-50% Above	No	No
43547033103	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	1	90.00	0.02	0.20910	76%-100% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	2	30.00	0.16	0.20382	10%-25% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	3	30.00	0.16	0.20018	10%-25% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	3	90.00	0.29	0.20018	26%-50% Above	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	4	30.00	0.16	0.19474	10%-25% Below	No	No
43547033109	IRBESARTAN-HYDROCHLOROTHIAZIDE 300-12.5 MG TB	12	30.00	0.36	0.21286	51%-75% Above	No	No
43547033510	BENAZEPRIL HCL 5 MG TABLET	2	180.00	0.14	0.04682	200% Above	No	No
43547033610	BENAZEPRIL HCL 10 MG TABLET	1	180.00	0.11	0.06559	51%-75% Above	No	No
43547033610	BENAZEPRIL HCL 10 MG TABLET	2	90.00	0.05	0.06384	26%-50% Below	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	1	90.00	0.11	0.07625	26%-50% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	2	90.00	0.11	0.07507	26%-50% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	2	180.00	0.11	0.07507	26%-50% Above	No	No
43547033703	BENAZEPRIL HCL 20 MG TABLET	12	90.00	0.11	0.07729	26%-50% Above	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	1	90.00	0.11	0.07625	26%-50% Above	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	2	90.00	0.11	0.07507	26%-50% Above	No	No
43547033710	BENAZEPRIL HCL 20 MG TABLET	3	90.00	0.05	0.07599	26%-50% Below	Yes	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	1	90.00	0.11	0.07625	26%-50% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	2	90.00	0.11	0.07507	26%-50% Above	No	No
43547033750	BENAZEPRIL HCL 20 MG TABLET	12	90.00	0.11	0.07729	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 554

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547033803	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.07	0.09582	26%-50% Below	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.12	0.09582	10%-25% Above	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.28	0.09582	101%-200% Above	No	No
43547033810	BENAZEPRIL HCL 40 MG TABLET	2	90.00	0.12	0.09662	10%-25% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	2	90.00	0.12	0.09662	10%-25% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	3	90.00	0.12	0.09800	10%-25% Above	No	No
43547033850	BENAZEPRIL HCL 40 MG TABLET	12	90.00	0.12	0.09734	26%-50% Above	No	No
43547033906	RISPERIDONE 0.25 MG TABLET	1	60.00	0.21	0.03509	200% Above	Yes	No
43547033906	RISPERIDONE 0.25 MG TABLET	12	60.00	0.09	0.03618	101%-200% Above	Yes	No
43547034006	RISPERIDONE 0.5 MG TABLET	3	60.00	0.11	0.03998	101%-200% Above	No	No
43547034006	RISPERIDONE 0.5 MG TABLET	4	75.00	0.02	0.03955	26%-50% Below	Yes	No
43547034050	RISPERIDONE 0.5 MG TABLET	1	30.00	0.11	0.03907	101%-200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	1	30.00	0.24	0.03907	200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	2	30.00	0.11	0.03912	101%-200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	3	30.00	0.11	0.03998	101%-200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	4	30.00	0.11	0.03955	101%-200% Above	No	No
43547034050	RISPERIDONE 0.5 MG TABLET	12	30.00	0.11	0.03874	101%-200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	1	60.00	0.21	0.04426	200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	2	60.00	0.09	0.04103	101%-200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	3	60.00	0.09	0.04223	101%-200% Above	No	No
43547034106	RISPERIDONE 1 MG TABLET	12	30.00	0.21	0.04431	200% Above	Yes	No
43547034106	RISPERIDONE 1 MG TABLET	12	60.00	0.09	0.04431	101%-200% Above	No	No
43547034150	RISPERIDONE 1 MG TABLET	2	30.00	0.09	0.04103	101%-200% Above	No	No
43547034150	RISPERIDONE 1 MG TABLET	2	60.00	0.03	0.04103	26%-50% Below	No	No
43547034150	RISPERIDONE 1 MG TABLET	2	180.00	0.09	0.04103	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 555

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547034150	RISPERIDONE 1 MG TABLET	4	90.00	0.02	0.04073	26%-50% Below	No	No
43547034150	RISPERIDONE 1 MG TABLET	12	60.00	0.09	0.04431	101%-200% Above	No	No
43547034206	RISPERIDONE 2 MG TABLET	1	60.00	0.07	0.04941	26%-50% Above	No	No
43547034206	RISPERIDONE 2 MG TABLET	3	30.00	0.07	0.05033	26%-50% Above	No	No
43547034206	RISPERIDONE 2 MG TABLET	3	75.00	0.02	0.05033	51%-75% Below	Yes	No
43547034250	RISPERIDONE 2 MG TABLET	3	90.00	0.02	0.05033	51%-75% Below	No	No
43547034306	RISPERIDONE 3 MG TABLET	1	180.00	0.18	0.06939	101%-200% Above	No	No
43547034306	RISPERIDONE 3 MG TABLET	1	180.00	0.39	0.06939	200% Above	No	No
43547034406	RISPERIDONE 4 MG TABLET	1	33.00	0.04	0.08828	51%-75% Below	Yes	No
43547034406	RISPERIDONE 4 MG TABLET	2	45.00	0.04	0.08436	51%-75% Below	Yes	No
43547034406	RISPERIDONE 4 MG TABLET	3	45.00	0.04	0.09059	51%-75% Below	Yes	No
43547034606	LEVETIRACETAM ER 750 MG TABLET	1	360.00	0.14	0.24890	26%-50% Below	No	No
43547034809	PAROXETINE HCL 20 MG TABLET	1	90.00	0.09	0.07218	26%-50% Above	No	No
43547034903	PAROXETINE HCL 30 MG TABLET	2	30.00	0.20	0.09713	101%-200% Above	No	No
43547035110	LISINOPRIL 2.5 MG TABLET	1	30.00	0.12	0.01447	200% Above	Yes	No
43547035110	LISINOPRIL 2.5 MG TABLET	2	90.00	0.05	0.01449	200% Above	Yes	No
43547035110	LISINOPRIL 2.5 MG TABLET	3	90.00	0.05	0.01446	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	1	30.00	0.09	0.01491	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	1	30.00	0.20	0.01491	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01491	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01491	10%-25% Below	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	1	90.00	0.09	0.01491	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	1	90.00	0.09	0.01491	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	2	30.00	0.09	0.01495	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	2	30.00	0.09	0.01495	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 556

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.01	0.01495	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	2	90.00	0.02	0.01495	10%-25% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	2	90.00	0.09	0.01495	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	3	30.00	0.09	0.01476	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	3	30.00	0.09	0.01476	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01476	10%-25% Below	No	No
43547035211	LISINOPRIL 5 MG TABLET	3	90.00	0.01	0.01476	10%-25% Below	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01476	10%-25% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01476	51%-75% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	3	90.00	0.09	0.01476	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	3	90.00	0.09	0.01476	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	3	180.00	0.09	0.01476	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	4	30.00	0.09	0.01475	200% Above	No	No
43547035211	LISINOPRIL 5 MG TABLET	4	30.00	0.09	0.01475	200% Above	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	4	90.00	0.01	0.01475	10%-25% Below	Yes	No
43547035211	LISINOPRIL 5 MG TABLET	4	90.00	0.09	0.01475	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	1	30.00	0.03	0.01891	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	30.00	0.09	0.01891	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	30.00	0.20	0.01891	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	60.00	0.03	0.01891	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	1	90.00	0.09	0.01891	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.03	0.01884	26%-50% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.04	0.01884	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.09	0.01884	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	30.00	0.09	0.01884	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 557

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.03	0.01884	51%-75% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01884	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01884	10%-25% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.09	0.01884	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	2	90.00	0.09	0.01884	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01888	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01888	26%-50% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	30.00	0.03	0.01888	26%-50% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	30.00	0.04	0.01888	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	30.00	0.09	0.01888	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	30.00	0.09	0.01888	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	37.00	0.01	0.01888	10%-25% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01888	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01888	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01888	10%-25% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.02	0.01888	10%-25% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.02	0.01888	10%-25% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.02	0.01888	26%-50% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.09	0.01888	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	3	90.00	0.09	0.01888	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	3	180.00	0.01	0.01888	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	15.00	0.09	0.01873	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	4	30.00	0.01	0.01873	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	4	30.00	0.04	0.01873	101%-200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	0.01	0.01873	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 558

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.01	0.01873	26%-50% Below	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	0.01	0.01873	10%-25% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	0.02	0.01873	10%-25% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	4	90.00	0.09	0.01873	200% Above	Yes	No
43547035311	LISINOPRIL 10 MG TABLET	12	90.00	0.00	0.01877	76%-100% Below	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	90.00	0.02	0.01877	10%-25% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	90.00	0.02	0.01877	10%-25% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	90.00	0.20	0.01877	200% Above	No	No
43547035311	LISINOPRIL 10 MG TABLET	12	90.00	0.20	0.01877	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	1	30.00	0.05	0.02626	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	90.00	0.01	0.02626	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02626	10%-25% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	1	90.00	0.09	0.02626	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	1	90.00	0.09	0.02626	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.05	0.02624	76%-100% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.09	0.02624	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	30.00	0.09	0.02624	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	2	45.00	0.09	0.02624	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02624	10%-25% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02624	10%-25% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.09	0.02624	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	2	90.00	0.09	0.02624	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	2	180.00	0.02	0.02624	10%-25% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	2	180.00	0.09	0.02624	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	21.00	0.04	0.02621	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 559

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.01	0.02621	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	3	30.00	0.09	0.02621	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	51%-75% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.01	0.02621	51%-75% Below	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.02	0.02621	10%-25% Below	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.03	0.02621	10%-25% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	Yes	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	0.09	0.02587	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	4	90.00	0.09	0.02587	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	4	90.00	0.09	0.02587	200% Above	Yes	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.00	0.04	0.02625	51%-75% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.00	0.09	0.02625	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.00	0.14	0.02625	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	30.00	0.20	0.02625	200% Above	No	No
43547035411	LISINOPRIL 20 MG TABLET	12	90.00	0.09	0.02625	200% Above	No	No
43547035550	LISINOPRIL 30 MG TABLET	1	90.00	0.10	0.05444	76%-100% Above	No	No
43547035550	LISINOPRIL 30 MG TABLET	2	90.00	0.10	0.05441	76%-100% Above	No	No
43547035550	LISINOPRIL 30 MG TABLET	3	30.00	0.10	0.05433	76%-100% Above	No	No
43547035550	LISINOPRIL 30 MG TABLET	3	90.00	0.10	0.05433	76%-100% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	1	30.00	0.22	0.04639	200% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	2	30.00	0.10	0.04680	101%-200% Above	No	No
43547035610	LISINOPRIL 40 MG TABLET	3	30.00	0.10	0.04735	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	30.00	0.01	0.04639	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 560

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.01	0.04639	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	1	30.00	0.06	0.04639	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	30.00	0.10	0.04639	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	90.00	0.01	0.04639	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	1	90.00	0.10	0.04639	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	30.00	0.01	0.04680	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	30.00	0.05	0.04680	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	2	30.00	0.10	0.04680	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	30.00	0.10	0.04680	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.01	0.04680	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.04	0.04680	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.04	0.04680	10%-25% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.04	0.04680	10%-25% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.05	0.04680	10%-25% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.05	0.04680	10%-25% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.10	0.04680	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	2	90.00	0.10	0.04680	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.01	0.04735	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.01	0.04735	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.03	0.04735	26%-50% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.10	0.04735	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	30.00	0.10	0.04735	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.01	0.04735	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.04	0.04735	10%-25% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.04	0.04735	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 561

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.10	0.04735	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	3	90.00	0.10	0.04735	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	0.01	0.04738	76%-100% Below	No	No
43547035611	LISINOPRIL 40 MG TABLET	4	30.00	0.01	0.04738	51%-75% Below	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	4	90.00	0.10	0.04738	101%-200% Above	Yes	No
43547035611	LISINOPRIL 40 MG TABLET	12	90.00	0.10	0.04676	101%-200% Above	No	No
43547035611	LISINOPRIL 40 MG TABLET	12	90.00	0.11	0.04676	101%-200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.12	0.02130	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.12	0.02075	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.02102	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.12	0.02102	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.12	0.02102	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.07	0.02106	200% Above	No	No
43547036009	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.27	0.02247	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.01	0.02130	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.08	0.02130	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.12	0.02130	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	60.00	0.04	0.02130	76%-100% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.05	0.02130	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.05	0.02130	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.08	0.02130	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.12	0.02130	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.27	0.02130	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.01	0.02075	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 562

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.01	0.02075	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02075	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.08	0.02075	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.12	0.02075	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.19	0.02075	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.01	0.02075	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.05	0.02075	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.01	0.02102	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.08	0.02102	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.12	0.02102	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.19	0.02102	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.01	0.02102	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.02102	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.07	0.02102	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.12	0.02102	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.01	0.02106	51%-75% Below	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.12	0.02106	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.19	0.02106	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.05	0.02106	101%-200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.12	0.02106	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	14.00	0.12	0.02247	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.08	0.02247	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.12	0.02247	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.19	0.02247	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 563

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.27	0.02247	200% Above	No	No
43547036011	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.12	0.02247	200% Above	No	No
43547036103	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.11	0.03146	200% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03146	101%-200% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.25	0.03146	200% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.11	0.03302	200% Above	No	No
43547036109	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.11	0.03302	200% Above	Yes	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	4.00	0.18	0.03146	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.01	0.03146	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.08	0.03146	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.11	0.03146	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.25	0.03146	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.06	0.03146	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03146	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03146	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.11	0.03146	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	135.00	0.11	0.03146	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	180.00	0.08	0.03146	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	1	180.00	0.11	0.03146	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.01	0.03181	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.08	0.03181	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.08	0.03181	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.11	0.03181	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.01	0.03181	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03181	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 564

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.11	0.03181	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	135.00	0.11	0.03181	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	2	180.00	0.11	0.03181	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.01	0.03302	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.04	0.03302	10%-25% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.08	0.03302	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.08	0.03302	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03302	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.01	0.03302	51%-75% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.06	0.03302	51%-75% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03302	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.11	0.03302	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	135.00	0.07	0.03302	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	3	180.00	0.11	0.03302	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.02	0.03343	26%-50% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.08	0.03343	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03343	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.07	0.03343	76%-100% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.11	0.03343	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.11	0.03109	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.23	0.03109	200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.00	0.03109	76%-100% Below	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.09	0.03109	101%-200% Above	No	No
43547036111	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.11	0.03109	200% Above	No	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 565

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036209	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	101%-200% Above	Yes	No
43547036209	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.28	0.04249	200% Above	Yes	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.07	0.04195	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.13	0.04195	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.28	0.04195	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.13	0.04195	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.13	0.04195	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.28	0.04195	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.07	0.04114	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.16	0.04114	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.01	0.04114	51%-75% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.12	0.04114	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.07	0.04254	51%-75% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.12	0.04254	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.01	0.04254	51%-75% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.04254	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.04254	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.04254	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.12	0.04254	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 566

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.13	0.04254	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.14	0.04254	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.15	0.04254	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	3	135.00	0.13	0.04254	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.12	0.04315	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.13	0.04315	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.02	0.04315	26%-50% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.11	0.04315	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.13	0.04315	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.15	0.04315	200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	9	30.00	0.12	0.04449	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	10	30.00	0.12	0.04336	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.13	0.04249	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.00	0.04249	76%-100% Below	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.11	0.04249	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.13	0.04249	101%-200% Above	No	No
43547036211	LOSARTAN POTASSIUM 100 MG TAB	12	150.00	0.28	0.04249	200% Above	No	No
43547036703	VALSARTAN 40 MG TABLET	2	30.00	0.16	0.11128	26%-50% Above	No	No
43547036703	VALSARTAN 40 MG TABLET	3	30.00	0.16	0.10241	51%-75% Above	No	No
43547036703	VALSARTAN 40 MG TABLET	4	90.00	0.16	0.09970	51%-75% Above	No	No
43547036709	VALSARTAN 40 MG TABLET	2	30.00	0.01	0.11128	76%-100% Below	No	No
43547036709	VALSARTAN 40 MG TABLET	3	30.00	0.01	0.10241	76%-100% Below	No	No
43547036709	VALSARTAN 40 MG TABLET	12	90.00	0.00	0.11131	76%-100% Below	No	No
43547036809	VALSARTAN 80 MG TABLET	1	30.00	0.40	0.12024	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 567

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036809	VALSARTAN 80 MG TABLET	2	30.00	0.01	0.11553	76%-100% Below	No	No
43547036809	VALSARTAN 80 MG TABLET	2	30.00	0.18	0.11553	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	2	90.00	0.18	0.11553	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	2	180.00	0.21	0.11553	76%-100% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	3	30.00	0.18	0.11315	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	3	90.00	0.18	0.11315	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	4	30.00	0.18	0.11383	51%-75% Above	No	No
43547036809	VALSARTAN 80 MG TABLET	4	90.00	0.18	0.11383	51%-75% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	1	30.00	0.01	0.14102	76%-100% Below	No	No
43547036909	VALSARTAN 160 MG TABLET	1	30.00	0.28	0.14102	76%-100% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	1	30.00	0.44	0.14102	200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	1	30.00	0.62	0.14102	200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	1	90.00	0.17	0.14102	10%-25% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	1	90.00	0.28	0.14102	76%-100% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	1	90.00	0.62	0.14102	200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	2	30.00	0.01	0.14100	76%-100% Below	No	No
43547036909	VALSARTAN 160 MG TABLET	2	30.00	0.28	0.14100	76%-100% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	2	30.00	0.44	0.14100	200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	2	60.00	0.28	0.14100	76%-100% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	2	90.00	0.22	0.14100	51%-75% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	3	30.00	0.01	0.13856	76%-100% Below	No	No
43547036909	VALSARTAN 160 MG TABLET	3	30.00	0.28	0.13856	101%-200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	3	30.00	0.44	0.13856	200% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	4	30.00	0.28	0.14016	76%-100% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	4	30.00	0.36	0.14016	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 568

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547036909	VALSARTAN 160 MG TABLET	12	14.00	0.28	0.13926	76%-100% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	12	90.00	0.28	0.13926	76%-100% Above	No	No
43547036909	VALSARTAN 160 MG TABLET	12	90.00	0.62	0.13926	200% Above	Yes	No
43547037009	VALSARTAN 320 MG TABLET	1	90.00	0.25	0.19070	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	1	90.00	0.33	0.19070	51%-75% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	1	90.00	0.33	0.19070	51%-75% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	1	90.00	0.55	0.19070	101%-200% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	2	30.00	0.25	0.18468	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	2	90.00	0.25	0.18468	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	3	30.00	0.25	0.18078	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	4	30.00	0.25	0.18206	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	4	90.00	0.25	0.18206	26%-50% Above	No	No
43547037009	VALSARTAN 320 MG TABLET	12	90.00	0.00	0.19107	76%-100% Below	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.33	0.16869	76%-100% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.33	0.16694	76%-100% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.33	0.16915	76%-100% Above	No	No
43547039103	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.33	0.16890	76%-100% Above	No	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.35	0.16694	101%-200% Above	Yes	No
43547039109	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.35	0.16915	101%-200% Above	Yes	No
43547039203	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	90.00	0.45	0.22131	101%-200% Above	Yes	No
43547039203	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	90.00	0.45	0.21819	101%-200% Above	No	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	30.00	0.08	0.21487	51%-75% Below	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	90.00	0.45	0.21487	101%-200% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	90.00	0.45	0.21819	101%-200% Above	Yes	No
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	90.00	0.33	0.23356	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 569

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547039209	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	12	90.00	0.33	0.22526	26%-50% Above	Yes	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	90.00	0.02	0.21095	76%-100% Below	No	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	0.33	0.20228	51%-75% Above	No	No
43547039303	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	0.43	0.20228	101%-200% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	30.00	0.50	0.21095	101%-200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	30.00	1.01	0.21095	200% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	90.00	0.42	0.21095	76%-100% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	90.00	1.01	0.21095	200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	30.00	0.43	0.20228	101%-200% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	0.33	0.20228	51%-75% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	0.43	0.20228	101%-200% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	30.00	0.43	0.21593	101%-200% Above	No	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	4	90.00	0.42	0.22311	76%-100% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	4	90.00	0.43	0.22311	76%-100% Above	Yes	No
43547039309	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	12	90.00	1.01	0.20845	200% Above	Yes	No
43547040011	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.09	0.01787	200% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	1	30.00	0.08	0.02781	101%-200% Above	No	No
43547040110	FUROSEMIDE 20 MG TABLET	1	90.00	0.02	0.02781	10%-25% Below	No	No
43547040110	FUROSEMIDE 20 MG TABLET	1	90.00	0.03	0.02781	10%-25% Above	No	No
43547040111	FUROSEMIDE 20 MG TABLET	1	30.00	0.03	0.02781	10%-25% Above	No	No
43547040210	FUROSEMIDE 40 MG TABLET	2	30.00	0.04	0.03174	10%-25% Above	No	No
43547040210	FUROSEMIDE 40 MG TABLET	2	90.00	0.04	0.03174	10%-25% Above	No	No
43547040210	FUROSEMIDE 40 MG TABLET	12	30.00	0.04	0.03258	10%-25% Above	No	No
43547040211	FUROSEMIDE 40 MG TABLET	2	90.00	0.03	0.03174	10%-25% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	10.00	0.08	0.03625	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 570

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	14.00	0.06	0.03625	51%-75% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	21.00	0.17	0.03625	200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	30.00	0.11	0.03625	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	60.00	0.02	0.03625	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	60.00	0.17	0.03625	200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	90.00	0.02	0.03625	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	1	120.00	0.02	0.03625	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	2	18.00	0.08	0.03668	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	2	42.00	0.02	0.03668	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	2	60.00	0.02	0.03668	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	2	90.00	0.08	0.03668	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	2	120.00	0.02	0.03668	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	20.00	0.08	0.03725	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	60.00	0.02	0.03725	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	90.00	0.08	0.03725	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	3	240.00	0.08	0.03725	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	20.00	0.08	0.03758	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	30.00	0.03	0.03758	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	30.00	0.08	0.03758	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	60.00	0.08	0.03758	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	4	90.00	0.08	0.03758	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	12	20.00	0.11	0.03572	200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	12	30.00	0.03	0.03572	10%-25% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	12	30.00	0.07	0.03572	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	12	56.00	0.02	0.03572	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 571

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	56.00	0.03	0.03572	26%-50% Below	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	12	60.00	0.07	0.03572	101%-200% Above	Yes	No
43547040550	METHOCARBAMOL 500 MG TABLET	12	120.00	0.02	0.03572	26%-50% Below	Yes	No
43547040650	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.12	0.02161	200% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.03	0.02086	10%-25% Above	Yes	No
43547040650	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.03	0.02086	26%-50% Above	Yes	No
43547040650	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.05	0.02086	101%-200% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.01	0.02063	26%-50% Below	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.05	0.02063	101%-200% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.05	0.02003	101%-200% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.05	0.02214	101%-200% Above	No	No
43547040650	CLONAZEPAM 0.5 MG TABLET	12	60.00	0.05	0.02214	101%-200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	1	5.00	0.16	0.02634	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	1	60.00	0.08	0.02634	101%-200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	5.00	0.14	0.02478	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	2	60.00	0.08	0.02478	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	3	60.00	0.08	0.02492	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	3	90.00	0.08	0.02492	200% Above	No	No
43547040711	CLONAZEPAM 1 MG TABLET	12	60.00	0.08	0.02762	101%-200% Above	No	No
43547040750	CLONAZEPAM 1 MG TABLET	1	30.00	0.18	0.02634	200% Above	No	No
43547040750	CLONAZEPAM 1 MG TABLET	2	30.00	0.08	0.02478	200% Above	No	No
43547040750	CLONAZEPAM 1 MG TABLET	3	20.00	0.03	0.02492	10%-25% Above	Yes	No
43547040750	CLONAZEPAM 1 MG TABLET	3	30.00	0.08	0.02492	200% Above	No	No
43547040750	CLONAZEPAM 1 MG TABLET	4	30.00	0.08	0.02488	200% Above	No	No
43547040750	CLONAZEPAM 1 MG TABLET	12	60.00	0.08	0.02762	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 572

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547041450	LISINOPRIL 2.5 MG TABLET	2	90.00	0.05	0.01449	200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	1	30.00	0.09	0.01491	200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	2	30.00	0.04	0.01495	101%-200% Above	No	No
43547041511	LISINOPRIL 5 MG TABLET	12	30.00	0.09	0.01505	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01891	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01891	10%-25% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01884	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	3	30.00	0.09	0.01888	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01888	26%-50% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	3	90.00	0.09	0.01888	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	3	135.00	0.01	0.01888	10%-25% Below	No	No
43547041611	LISINOPRIL 10 MG TABLET	12	30.00	0.09	0.01877	200% Above	No	No
43547041611	LISINOPRIL 10 MG TABLET	12	90.00	0.00	0.01877	76%-100% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	1	30.00	0.05	0.02626	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02624	10%-25% Below	No	No
43547041711	LISINOPRIL 20 MG TABLET	2	90.00	0.03	0.02624	10%-25% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	2	90.00	0.03	0.02624	10%-25% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	3	30.00	0.05	0.02621	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	4	30.00	0.05	0.02587	76%-100% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	4	90.00	0.09	0.02587	200% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	12	30.00	0.04	0.02625	51%-75% Above	No	No
43547041711	LISINOPRIL 20 MG TABLET	12	30.00	0.05	0.02625	76%-100% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	1	90.00	0.04	0.04639	10%-25% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	2	30.00	0.01	0.04680	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 573

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547041911	LISINOPRIL 40 MG TABLET	2	90.00	0.01	0.04680	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	3	90.00	0.01	0.04735	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	3	90.00	0.10	0.04735	101%-200% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	4	30.00	0.01	0.04738	76%-100% Below	No	No
43547041911	LISINOPRIL 40 MG TABLET	12	30.00	0.10	0.04676	101%-200% Above	No	No
43547041911	LISINOPRIL 40 MG TABLET	12	90.00	0.00	0.04676	76%-100% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	45.00	0.05	0.03027	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.05	0.03027	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.11	0.03027	200% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	45.00	0.05	0.02941	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	0.05	0.02941	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	45.00	0.05	0.02902	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.02	0.02902	10%-25% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.02	0.02844	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.05	0.02844	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	45.00	0.05	0.03068	51%-75% Above	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	90.00	0.02	0.03068	26%-50% Below	No	No
43547042050	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	90.00	0.03	0.03068	10%-25% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	56.00	0.07	0.04008	51%-75% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	60.00	0.07	0.04008	51%-75% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.15	0.04008	200% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	180.00	0.03	0.04008	26%-50% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	180.00	0.15	0.04008	200% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	56.00	0.07	0.03856	51%-75% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.01	0.03856	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 574

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	180.00	0.07	0.03856	51%-75% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.07	0.03760	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.03	0.03760	10%-25% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.07	0.03760	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.07	0.03677	76%-100% Above	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	180.00	0.03	0.03677	10%-25% Below	No	No
43547042150	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.04	0.04135	10%-25% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.07	0.04148	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.15	0.04148	200% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.07	0.04024	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.01	0.04024	51%-75% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.03	0.04024	26%-50% Below	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.07	0.04024	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.07	0.04004	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.07	0.04004	51%-75% Above	No	No
43547042250	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.07	0.04012	51%-75% Above	No	No
43547042303	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.30	0.07768	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	30.00	0.13	0.07768	51%-75% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	30.00	0.38	0.07768	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	60.00	0.30	0.07768	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.01	0.07768	76%-100% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.03	0.07768	51%-75% Below	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.13	0.07768	51%-75% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.17	0.07768	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.30	0.07768	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 575

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.30	0.07768	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.33	0.07768	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.36	0.07768	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.01	0.07049	76%-100% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.13	0.07049	76%-100% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.39	0.07049	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	60.00	0.13	0.07049	76%-100% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.13	0.07049	76%-100% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	90.00	0.13	0.07049	76%-100% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	30.00	0.13	0.06467	76%-100% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.01	0.06467	76%-100% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.06	0.06467	10%-25% Below	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.08	0.06467	10%-25% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.13	0.06467	76%-100% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.13	0.06467	76%-100% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.33	0.06467	200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.39	0.06467	200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.13	0.05925	101%-200% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	90.00	0.13	0.05925	101%-200% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	30.00	0.13	0.07615	76%-100% Above	No	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	30.00	0.13	0.07615	76%-100% Above	Yes	No
43547042309	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.13	0.07615	76%-100% Above	Yes	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	30.00	0.30	0.07768	200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	2	30.00	0.13	0.07049	76%-100% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	30.00	0.13	0.06467	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 576

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	60.00	0.13	0.06467	76%-100% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	4	30.00	0.13	0.05925	101%-200% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	30.00	0.13	0.07615	76%-100% Above	No	No
43547042311	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.17	0.07615	101%-200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.04	0.08251	51%-75% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.16	0.08251	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.35	0.08251	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.54	0.08251	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.01	0.08251	76%-100% Below	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.04	0.08251	51%-75% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.15	0.08251	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.17	0.08251	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.33	0.08251	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.35	0.08251	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.35	0.08251	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	15.00	0.44	0.08118	200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.15	0.08118	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.16	0.08118	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.33	0.08118	200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.03	0.08118	51%-75% Below	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.15	0.08118	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.15	0.08118	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.17	0.08118	101%-200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.22	0.08118	101%-200% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.32	0.08118	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 577

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.04	0.08156	51%-75% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.15	0.08156	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.16	0.08156	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.01	0.08156	76%-100% Below	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.15	0.08156	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.22	0.08156	101%-200% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.04	0.08092	51%-75% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.15	0.08092	76%-100% Above	No	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.15	0.08092	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.04	0.08232	51%-75% Below	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.16	0.08232	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.16	0.08232	76%-100% Above	Yes	No
43547042409	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.22	0.08232	101%-200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.15	0.08251	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.35	0.08251	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.22	0.08251	101%-200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.35	0.08251	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.15	0.08118	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	30.00	0.23	0.08118	101%-200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.15	0.08118	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.15	0.08156	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	30.00	0.33	0.08156	200% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.15	0.08156	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.15	0.08092	76%-100% Above	No	No
43547042411	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.16	0.08232	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 578

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.33	0.08232	200% Above	No	No
43547042503	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	30.00	0.16	0.07767	76%-100% Above	No	No
43547042503	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	0.16	0.07510	101%-200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.36	0.07896	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.16	0.07896	76%-100% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.36	0.07896	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.16	0.07767	76%-100% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.16	0.07767	76%-100% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.33	0.07767	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.33	0.07767	200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	30.00	0.50	0.07536	200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.16	0.07536	101%-200% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.16	0.07536	101%-200% Above	Yes	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	30.00	0.16	0.08117	76%-100% Above	No	No
43547042509	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.00	0.36	0.08117	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.13	0.07896	51%-75% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.16	0.07896	76%-100% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	30.00	0.36	0.07896	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.16	0.07896	76%-100% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.36	0.07896	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	30.00	0.13	0.07767	51%-75% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.16	0.07767	76%-100% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	30.00	0.13	0.07536	76%-100% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	30.00	0.16	0.07536	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.16	0.07536	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 579

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.17	0.07536	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	30.00	0.16	0.07510	101%-200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	30.00	0.16	0.08117	76%-100% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	30.00	0.36	0.08117	200% Above	No	No
43547042511	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	12	90.00	0.17	0.08117	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	2	90.00	0.27	0.11783	101%-200% Above	No	No
43547043109	FENOFIBRATE 145 MG TABLET	3	90.00	0.27	0.11758	101%-200% Above	No	No
43547044203	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-12.5 MG TAB	3	30.00	0.59	0.33036	76%-100% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	2	30.00	0.33	0.37953	10%-25% Below	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	3	30.00	0.58	0.37396	51%-75% Above	No	No
43547044303	TELMISARTAN-HYDROCHLOROTHIAZIDE 80-25 MG TAB	12	90.00	1.34	0.40637	200% Above	No	No
43547052403	NEBIVOLOL 2.5 MG TABLET	2	90.00	0.05	0.12569	51%-75% Below	No	No
43547052503	NEBIVOLOL 5 MG TABLET	1	30.00	0.31	0.10936	101%-200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	2	30.00	0.31	0.09956	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	2	30.00	0.50	0.09956	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	2	90.00	0.31	0.09956	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	3	30.00	0.31	0.09742	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	3	30.00	0.50	0.09742	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	3	90.00	0.31	0.09742	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	4	30.00	0.31	0.09997	200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	12	30.00	0.32	0.11037	101%-200% Above	No	No
43547052503	NEBIVOLOL 5 MG TABLET	12	90.00	0.32	0.11037	101%-200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	1	90.00	0.31	0.10936	101%-200% Above	No	No
43547052509	NEBIVOLOL 5 MG TABLET	2	90.00	0.08	0.09956	10%-25% Below	No	No
43547052509	NEBIVOLOL 5 MG TABLET	3	90.00	0.31	0.09742	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 580

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547052509	NEBIVOLOL 5 MG TABLET	12	90.00	0.32	0.11037	101%-200% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	3	30.00	0.22	0.13403	51%-75% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	3	90.00	0.22	0.13403	51%-75% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	12	90.00	0.22	0.13765	51%-75% Above	No	No
43547052603	NEBIVOLOL 10 MG TABLET	12	90.00	0.50	0.13765	200% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	2	30.00	0.22	0.13532	51%-75% Above	No	No
43547052609	NEBIVOLOL 10 MG TABLET	2	90.00	0.22	0.13532	51%-75% Above	No	No
43547052703	NEBIVOLOL 20 MG TABLET	1	90.00	0.52	0.18596	101%-200% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	1	30.00	0.50	0.18596	101%-200% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	2	30.00	0.50	0.18126	101%-200% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	3	30.00	0.50	0.17932	101%-200% Above	No	No
43547052709	NEBIVOLOL 20 MG TABLET	12	30.00	0.50	0.18702	101%-200% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	1	30.00	0.28	0.07469	200% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	2	30.00	0.12	0.07113	51%-75% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	3	30.00	0.12	0.07343	51%-75% Above	No	No
43547054510	ENALAPRIL MALEATE 2.5 MG TAB	4	30.00	0.12	0.07050	51%-75% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	1	60.00	0.38	0.07463	200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	1	90.00	0.16	0.07463	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	2	60.00	0.16	0.07336	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	2	180.00	0.16	0.07336	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	3	60.00	0.16	0.07087	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	3	90.00	0.16	0.07087	101%-200% Above	No	No
43547054610	ENALAPRIL MALEATE 5 MG TABLET	12	60.00	0.17	0.07154	101%-200% Above	No	No
43547054611	ENALAPRIL MALEATE 5 MG TABLET	3	30.00	0.33	0.07087	200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	1	30.00	0.30	0.06599	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 581

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547054711	ENALAPRIL MALEATE 10 MG TAB	2	30.00	0.13	0.06297	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	2	90.00	0.13	0.06297	101%-200% Above	Yes	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	2	90.00	0.22	0.06297	200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	3	30.00	0.13	0.06297	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	3	60.00	0.13	0.06297	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	4	30.00	0.13	0.06370	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	4	60.00	0.13	0.06370	101%-200% Above	No	No
43547054711	ENALAPRIL MALEATE 10 MG TAB	12	30.00	0.13	0.06544	101%-200% Above	No	No
43547054810	ENALAPRIL MALEATE 20 MG TAB	1	120.00	0.14	0.09997	26%-50% Above	No	No
43547054811	ENALAPRIL MALEATE 20 MG TAB	2	90.00	0.38	0.09977	200% Above	No	No
43547055403	ROPINIROLE HCL ER 2 MG TABLET	2	60.00	0.22	0.43434	26%-50% Below	No	No
43547055403	ROPINIROLE HCL ER 2 MG TABLET	3	60.00	0.22	0.43409	26%-50% Below	No	No
43547055603	ROPINIROLE HCL ER 6 MG TABLET	2	90.00	0.79	1.16251	26%-50% Below	No	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.02	0.02526	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.02	0.02526	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.03	0.02526	10%-25% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.04	0.02526	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.10	0.02526	200% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.04	0.02526	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	150.00	0.04	0.02526	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	180.00	0.04	0.02526	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	1	360.00	0.01	0.02526	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.01	0.02516	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.03	0.02516	10%-25% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.04	0.02516	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.01	0.02516	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.02	0.02516	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.04	0.02516	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	90.00	0.01	0.02516	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	180.00	0.01	0.02516	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	2	180.00	0.04	0.02516	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.02	0.02514	10%-25% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.03	0.02514	10%-25% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.01	0.02514	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.02	0.02514	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.04	0.02514	51%-75% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	60.00	0.01	0.02473	51%-75% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	4	90.00	0.01	0.02473	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.04	0.02535	76%-100% Above	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	12	60.00	0.01	0.02535	26%-50% Below	Yes	No
43547056511	CLONIDINE HCL 0.1 MG TABLET	12	90.00	0.10	0.02535	200% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	1	30.00	0.03	0.03482	10%-25% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	1	90.00	0.06	0.03482	76%-100% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.03	0.03486	10%-25% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.07	0.03486	76%-100% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	2	90.00	0.06	0.03486	76%-100% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.03	0.03467	26%-50% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.07	0.03467	76%-100% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	4	90.00	0.06	0.03411	76%-100% Above	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	12	30.00	0.02	0.03558	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 583

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43547056610	CLONIDINE HCL 0.2 MG TABLET	12	30.00	0.03	0.03558	10%-25% Below	Yes	No
43547056610	CLONIDINE HCL 0.2 MG TABLET	12	90.00	0.15	0.03558	200% Above	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	1	180.00	0.18	0.04001	200% Above	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	2	270.00	0.08	0.03877	76%-100% Above	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	3	90.00	0.02	0.03895	51%-75% Below	Yes	No
43547056710	CLONIDINE HCL 0.3 MG TABLET	4	180.00	0.08	0.03911	76%-100% Above	Yes	No
43547060510	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	5.95	3.18407	76%-100% Above	No	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	0.50	2.97592	76%-100% Below	No	No
43547060610	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	1.79	2.97592	26%-50% Below	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	1	14.00	0.34	0.08817	200% Above	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	2	6.00	0.20	0.08713	101%-200% Above	No	No
43547068810	CIPROFLOXACIN HCL 250 MG TAB	3	6.00	0.34	0.08855	200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	1	10.00	0.25	0.13551	76%-100% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	1	14.00	0.56	0.13551	200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	1	30.00	0.56	0.13551	200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	2	14.00	0.25	0.12374	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	2	20.00	0.25	0.12374	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	2	28.00	0.14	0.12374	10%-25% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	2	28.00	0.25	0.12374	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	3	10.00	0.25	0.11367	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.13	0.11367	10%-25% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	3	20.00	0.25	0.11367	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	3	28.00	0.25	0.11367	101%-200% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	4	10.00	0.17	0.11064	51%-75% Above	No	No
43547068910	CIPROFLOXACIN HCL 500 MG TAB	4	14.00	0.25	0.11064	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
43547068950	CIPROFLOXACIN HCL 500 MG TAB	1	6.00	0.18	0.13551	26%-50% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	1	6.00	0.25	0.13551	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	1	10.00	0.16	0.13551	10%-25% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	1	10.00	0.25	0.13551	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	1	10.00	0.56	0.13551	200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.25	0.13551	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	2	10.00	0.25	0.12374	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	2	14.00	0.25	0.12374	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	2	20.00	0.25	0.12374	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	2	28.00	0.25	0.12374	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	3	6.00	0.01	0.11367	76%-100% Below	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	3	10.00	0.25	0.11367	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.01	0.11367	76%-100% Below	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.15	0.11367	26%-50% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.25	0.11367	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	4	20.00	0.25	0.11064	101%-200% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	12	10.00	0.25	0.13874	76%-100% Above	No	No
43547068950	CIPROFLOXACIN HCL 500 MG TAB	12	20.00	0.25	0.13874	76%-100% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02543	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02524	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	51%-75% Below	No	No
43598009805	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	No	No
43598009805	ATORVASTATIN 10 MG TABLET	12	30.00	0.18	0.02546	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 585

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598009890	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02524	51%-75% Below	No	No
43598009890	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	No	No
43598009890	ATORVASTATIN 10 MG TABLET	12	90.00	0.18	0.02546	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	30.00	0.01	0.03048	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	30.00	0.27	0.03048	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	90.00	0.15	0.03048	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.02955	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.02927	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	3	135.00	0.27	0.02927	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
43598009905	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	12	30.00	0.77	0.03072	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	12	90.00	0.27	0.03072	200% Above	No	No
43598009905	ATORVASTATIN 20 MG TABLET	12	90.00	0.77	0.03072	200% Above	No	No
43598009990	ATORVASTATIN 20 MG TABLET	1	30.00	0.08	0.03048	101%-200% Above	No	No
43598009990	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.02955	51%-75% Below	No	No
43598009990	ATORVASTATIN 20 MG TABLET	2	90.00	0.13	0.02955	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
43598009990	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
43598009990	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.02927	51%-75% Below	No	No
43598009990	ATORVASTATIN 20 MG TABLET	3	90.00	0.13	0.02927	200% Above	No	No
43598009990	ATORVASTATIN 20 MG TABLET	4	30.00	0.01	0.02872	51%-75% Below	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	1	180.00	0.12	0.04141	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	30.00	0.13	0.04031	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	90.00	0.10	0.04031	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	90.00	0.13	0.04031	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	2	90.00	0.15	0.04031	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	30.00	0.13	0.03932	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	3	90.00	0.13	0.03932	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	No	No
43598010105	ATORVASTATIN 40 MG TABLET	12	90.00	0.26	0.04222	200% Above	No	No
43598010190	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	No	No
43598010190	ATORVASTATIN 40 MG TABLET	2	90.00	0.06	0.04031	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 587

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598010190	ATORVASTATIN 40 MG TABLET	2	90.00	0.13	0.04031	200% Above	No	No
43598010190	ATORVASTATIN 40 MG TABLET	2	90.00	0.13	0.04031	200% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	1	90.00	0.13	0.07209	51%-75% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	1	90.00	0.16	0.07209	101%-200% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	2	90.00	0.12	0.07199	51%-75% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	3	90.00	0.13	0.07148	51%-75% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	3	90.00	0.14	0.07148	76%-100% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No
43598010305	ATORVASTATIN 80 MG TABLET	12	90.00	0.77	0.07261	200% Above	No	No
43598010390	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	1	30.00	0.08	0.05336	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	1	90.00	0.07	0.05336	26%-50% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	1	90.00	0.07	0.05336	26%-50% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	2	30.00	0.10	0.05002	101%-200% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	2	90.00	0.07	0.05002	26%-50% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	2	90.00	0.10	0.05002	101%-200% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	3	30.00	0.08	0.04814	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	3	90.00	0.07	0.04814	26%-50% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	3	90.00	0.08	0.04814	51%-75% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.04802	101%-200% Above	No	No
43598012105	CLOPIDOGREL 75 MG TABLET	12	90.00	0.02	0.05625	51%-75% Below	No	No
43598012190	CLOPIDOGREL 75 MG TABLET	3	90.00	0.10	0.04814	101%-200% Above	No	No
43598016360	LUBIPROSTONE 8 MCG CAPSULE	1	180.00	0.34	0.67157	26%-50% Below	Yes	No
43598016360	LUBIPROSTONE 8 MCG CAPSULE	2	60.00	1.30	0.68404	76%-100% Above	No	No
43598016430	OLANZAPINE 5 MG TABLET	1	90.00	0.15	0.09104	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 588

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598016430	OLANZAPINE 5 MG TABLET	12	30.00	0.15	0.09116	51%-75% Above	No	No
43598016630	OLANZAPINE 10 MG TABLET	1	30.00	0.06	0.10700	26%-50% Below	No	No
43598016630	OLANZAPINE 10 MG TABLET	1	30.00	0.13	0.10700	10%-25% Above	No	No
43598016630	OLANZAPINE 10 MG TABLET	2	30.00	0.06	0.10771	26%-50% Below	No	No
43598016630	OLANZAPINE 10 MG TABLET	2	30.00	0.13	0.10771	10%-25% Above	No	No
43598016630	OLANZAPINE 10 MG TABLET	3	30.00	0.06	0.10856	26%-50% Below	No	No
43598016630	OLANZAPINE 10 MG TABLET	12	30.00	0.13	0.10689	10%-25% Above	No	No
43598021040	SSD 1% CREAM	1	400.00	0.09	0.12493	26%-50% Below	No	No
43598021040	SSD 1% CREAM	4	400.00	0.08	0.12545	26%-50% Below	No	No
43598029490	PREGABALIN 100 MG CAPSULE	12	30.00	0.04	0.06547	26%-50% Below	Yes	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	6.67	8.68153	10%-25% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	11.27	8.68153	26%-50% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	13.45	8.68153	51%-75% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	14.69	8.68153	51%-75% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	6.33	8.44583	10%-25% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	13.45	8.44583	51%-75% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	9.33	8.30836	10%-25% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	13.45	8.30836	51%-75% Above	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	4.57	7.77983	26%-50% Below	No	No
43598032675	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	2.00	8.61573	76%-100% Below	No	No
43598037201	COLCHICINE 0.6 MG TABLET	1	14.00	2.09	0.12832	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	3	15.00	0.90	0.12334	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	3	30.00	0.50	0.12334	200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	3	60.00	0.25	0.12334	101%-200% Above	No	No
43598037201	COLCHICINE 0.6 MG TABLET	4	30.00	0.90	0.12992	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 589

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598037201	COLCHICINE 0.6 MG TABLET	12	90.00	0.50	0.13676	200% Above	No	No
43598037230	COLCHICINE 0.6 MG TABLET	1	90.00	0.90	0.12832	200% Above	No	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	1	25.00	0.34	0.14912	101%-200% Above	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	1	75.00	0.09	0.14912	26%-50% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	1	100.00	0.09	0.14912	26%-50% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	2	25.00	0.11	0.15542	26%-50% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	3	25.00	0.10	0.15444	26%-50% Below	Yes	No
43598043611	NITROGLYCERIN 0.4 MG TABLET SL	3	75.00	0.09	0.15444	26%-50% Below	Yes	No
43598044674	NICOTINE 7 MG/24HR PATCH	3	14.00	0.20	1.62016	76%-100% Below	No	No
43598044774	NICOTINE 14 MG/24HR PATCH	1	14.00	0.19	1.60900	76%-100% Below	No	No
43598044774	NICOTINE 14 MG/24HR PATCH	1	28.00	0.19	1.60900	76%-100% Below	No	No
43598044828	NICOTINE 21 MG/24HR PATCH	1	28.00	0.19	1.55003	76%-100% Below	No	No
43598044828	NICOTINE 21 MG/24HR PATCH	1	28.00	0.91	1.55003	26%-50% Below	No	No
43598044874	NICOTINE 21 MG/24HR PATCH	2	42.00	0.96	1.55779	26%-50% Below	No	No
43598049401	NAPROXEN SODIUM 275 MG TAB	1	15.00	0.82	0.26933	200% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	2	60.00	0.41	0.17297	101%-200% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	3	60.00	0.41	0.18731	101%-200% Above	No	No
43598049501	NAPROXEN SODIUM 550 MG TAB	4	40.00	0.41	0.20385	101%-200% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	1	90.00	0.02	0.16597	76%-100% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	1	90.00	0.44	0.16597	101%-200% Above	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	2	30.00	0.14	0.16432	10%-25% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	3	30.00	0.14	0.16577	10%-25% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	4	30.00	0.14	0.16903	10%-25% Below	No	No
43598050930	ESOMEPRAZOLE MAG DR 20 MG CAP	12	30.00	0.14	0.16794	10%-25% Below	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	2	90.00	0.14	0.16432	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 590

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	4	90.00	0.33	0.16903	76%-100% Above	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	12	30.00	0.14	0.16794	10%-25% Below	No	No
43598050990	ESOMEPRAZOLE MAG DR 20 MG CAP	12	90.00	0.33	0.16794	76%-100% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.42	0.14339	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.44	0.14339	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	0.42	0.14145	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.42	0.14145	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.33	0.13883	101%-200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.42	0.13883	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.42	0.13883	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.44	0.13883	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	0.44	0.14295	200% Above	No	No
43598051010	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.44	0.14295	200% Above	No	No
43598051030	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.98	0.14339	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.42	0.14339	101%-200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.42	0.14145	101%-200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.42	0.13883	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.42	0.13883	200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.33	0.14295	101%-200% Above	No	No
43598051090	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.44	0.14295	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	1	30.00	0.50	0.08964	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	1	45.00	0.51	0.08964	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	2	30.00	0.51	0.09637	200% Above	No	No
43598056601	FLUOXETINE HCL 20 MG TABLET	12	30.00	0.53	0.08957	200% Above	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	1	30.00	0.78	1.33265	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 591

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.78	1.34053	26%-50% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	2	45.00	0.16	1.34053	76%-100% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	3	30.00	0.78	1.29416	26%-50% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	12	30.00	0.81	1.55747	26%-50% Below	No	No
43598057930	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	12	45.00	0.67	1.55747	51%-75% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	14.00	1.67	2.00487	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	14.00	3.17	2.00487	51%-75% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	30.00	1.67	2.00487	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	56.00	1.67	2.00487	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	60.00	3.17	2.00487	51%-75% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	75.00	3.17	2.00487	51%-75% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	90.00	3.17	2.00487	51%-75% Above	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	14.00	1.67	2.06930	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	30.00	1.67	2.06930	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	60.00	1.58	2.06930	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	60.00	1.67	2.06930	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	75.00	1.67	2.06930	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	90.00	1.67	2.06930	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	14.00	1.67	2.06157	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	28.00	1.67	2.06157	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	42.00	1.67	2.06157	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	60.00	0.33	2.06157	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	60.00	1.67	2.06157	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	90.00	1.67	2.06157	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	28.00	1.67	2.06752	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 592

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	60.00	0.33	2.06752	76%-100% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	60.00	1.67	2.06752	10%-25% Below	No	No
43598058230	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	30.00	1.67	1.93917	10%-25% Below	No	No
43598058811	DIFLUPREDNATE 0.05% EYE DROP	1	5.00	6.38	10.45989	26%-50% Below	No	No
43598061930	SAXAGLIPTIN-METFORMIN ER 5-1,000 MG TABLET	3	90.00	12.22	10.60758	10%-25% Above	Yes	No
43598061930	SAXAGLIPTIN-METFORMIN ER 5-1,000 MG TABLET	12	90.00	12.22	9.48684	26%-50% Above	Yes	No
43598062030	SAXA/METFOR TAB 5-500MG	1	60.00	9.95	.		Yes	No
43598062030	SAXA/METFOR TAB 5-500MG	3	180.00	9.95	.		Yes	No
43598062030	SAXA/METFOR TAB 5-500MG	12	60.00	4.78	.		Yes	No
43598062960	TICAGRELOR 60 MG TABLET	1	60.00	3.53	4.13213	10%-25% Below	Yes	No
43598062960	TICAGRELOR 60 MG TABLET	2	60.00	1.59	2.36829	26%-50% Below	Yes	No
43598062960	TICAGRELOR 60 MG TABLET	2	180.00	1.59	2.36829	26%-50% Below	Yes	No
43598062960	TICAGRELOR 60 MG TABLET	3	60.00	1.59	0.61967	101%-200% Above	Yes	No
43598062960	TICAGRELOR 60 MG TABLET	4	60.00	1.59	0.31945	200% Above	Yes	No
43598071901	CHLORTHALIDONE 25 MG TABLET	1	15.00	0.51	0.08632	200% Above	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.37	0.08632	200% Above	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	2	15.00	0.51	0.08331	200% Above	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.01	0.08331	76%-100% Below	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	3	15.00	0.51	0.08534	200% Above	No	No
43598071901	CHLORTHALIDONE 25 MG TABLET	12	15.00	0.51	0.08869	200% Above	No	No
43598072001	CHLORTHALIDONE 50 MG TABLET	1	30.00	0.40	0.14208	101%-200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	1	180.00	1.03	0.16212	200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	1	180.00	1.92	0.16212	200% Above	No	No
43598072101	HYDROXYCHLOROQUINE 200 MG TAB	3	180.00	0.45	0.16363	101%-200% Above	No	No
43598073330	ARIPIPRAZOLE ODT 10 MG TABLET	4	30.00	5.00	2.85642	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 593

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43598081112	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06636	26%-50% Below	No	No
43598081112	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06232	26%-50% Below	No	No
43598081112	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.04	0.06308	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	7.00	0.01	0.06636	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	10.00	0.02	0.06636	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.02	0.06636	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06636	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.04	0.06636	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.05	0.06636	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	60.00	0.02	0.06636	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	60.00	0.02	0.06636	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	60.00	0.03	0.06636	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.02	0.06636	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.03	0.06636	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.02	0.06232	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06232	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06232	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06232	10%-25% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	60.00	0.02	0.06232	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.01	0.06232	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.02	0.06232	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.02	0.06109	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06109	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06109	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.05	0.06109	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 594

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.02	0.06109	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.02	0.06109	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.02	0.06109	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	3	120.00	0.02	0.06109	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.02	0.06308	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.02	0.06308	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.04	0.06308	26%-50% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	60.00	0.02	0.06308	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.02	0.06308	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.02	0.06308	51%-75% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.01	0.07146	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.01	0.07146	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.02	0.07146	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.01	0.07146	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.02	0.07146	76%-100% Below	No	No
43598081115	CETIRIZINE HCL 10 MG TABLET	12	90.00	0.02	0.07146	51%-75% Below	No	No
43598096530	ARIPIRAZOLE 2 MG TABLET	1	90.00	0.47	0.11900	200% Above	Yes	No
43598096530	ARIPIRAZOLE 2 MG TABLET	3	180.00	0.47	0.11188	200% Above	Yes	No
43598096930	ARIPIRAZOLE 20 MG TABLET	1	30.00	0.82	0.17401	200% Above	No	No
43598097710	DICLOFENAC SODIUM 1% GEL	3	200.00	0.14	0.08983	51%-75% Above	No	No
43598097710	DICLOFENAC SODIUM 1% GEL	12	200.00	0.14	0.09532	26%-50% Above	No	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.50	0.56168	10%-25% Below	Yes	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.95	0.55482	51%-75% Above	Yes	No
43975027910	DEXTROAMP-AMPHET ER 15 MG CAP	4	30.00	0.21	0.53855	51%-75% Below	Yes	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.61634	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 595

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.95	0.61634	51%-75% Above	Yes	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.33	0.60523	26%-50% Below	Yes	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.50	0.60523	10%-25% Below	Yes	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.95	0.60523	51%-75% Above	Yes	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	2	60.00	0.25	0.60523	51%-75% Below	Yes	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.61911	10%-25% Below	Yes	No
43975028010	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.95	0.61911	51%-75% Above	Yes	No
43975028110	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	0.95	0.48958	76%-100% Above	No	No
43975028110	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	0.93	0.51221	76%-100% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.95	0.48569	76%-100% Above	No	No
43975028210	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.95	0.52822	76%-100% Above	No	No
43975030510	FENOFIBRATE 134 MG CAPSULE	3	90.00	0.17	0.11024	51%-75% Above	No	No
43975030610	FENOFIBRATE 200 MG CAPSULE	3	30.00	0.01	0.16897	76%-100% Below	No	No
43975030610	FENOFIBRATE 200 MG CAPSULE	12	90.00	0.00	0.15927	76%-100% Below	No	No
43975032303	TOLTERODINE TART ER 4 MG CAP	3	90.00	1.01	0.23698	200% Above	Yes	No
43975032309	TOLTERODINE TART ER 4 MG CAP	2	90.00	1.01	0.25169	200% Above	No	No
43975035003	PALIPERIDONE ER 3 MG TABLET	1	30.00	0.54	1.15268	51%-75% Below	Yes	No
44523045020	TINIDAZOLE 500 MG TABLET	3	10.00	1.10	2.19340	26%-50% Below	No	No
44523056008	SOD SUL/SULF EMU 10-5%WSH	1	227.00	0.06	.		Yes	No
44523056008	SOD SUL/SULF EMU 10-5%WSH	2	227.00	0.06	.		Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	1	28.00	0.09	0.11174	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	1	28.00	0.09	0.11174	10%-25% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	2	28.00	0.09	0.10763	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	2	28.00	0.09	0.10763	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	3	28.00	0.09	0.10681	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 596

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802000403	HYDROCORTISONE 2.5% CREAM	3	28.00	0.09	0.10681	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	3	30.00	0.09	0.10681	10%-25% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	3	56.00	0.09	0.10681	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	4	28.00	0.09	0.09969	10%-25% Below	No	No
45802000403	HYDROCORTISONE 2.5% CREAM	4	28.00	0.09	0.09969	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	12	28.00	0.09	0.11121	10%-25% Below	Yes	No
45802000403	HYDROCORTISONE 2.5% CREAM	12	28.00	0.10	0.11121	10%-25% Below	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	1	20.00	0.07	0.12178	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	1	20.00	0.13	0.12178	10%-25% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	1	20.00	0.18	0.12178	26%-50% Above	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	2	20.00	0.07	0.12234	26%-50% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	3	20.00	0.07	0.12298	26%-50% Below	No	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	12	20.00	0.04	0.12136	51%-75% Below	Yes	No
45802001402	HYDROCORTISONE 2.5% OINTMENT	12	20.00	0.07	0.12136	26%-50% Below	Yes	No
45802002146	BETAMETHASONE DP 0.05% LOT	1	60.00	0.16	0.32787	51%-75% Below	Yes	No
45802002146	BETAMETHASONE DP 0.05% LOT	2	60.00	0.16	0.32181	26%-50% Below	Yes	No
45802002146	BETAMETHASONE DP 0.05% LOT	3	60.00	0.16	0.30957	26%-50% Below	Yes	No
45802002146	BETAMETHASONE DP 0.05% LOT	3	60.00	0.36	0.30957	10%-25% Above	Yes	No
45802004635	GENTAMICIN 0.1% OINTMENT	2	15.00	0.51	1.01923	26%-50% Below	No	No
45802004811	NYSTATIN 100,000 UNIT/GM OINT	2	30.00	0.17	0.25652	26%-50% Below	No	No
45802004811	NYSTATIN 100,000 UNIT/GM OINT	3	30.00	0.17	0.24795	26%-50% Below	No	No
45802005302	BETAMETHASONE VALER 0.12% FOAM	3	100.00	0.86	0.72338	10%-25% Above	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	1	15.00	0.07	0.24589	51%-75% Below	No	No
45802005435	TRIAMCINOLONE 0.025% OINT	2	30.00	0.05	0.24638	76%-100% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	2	30.00	0.07	0.24638	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 597

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802005435	TRIAMCINOLONE 0.025% OINT	3	60.00	0.05	0.24709	76%-100% Below	Yes	No
45802005435	TRIAMCINOLONE 0.025% OINT	4	60.00	0.07	0.25147	51%-75% Below	Yes	No
45802005436	TRIAMCINOLONE 0.025% OINT	1	60.00	0.04	0.07571	26%-50% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	4	30.00	0.06	0.11542	26%-50% Below	Yes	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	7	30.00	0.08	0.13002	26%-50% Below	No	No
45802005535	TRIAMCINOLONE 0.1% OINTMENT	12	15.00	0.05	0.11575	51%-75% Below	Yes	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	2	240.00	0.03	0.06491	51%-75% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	3	80.00	0.03	0.06466	26%-50% Below	No	No
45802005536	TRIAMCINOLONE 0.1% OINTMENT	12	80.00	0.03	0.06562	51%-75% Below	No	No
45802005635	GENTAMICIN 0.1% CREAM	2	15.00	0.43	0.94333	51%-75% Below	Yes	No
45802005911	NYSTATIN 100,000 UNIT/GM CREAM	4	30.00	0.19	0.15694	10%-25% Above	No	No
45802005935	NYSTATIN 100,000 UNIT/GM CREAM	12	15.00	0.60	0.20144	101%-200% Above	No	No
45802006335	TRIAMCINOLONE 0.025% CREAM	1	30.00	0.05	0.12028	51%-75% Below	No	No
45802006335	TRIAMCINOLONE 0.025% CREAM	2	30.00	0.05	0.12230	51%-75% Below	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.06	0.05053	10%-25% Above	No	No
45802006436	TRIAMCINOLONE 0.1% CREAM	1	80.00	0.07	0.05053	26%-50% Above	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	1	15.00	0.14	0.20280	26%-50% Below	No	No
45802006535	TRIAMCINOLONE 0.5% CREAM	1	45.00	0.14	0.20280	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	1.50	2.64905	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	1.65	2.64905	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	3.33	2.64905	10%-25% Above	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	2	23.00	1.50	2.47956	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	2	23.00	1.65	2.47956	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	1.50	2.25539	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	1.57	2.25539	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 598

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	1.65	2.25539	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	3	23.00	2.69	2.25539	10%-25% Above	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	1.13	2.20148	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	1.65	2.20148	10%-25% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	4	23.00	3.34	2.20148	51%-75% Above	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	12	23.00	1.50	2.69944	26%-50% Below	Yes	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	12	23.00	1.81	2.69944	26%-50% Below	No	No
45802006601	AZELASTIN-FLUTIC 137-50 MCG SPR	12	23.00	1.81	2.69944	26%-50% Below	Yes	No
45802008801	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.10	1.84934	26%-50% Below	No	No
45802008801	ALBUTEROL HFA 90 MCG INHALER	1	8.50	2.55	1.84934	26%-50% Above	No	No
45802008801	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.57	1.77266	10%-25% Below	No	No
45802008801	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.10	1.74120	26%-50% Below	No	No
45802008801	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.95	1.74120	10%-25% Above	No	No
45802008801	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.58	1.90691	10%-25% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	1	42.50	0.47	0.41977	10%-25% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	1	42.50	0.82	0.41977	76%-100% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	1	42.50	1.01	0.41977	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	1	42.50	1.61	0.41977	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	1	127.50	1.61	0.41977	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	2	42.50	0.82	0.41552	76%-100% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	2	42.50	2.24	0.41552	200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	3	42.50	0.35	0.40801	10%-25% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	3	42.50	0.82	0.40801	76%-100% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	3	42.50	0.97	0.40801	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	4	42.50	0.47	0.40019	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 599

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	42.50	0.82	0.40019	101%-200% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	12	42.50	0.35	0.41941	10%-25% Below	No	No
45802009735	ESTRADIOL 0.01% CREAM	12	42.50	0.52	0.41941	10%-25% Above	No	No
45802009735	ESTRADIOL 0.01% CREAM	12	42.50	0.85	0.41941	101%-200% Above	No	No
45802009851	MESALAMINE 4 GM/60 ML ENEMA	3	1680.00	0.12	0.10394	10%-25% Above	Yes	No
45802010284	IVERMECTIN 1% CREAM	2	45.00	1.80	3.06364	26%-50% Below	No	No
45802010284	IVERMECTIN 1% CREAM	12	45.00	4.50	3.25340	26%-50% Above	No	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	1	30.50	0.49	0.86647	26%-50% Below	No	No
45802010401	OLOPATADINE 665 MCG NASAL SPRY	1	30.50	0.49	0.86647	26%-50% Below	No	No
45802010901	TRIAMCINOLONE 55 MCG NASAL SPR	1	16.90	1.01	0.73465	26%-50% Above	No	No
45802010901	TRIAMCINOLONE 55 MCG NASAL SPR	2	16.90	0.57	0.75180	10%-25% Below	No	No
45802010901	TRIAMCINOLONE 55 MCG NASAL SPR	3	16.90	1.01	0.76136	26%-50% Above	No	No
45802011214	MUPIROCIN 2% OINTMENT	2	45.00	0.22	0.28072	10%-25% Below	No	No
45802011214	MUPIROCIN 2% OINTMENT	3	15.00	0.44	0.28528	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.17	0.13574	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.23	0.13574	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.25	0.13574	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.25	0.13574	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.29	0.13574	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.29	0.13574	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	1	22.00	0.32	0.13574	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.17	0.13256	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.25	0.13256	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.27	0.13256	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.29	0.13256	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 600

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	22.00	0.29	0.13256	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	2	22.00	0.32	0.13256	101%-200% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	0.17	0.13224	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	0.23	0.13224	51%-75% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	3	22.00	0.25	0.13224	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	7	22.00	0.20	0.15712	26%-50% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	0.17	0.13656	10%-25% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	0.25	0.13656	76%-100% Above	No	No
45802011222	MUPIROCIN 2% OINTMENT	12	22.00	0.29	0.13656	101%-200% Above	No	No
45802011846	MOMETASONE FUROATE 0.1% SOLN	3	60.00	0.23	0.47319	51%-75% Below	No	No
45802011937	MOMETASONE FUROATE 0.1% OINT	12	60.00	0.12	0.31870	51%-75% Below	Yes	No
45802011942	MOMETASONE FUROATE 0.1% OINT	12	45.00	0.14	0.22722	26%-50% Below	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.61	0.29846	101%-200% Above	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	2	60.00	0.25	0.29247	10%-25% Below	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.25	0.29508	10%-25% Below	No	No
45802012801	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.26	0.29508	10%-25% Below	No	No
45802013132	HALOBETASOL PROP 0.05% OINTMNT	3	50.00	0.61	0.49355	10%-25% Above	No	No
45802014762	CETIRIZINE-PSE ER 5-120 MG TAB	1	48.00	0.51	0.57637	10%-25% Below	No	No
45802025735	MOMETASONE FUROATE 0.1% CREAM	3	30.00	0.17	0.40870	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	1	60.00	0.12	0.27868	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	1	60.00	0.16	0.27868	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	1	60.00	0.17	0.27868	26%-50% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	1	60.00	0.48	0.27868	51%-75% Above	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	2	60.00	0.14	0.27807	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 601

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.12	0.28918	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.13	0.28918	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.14	0.28918	51%-75% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.17	0.28918	26%-50% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	4	60.00	0.14	0.29439	51%-75% Below	No	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	4	60.00	0.14	0.29439	51%-75% Below	Yes	No
45802026337	CLINDAMYCIN PHOS 1% PLEDGET	12	60.00	0.16	0.28265	26%-50% Below	No	No
45802026937	PERMETHRIN 5% CREAM	1	60.00	0.14	0.23393	26%-50% Below	No	No
45802026937	PERMETHRIN 5% CREAM	1	60.00	0.34	0.23393	26%-50% Above	No	No
45802026937	PERMETHRIN 5% CREAM	3	120.00	0.13	0.22780	26%-50% Below	No	No
45802026937	PERMETHRIN 5% CREAM	12	60.00	0.15	0.23931	26%-50% Below	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	2	24.00	0.51	0.68360	10%-25% Below	Yes	No
45802036862	IMIQUIMOD 5% CREAM PACKET	3	12.00	0.51	0.68030	10%-25% Below	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	3	12.00	1.66	0.68030	101%-200% Above	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	3	24.00	0.51	0.68030	10%-25% Below	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	3	24.00	2.03	0.68030	101%-200% Above	No	No
45802036862	IMIQUIMOD 5% CREAM PACKET	4	24.00	2.03	0.66444	200% Above	No	No
45802038301	CLINDAMYC-BNZ PEROX 1.2-3.75%	2	50.00	2.45	4.09182	26%-50% Below	No	No
45802038301	CLINDAMYC-BNZ PEROX 1.2-3.75%	3	50.00	2.36	3.35470	26%-50% Below	No	No
45802040109	CICLOPIROX 1% SHAMPOO	1	120.00	0.10	0.29819	51%-75% Below	No	No
45802040109	CICLOPIROX 1% SHAMPOO	3	120.00	0.08	0.31780	51%-75% Below	No	No
45802041926	AMMONIUM LACTATE 12% LOTION	1	400.00	0.08	0.06619	10%-25% Above	Yes	No
45802043803	HYDROCORTISONE 1% CREAM	3	28.00	0.43	0.06190	200% Above	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.04	0.08253	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.08253	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	3	360.00	0.05	0.07981	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	5	120.00	0.05	0.08824	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.04	0.08364	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.08364	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.08364	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.08364	26%-50% Below	Yes	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.06	0.08364	26%-50% Below	No	No
45802046564	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.14	0.08364	51%-75% Above	No	No
45802047265	HC PRAMOXINE CRE 30X4GM	2	120.00	1.29	.		No	No
45802048526	FLUOCINOLONE 0.01% SCALP OIL	2	118.28	0.20	0.16655	10%-25% Above	No	No
45802049383	AMMONIUM LACTATE 12% CREAM	1	560.00	0.03	0.06352	26%-50% Below	No	No
45802049535	DESOXIMETASONE 0.25% CREAM	4	60.00	0.48	0.39237	10%-25% Above	Yes	No
45802050901	CLINDAMYCIN-BENZOYL PEROX 1-5%	2	25.00	0.20	0.81609	51%-75% Below	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	1	60.00	0.36	0.16169	101%-200% Above	No	No
45802056202	CLINDAMYCIN PH 1% SOLUTION	12	60.00	0.12	0.15879	26%-50% Below	No	No
45802057884	NALOXONE HCL 4 MG NASAL SPRAY	4	2.00	27.36	15.69879	51%-75% Above	No	No
45802059806	SUMATRIPTAN 20 MG NASAL SPRAY	4	6.00	1.08	15.99637	76%-100% Below	No	No
45802061001	TESTOSTERONE 30 MG/1.5 ML PUMP	1	90.00	0.74	0.58326	26%-50% Above	No	No
45802061001	TESTOSTERONE 30 MG/1.5 ML PUMP	4	90.00	0.74	0.64761	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	1	35.00	0.05	0.02151	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	1	90.00	0.04	0.02151	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	1	180.00	0.04	0.02151	76%-100% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	2	90.00	0.04	0.02133	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	2	180.00	0.04	0.02133	76%-100% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	3	300.00	0.03	0.02104	51%-75% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	4	300.00	0.04	0.02137	76%-100% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	12	75.00	0.05	0.02158	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	12	120.00	0.05	0.02158	101%-200% Above	No	No
45802062626	CETIRIZINE HCL 1 MG/ML SOLN	12	180.00	0.04	0.02158	76%-100% Above	No	No
45802065065	LORATADINE 10 MG TABLET	1	90.00	0.13	0.05327	101%-200% Above	No	No
45802065078	LORATADINE 10 MG TABLET	1	60.00	0.03	0.05327	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	1	90.00	0.03	0.05327	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	1	90.00	0.13	0.05327	101%-200% Above	Yes	No
45802065078	LORATADINE 10 MG TABLET	2	90.00	0.03	0.05314	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	3	14.00	0.04	0.05353	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05353	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	3	30.00	0.04	0.05353	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	3	90.00	0.03	0.05353	26%-50% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	12	15.00	0.04	0.05535	10%-25% Below	Yes	No
45802065078	LORATADINE 10 MG TABLET	12	30.00	0.13	0.05535	101%-200% Above	Yes	No
45802065087	LORATADINE 10 MG TABLET	2	20.00	0.04	0.05314	26%-50% Below	No	No
45802066032	CLINDAMYCIN PHOSPHATE 1% FOAM	12	50.00	1.25	2.46747	26%-50% Below	No	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	75.00	0.20	0.14852	26%-50% Above	Yes	No
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	4	75.00	0.20	0.14091	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
45802068028	LEVOCETIRIZINE 2.5 MG/5 ML SOL	4	150.00	0.20	0.14091	26%-50% Above	Yes	No
45802073684	CLIND PH-BENZOYL PEROX 1.2-5%	1	45.00	0.21	0.48771	51%-75% Below	Yes	No
45802073684	CLIND PH-BENZOYL PEROX 1.2-5%	2	45.00	0.21	0.45842	51%-75% Below	Yes	No
45802073684	CLIND PH-BENZOYL PEROX 1.2-5%	3	45.00	0.21	0.43237	26%-50% Below	Yes	No
45802075401	TESTOSTERONE 1.62% GEL PUMP	1	75.00	0.22	0.41331	26%-50% Below	No	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	2	12.00	1.29	2.05812	26%-50% Below	No	No
45802075930	PROMETHAZINE 25 MG SUPPOSITORY	3	15.00	1.54	1.95715	10%-25% Below	No	No
45802076160	FLUOCINONIDE 0.05% GEL	1	60.00	0.38	0.83776	51%-75% Below	Yes	No
45802076160	FLUOCINONIDE 0.05% GEL	3	60.00	0.57	0.80537	26%-50% Below	No	No
45802086802	POLYETHYLENE GLYCOL 3350 POWD	12	238.00	0.06	0.02480	101%-200% Above	No	No
45802087305	NICOTINE 4 MG LOZENGE	3	144.00	0.22	0.33202	26%-50% Below	No	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	2	120.00	0.01	0.04073	51%-75% Below	No	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	2	120.00	0.01	0.04073	51%-75% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	2	120.00	0.01	0.04073	51%-75% Below	Yes	No
45802095226	IBUPROFEN 100 MG/5 ML SUSP	12	240.00	0.01	0.04189	51%-75% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	1	250.00	0.01	0.02496	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	2	120.00	0.01	0.02394	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	2	300.00	0.01	0.02394	26%-50% Below	Yes	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	12	120.00	0.02	0.02565	26%-50% Below	No	No
45802095243	IBUPROFEN 100 MG/5 ML SUSP	12	354.00	0.01	0.02565	26%-50% Below	Yes	No
45802096126	CLOBETASOL 0.05% SHAMPOO	1	118.00	0.75	0.22174	200% Above	No	No
45802096126	CLOBETASOL 0.05% SHAMPOO	2	118.00	0.38	0.20148	76%-100% Above	No	No
45802096126	CLOBETASOL 0.05% SHAMPOO	3	118.00	0.38	0.21310	76%-100% Above	No	No
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	1	300.00	0.04	0.03589	10%-25% Above	No	No
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	2	300.00	0.04	0.03680	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	3	300.00	0.04	0.03744	10%-25% Above	No	No
45802097426	CETIRIZINE HCL 1 MG/ML SOLN	12	300.00	0.05	0.03609	26%-50% Above	No	No
45963030509	DEXTROAMPHETAMINE ER 15 MG CAP	1	30.00	0.69	1.68449	51%-75% Below	Yes	No
45963030509	DEXTROAMPHETAMINE ER 15 MG CAP	2	30.00	0.69	1.57912	51%-75% Below	Yes	No
45963030509	DEXTROAMPHETAMINE ER 15 MG CAP	3	30.00	0.69	1.51466	51%-75% Below	Yes	No
45963030509	DEXTROAMPHETAMINE ER 15 MG CAP	12	30.00	0.69	1.73828	51%-75% Below	Yes	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	1	75.00	0.01	0.01853	26%-50% Below	No	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	1	300.00	0.03	0.01853	51%-75% Above	No	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	2	300.00	0.01	0.01873	26%-50% Below	No	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	2	450.00	0.01	0.01873	26%-50% Below	No	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	3	300.00	0.01	0.01909	26%-50% Below	No	No
45963043965	CONSTULOSE 10 GM/15 ML SOLN	4	300.00	0.01	0.01853	26%-50% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	1	60.00	0.02	0.02137	10%-25% Below	No	No
45963055550	GABAPENTIN 100 MG CAPSULE	2	90.00	0.05	0.02124	101%-200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	9.00	0.10	0.03415	101%-200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	30.00	0.14	0.03415	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	60.00	0.03	0.03415	10%-25% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	90.00	0.14	0.03415	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	1	180.00	0.14	0.03415	200% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	28.00	0.04	0.03342	10%-25% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	30.00	0.04	0.03342	10%-25% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	30.00	0.06	0.03342	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	2	90.00	0.06	0.03342	76%-100% Above	No	No
45963055650	GABAPENTIN 300 MG CAPSULE	12	15.00	0.18	0.03399	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
45963067711	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.29	0.08224	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.33	0.08180	200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.15	0.08130	76%-100% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.22	0.08130	101%-200% Above	No	No
45963067711	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.35	0.08718	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	1	15.00	0.01	0.05703	76%-100% Below	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.26	0.05703	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.24	0.05703	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.26	0.05703	200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.12	0.05730	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.14	0.05730	101%-200% Above	No	No
45963070911	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.12	0.05730	101%-200% Above	No	No
46122002904	OMEPRazole DR 20 MG TABLET	4	84.00	0.33	0.39397	10%-25% Below	No	No
46122004378	GNP ALCOHOL PAD SWABS	2	100.00	0.02	.		No	No
46122004378	GNP ALCOHOL PAD SWABS	3	100.00	0.02	.		No	No
46122062662	ALL DAY ALLERGY-D TABLET	2	24.00	0.41	0.58858	26%-50% Below	No	No
46122073904	GNP OMEPRazole DR 20 MG TABLET	1	84.00	0.31	0.41068	10%-25% Below	No	No
46122081271	GNP NALOXONE HCL 4 MG NASAL SP	2	2.00	9.97	15.42070	26%-50% Below	No	No
46287000601	SPS 15 GM/60 ML SUSPENSION	3	60.00	0.32	0.43693	26%-50% Below	No	No
47335027641	SUMATRIPTAN 6 MG/0.5 ML AUTOINJ	4	1.00	10.00	70.10154	76%-100% Below	No	No
47335030788	ZOLPIDEM TART ER 6.25 MG TAB	2	30.00	0.33	0.11720	101%-200% Above	No	No
47335030788	ZOLPIDEM TART ER 6.25 MG TAB	2	90.00	0.21	0.11720	76%-100% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.17	0.11158	26%-50% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.37	0.11158	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	1	90.00	0.22	0.11158	76%-100% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	3	30.00	0.17	0.11078	26%-50% Above	No	No
47335030888	ZOLPIDEM TART ER 12.5 MG TAB	12	30.00	0.17	0.11174	26%-50% Above	No	No
47335032683	NALTREXONE 50 MG TABLET	2	30.00	0.63	1.22924	26%-50% Below	No	No
47335032683	NALTREXONE 50 MG TABLET	3	30.00	0.63	1.22473	26%-50% Below	No	No
47335032683	NALTREXONE 50 MG TABLET	4	30.00	0.63	1.20952	26%-50% Below	No	No
47335032683	NALTREXONE 50 MG TABLET	12	15.00	0.63	1.26432	26%-50% Below	No	No
47335032683	NALTREXONE 50 MG TABLET	12	30.00	0.63	1.26432	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	1	30.00	0.63	1.25205	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	1	30.00	0.63	1.25205	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	1	45.00	0.63	1.25205	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	1	90.00	0.58	1.25205	51%-75% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	1	90.00	0.63	1.25205	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	2	30.00	0.17	1.22924	76%-100% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	2	30.00	0.63	1.22924	26%-50% Below	No	No
47335032688	NALTREXONE 50 MG TABLET	2	30.00	0.63	1.22924	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	2	45.00	0.63	1.22924	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	2	90.00	0.58	1.22924	51%-75% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	3	30.00	0.63	1.22473	26%-50% Below	Yes	No
47335032688	NALTREXONE 50 MG TABLET	12	45.00	0.63	1.26432	26%-50% Below	No	No
47335048583	BICALUTAMIDE 50 MG TABLET	3	45.00	0.22	0.40279	26%-50% Below	Yes	No
47335048583	BICALUTAMIDE 50 MG TABLET	3	90.00	0.30	0.40279	10%-25% Below	Yes	No
47335053981	NIACIN ER 500 MG TABLET	2	90.00	0.22	0.16270	26%-50% Above	Yes	No
47335063149	BUDESONIDE 0.25 MG/2 ML SUSP	4	120.00	0.49	0.75111	26%-50% Below	No	No
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.06	0.77586	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	1	120.00	1.02	0.77586	26%-50% Above	No	No
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	2	120.00	0.55	0.75026	26%-50% Below	No	No
47335063249	BUDESONIDE 0.5 MG/2 ML SUSP	3	360.00	0.05	0.71992	76%-100% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.06106	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.08	0.06106	26%-50% Above	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.06106	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.06106	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.06106	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.08	0.06106	26%-50% Above	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06037	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06037	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06037	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	300.00	0.03	0.06037	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	300.00	0.03	0.06037	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.03	0.05994	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.03	0.05994	26%-50% Below	No	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.03	0.05994	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	375.00	0.03	0.05994	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	375.00	0.03	0.05994	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	225.00	0.03	0.06064	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.00	0.03	0.06237	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.00	0.04	0.06237	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.00	0.04	0.06237	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	75.00	0.08	0.06237	26%-50% Above	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.00	0.03	0.06237	51%-75% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.00	0.04	0.06237	26%-50% Below	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.00	0.08	0.06237	26%-50% Above	Yes	No
47335070349	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	300.00	0.03	0.06237	51%-75% Below	Yes	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.02	0.06447	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	90.00	0.03	0.06447	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	180.00	0.03	0.06447	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	180.00	0.08	0.06447	10%-25% Above	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.06480	51%-75% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.06480	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.06542	26%-50% Below	No	No
47335070352	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.03	0.06432	51%-75% Below	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	360.00	0.03	0.06279	26%-50% Below	No	No
47335070354	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.04	0.06441	26%-50% Below	No	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	270.00	0.07	0.09057	10%-25% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	90.00	0.05	0.08841	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	270.00	0.04	0.08841	51%-75% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.04	0.08867	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.04	0.08867	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	360.00	0.05	0.08867	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	270.00	0.04	0.08768	26%-50% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	360.00	0.04	0.08768	51%-75% Below	Yes	No
47335075649	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	180.00	0.05	0.09067	26%-50% Below	Yes	No
47335092867	RISEDRONATE SODIUM 150 MG TAB	3	3.00	26.36	17.40653	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47781010444	ESTRADIOL 0.01% CREAM	1	42.50	0.59	0.41977	26%-50% Above	No	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.15	0.24545	26%-50% Below	No	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.11	0.23861	51%-75% Below	Yes	No
47781017401	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	60.00	0.11	0.23861	51%-75% Below	Yes	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.11	0.25130	51%-75% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.17	0.25130	26%-50% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.11	0.24258	51%-75% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.11	0.24258	51%-75% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.11	0.24340	51%-75% Below	No	No
47781017601	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.11	0.24340	51%-75% Below	No	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.17	0.29359	26%-50% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.25	0.29359	10%-25% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.11	0.27345	51%-75% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.17	0.27345	26%-50% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.17	0.26594	26%-50% Below	Yes	No
47781017801	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.17	0.27525	26%-50% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.26	0.31944	10%-25% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.11	0.30965	51%-75% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.30965	26%-50% Below	Yes	No
47781017901	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.30965	26%-50% Below	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	26.00	0.17	0.12005	26%-50% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	40.00	0.17	0.12005	26%-50% Above	No	No
47781019601	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	6.00	0.18	0.11786	51%-75% Above	Yes	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	8.00	0.40	0.11869	200% Above	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	13.00	0.17	0.11869	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 611

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	4.00	0.17	0.11777	26%-50% Above	No	No
47781019605	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	12.00	0.17	0.11777	26%-50% Above	No	No
47781022905	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	10.00	0.30	0.18421	51%-75% Above	No	No
47781023001	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	100.00	0.11	0.24154	51%-75% Below	No	No
47781023005	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	2.00	0.11	0.24056	51%-75% Below	No	No
47781023005	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	40.00	0.21	0.24567	10%-25% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	14.00	3.17	2.00487	51%-75% Above	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	60.00	3.17	2.00487	51%-75% Above	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	90.00	0.33	2.00487	76%-100% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	60.00	1.67	2.06930	10%-25% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	90.00	0.33	2.06930	76%-100% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	60.00	1.67	2.06157	10%-25% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	90.00	0.33	2.06157	76%-100% Below	No	No
47781035703	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	90.00	1.07	1.93917	26%-50% Below	No	No
47781038426	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.08	0.17483	51%-75% Below	Yes	No
47781042347	FENTANYL 12 MCG/HR PATCH	4	10.00	4.96	9.35389	26%-50% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	0.67	3.17460	76%-100% Below	No	No
47781056301	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	0.67	2.64750	51%-75% Below	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	0.67	3.18381	76%-100% Below	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	5.91	3.18381	76%-100% Above	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	0.58	3.36979	76%-100% Below	No	No
47781056401	LISDEXAMFETAMINE 30 MG CAPSULE	12	30.00	5.91	3.36979	51%-75% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	0.39	3.21897	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	5.91	3.21897	76%-100% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	5.91	3.09944	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 612

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	0.39	3.06463	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	0.50	3.06463	76%-100% Below	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	5.91	3.06463	76%-100% Above	No	No
47781056501	LISDEXAMFETAMINE 40 MG CAPSULE	3	90.00	0.50	3.06463	76%-100% Below	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	5.91	2.97592	76%-100% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	5.91	2.90963	101%-200% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	5.91	2.82863	101%-200% Above	No	No
47781056601	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	5.91	3.10267	76%-100% Above	No	No
47781056701	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	0.72	2.95753	51%-75% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	0.35	2.96601	76%-100% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	6.03	2.96601	101%-200% Above	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	0.35	2.85019	76%-100% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	0.97	2.85019	51%-75% Below	No	No
47781056801	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	0.35	2.88011	76%-100% Below	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.12	0.03841	200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.25	0.03841	200% Above	No	No
47781064010	LEVOTHYROXINE 25 MCG TABLET	3	135.00	0.03	0.03749	10%-25% Below	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.04	0.03841	10%-25% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.05	0.03841	26%-50% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.12	0.03841	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.13	0.03841	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.05	0.03758	26%-50% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.12	0.03758	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	2	38.00	0.12	0.03758	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	2	75.00	0.12	0.03758	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 613

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
47781064090	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.11	0.03758	101%-200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.04	0.03749	10%-25% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.12	0.03749	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	3	38.00	0.12	0.03749	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	3	75.00	0.12	0.03749	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.12	0.03749	200% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.05	0.03796	26%-50% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.05	0.03948	10%-25% Above	No	No
47781064090	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.12	0.03948	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.15	0.04706	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.15	0.04706	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.15	0.04610	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.15	0.04610	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.15	0.04588	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.15	0.04588	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	4	30.00	0.15	0.04736	200% Above	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.03	0.05022	26%-50% Below	No	No
47781064310	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.15	0.05022	200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.13	0.04706	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.02	0.04706	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.13	0.04610	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.02	0.04610	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47781064390	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.03	0.04610	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.11	0.04610	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.13	0.04588	101%-200% Above	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.02	0.04588	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.04588	26%-50% Below	No	No
47781064390	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.13	0.05022	101%-200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.04	0.04697	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.04	0.04697	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	3	34.00	0.04	0.04697	10%-25% Below	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.31	0.04697	200% Above	No	No
47781064610	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.04924	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	1	4.00	0.31	0.04954	200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	1	30.00	0.13	0.04954	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.04954	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.11	0.04954	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	4.00	0.31	0.04850	200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.13	0.04850	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.11	0.04850	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	4.00	0.31	0.04697	200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.04	0.04697	10%-25% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.13	0.04697	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.04697	26%-50% Below	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.11	0.04697	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47781064690	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.13	0.04924	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.13	0.05283	101%-200% Above	No	No
47781064690	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.11	0.05283	101%-200% Above	No	No
47781064910	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.04	0.05372	10%-25% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	1	30.00	0.13	0.05372	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	1	72.00	0.04	0.05372	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	2	30.00	0.13	0.05355	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.04	0.05355	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.11	0.05355	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.11	0.05347	101%-200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.17	0.05347	200% Above	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	4	72.00	0.03	0.05416	26%-50% Below	No	No
47781064990	LEVOTHYROXINE 88 MCG TABLET	12	30.00	0.13	0.05596	101%-200% Above	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05499	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.03	0.05499	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	78.00	0.03	0.05259	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05259	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.04	0.05259	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.04	0.05259	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.04	0.05259	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05258	26%-50% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.04	0.05322	10%-25% Below	No	No
47781065110	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.03	0.05712	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.13	0.05499	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.13	0.05259	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47781065190	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.13	0.05258	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.03	0.05258	26%-50% Below	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.11	0.05258	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	4	30.00	0.13	0.05322	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	12	30.00	0.13	0.05712	101%-200% Above	No	No
47781065190	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.11	0.05712	76%-100% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	1	30.00	0.29	0.06476	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.29	0.06335	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.29	0.06320	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.29	0.06320	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	12	30.00	0.36	0.06619	200% Above	No	No
47781065410	LEVOTHYROXINE 112 MCG TABLET	12	90.00	0.30	0.06619	200% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.04	0.06476	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.04	0.06476	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.04	0.06335	26%-50% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.11	0.06335	51%-75% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.13	0.06320	101%-200% Above	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.01	0.06320	76%-100% Below	No	No
47781065490	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.04	0.06320	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.08	0.06435	10%-25% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.04	0.06435	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.04	0.06065	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.17	0.06065	101%-200% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	3	30.00	0.08	0.06093	26%-50% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	3	45.00	0.01	0.06093	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47781065710	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.04	0.07712	26%-50% Below	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	4	30.00	0.08	0.06176	10%-25% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.08	0.06648	10%-25% Above	No	No
47781065710	LEVOTHYROXINE 125 MCG TABLET	12	45.00	0.04	0.06648	26%-50% Below	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.13	0.06435	101%-200% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.11	0.06435	51%-75% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.13	0.06065	101%-200% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	3	30.00	0.13	0.06093	101%-200% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	4	30.00	0.13	0.06176	101%-200% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	12	30.00	0.13	0.06648	76%-100% Above	No	No
47781065790	LEVOTHYROXINE 125 MCG TABLET	12	90.00	0.11	0.06648	51%-75% Above	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	1	30.00	0.06	0.07463	10%-25% Below	No	No
47781065910	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.05	0.06694	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	1	30.00	0.13	0.07463	76%-100% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.05	0.07463	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.11	0.07463	26%-50% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	2	30.00	0.13	0.07013	76%-100% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.04	0.07013	26%-50% Below	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	3	30.00	0.13	0.06694	76%-100% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.11	0.06694	51%-75% Above	No	No
47781065990	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.05	0.07547	26%-50% Below	No	No
47781066210	LEVOTHYROXINE 150 MCG TABLET	3	72.00	0.29	0.06715	200% Above	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	1	42.00	0.04	0.07024	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.04	0.07024	26%-50% Below	No	No
47781066290	LEVOTHYROXINE 150 MCG TABLET	2	72.00	0.04	0.06752	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
47781066290	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.05	0.06715	26%-50% Below	No	No
47781066510	LEVOTHYROXINE 175 MCG TABLET	2	60.00	0.05	0.09701	26%-50% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	1	30.00	0.13	0.10563	26%-50% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.05	0.10563	51%-75% Below	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	2	30.00	0.13	0.09701	26%-50% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.13	0.08783	51%-75% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.11	0.08783	26%-50% Above	No	No
47781066590	LEVOTHYROXINE 175 MCG TABLET	4	30.00	0.13	0.08105	51%-75% Above	No	No
47781066810	LEVOTHYROXINE 200 MCG TABLET	4	97.00	0.06	0.08116	10%-25% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	1	90.00	0.05	0.08263	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	1	90.00	0.06	0.08263	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	2	15.00	0.35	0.08128	200% Above	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.05	0.08128	26%-50% Below	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.11	0.08128	26%-50% Above	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	3	30.00	0.35	0.07969	200% Above	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.11	0.07969	26%-50% Above	No	No
47781066890	LEVOTHYROXINE 200 MCG TABLET	4	30.00	0.35	0.08116	200% Above	No	No
47781091091	TESTOSTERONE CYP 2,000 MG/10 ML	1	10.00	2.89	1.96519	26%-50% Above	No	No
47781091091	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	1.46	1.88297	10%-25% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	1	1.00	9.90	11.38382	10%-25% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	1	2.00	13.20	11.38382	10%-25% Above	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.47	11.34861	26%-50% Below	No	No
47781091193	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.39	11.44764	26%-50% Below	No	No
49035046708	ASPIRIN LOW CHW 81MG	1	90.00	0.02	.		No	No
49281012565	FLUZONE HD INJ 2025-26	1	0.50	156.02	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 619

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49281012565	FLUZONE HD INJ 2025-26	1	0.50	163.36	.		Yes	No
49281012565	FLUZONE HD INJ 2025-26	1	0.50	165.32	.		No	No
49281012565	FLUZONE HD INJ 2025-26	1	0.50	169.86	.		Yes	No
49281012565	FLUZONE HD INJ 2025-26	3	0.50	165.32	.		No	No
49281012565	FLUZONE HD INJ 2025-26	12	0.50	155.00	.		No	No
49281012565	FLUZONE HD INJ 2025-26	12	0.50	162.54	.		No	No
49281012565	FLUZONE HD INJ 2025-26	12	0.50	165.32	.		No	No
49281040020	ADACEL INJ	4	0.50	91.86	.		No	No
49281042550	FLUZONE INJ 2025-26	1	0.50	38.72	.		No	No
49281042550	FLUZONE INJ 2025-26	1	0.50	39.84	.		No	No
49281042550	FLUZONE INJ 2025-26	2	0.50	40.94	.		No	No
49281042550	FLUZONE INJ 2025-26	12	0.50	39.84	.		No	No
49281042588	FLUZONE INJ 2025-26	12	0.50	39.42	.		No	No
49281072510	FLUBLOK INJ 2025-26	1	0.50	156.02	.		No	No
49281072510	FLUBLOK INJ 2025-26	1	0.50	165.32	.		No	No
49281072510	FLUBLOK INJ 2025-26	1	0.50	166.00	.		No	No
49281072510	FLUBLOK INJ 2025-26	1	0.50	169.86	.		No	No
49281072510	FLUBLOK INJ 2025-26	2	0.50	156.02	.		No	No
49281072510	FLUBLOK INJ 2025-26	12	0.50	162.54	.		No	No
49281072510	FLUBLOK INJ 2025-26	12	0.50	164.40	.		No	No
49281072510	FLUBLOK INJ 2025-26	12	0.50	165.32	.		No	No
49281086010	IPOL INJ INACTIVE	12	0.50	74.44	.		No	No
49483034010	ACETAMINOPHEN 325 MG TABLET	1	30.00	0.02	0.02613	26%-50% Below	Yes	No
49483048110	ASPIRIN EC 81 MG TABLET	1	30.00	0.01	0.01418	51%-75% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	1	30.00	0.61	0.01418	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
49483048110	ASPIRIN EC 81 MG TABLET	1	90.00	0.11	0.01418	200% Above	No	No
49483048110	ASPIRIN EC 81 MG TABLET	1	90.00	0.17	0.01418	200% Above	Yes	No
49483048110	ASPIRIN EC 81 MG TABLET	3	90.00	0.00	0.01442	76%-100% Below	No	No
49483048110	ASPIRIN EC 81 MG TABLET	12	30.00	0.61	0.01491	200% Above	No	No
49483048112	ASPIRIN EC 81 MG TABLET	1	42.00	0.01	0.01418	10%-25% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	1	90.00	0.01	0.01418	10%-25% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	2	30.00	0.01	0.01426	26%-50% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	2	56.00	0.01	0.01426	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	2	90.00	0.01	0.01426	26%-50% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	3	30.00	0.01	0.01442	51%-75% Below	No	No
49483048112	ASPIRIN EC 81 MG TABLET	3	90.00	0.01	0.01442	10%-25% Below	No	No
49483060250	IBUPROFEN 400 MG TABLET	1	28.00	0.17	0.03985	200% Above	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	1	60.00	0.02	0.03985	26%-50% Below	Yes	No
49483060250	IBUPROFEN 400 MG TABLET	12	30.00	0.08	0.04080	76%-100% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	16.00	0.16	0.05494	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	30.00	0.16	0.05494	101%-200% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	32.00	0.07	0.05494	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	No	No
49483060450	IBUPROFEN 800 MG TABLET	12	18.00	0.05	0.05617	10%-25% Below	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	28.00	0.07	0.05617	26%-50% Above	Yes	No
49483060450	IBUPROFEN 800 MG TABLET	12	30.00	0.04	0.05617	26%-50% Below	No	No
49483060450	IBUPROFEN 800 MG TABLET	12	30.00	0.04	0.05617	26%-50% Below	Yes	No
49483060550	GABAPENTIN 100 MG CAPSULE	1	30.00	0.03	0.02137	51%-75% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	1	60.00	0.02	0.02137	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
49483060550	GABAPENTIN 100 MG CAPSULE	1	60.00	0.12	0.02137	200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	1	90.00	0.05	0.02137	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	1	180.00	0.01	0.02137	26%-50% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	2	30.00	0.03	0.02124	51%-75% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	2	90.00	0.05	0.02124	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	2	180.00	0.01	0.02124	26%-50% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	30.00	0.03	0.02112	51%-75% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	3	90.00	0.05	0.02112	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	12	60.00	0.00	0.02119	76%-100% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	12	60.00	0.02	0.02119	10%-25% Below	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	12	90.00	0.06	0.02119	101%-200% Above	No	No
49483060550	GABAPENTIN 100 MG CAPSULE	12	180.00	0.01	0.02119	26%-50% Below	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	1	30.00	0.06	0.03415	76%-100% Above	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	1	30.00	0.14	0.03415	200% Above	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	1	60.00	0.14	0.03415	200% Above	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	1	180.00	0.02	0.03415	26%-50% Below	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	2	30.00	0.06	0.03342	76%-100% Above	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	12	30.00	0.06	0.03399	76%-100% Above	No	No
49483060610	GABAPENTIN 300 MG CAPSULE	12	60.00	0.21	0.03399	200% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	1	21.00	0.05	0.03415	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	1	30.00	0.05	0.03415	26%-50% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	1	30.00	0.06	0.03415	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	1	90.00	0.02	0.03415	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 622

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.06	0.03415	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	2	30.00	0.04	0.03342	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03342	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03342	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	2	90.00	0.06	0.03342	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	30.00	0.04	0.03282	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	60.00	0.06	0.03282	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.02	0.03282	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03282	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03282	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	180.00	0.02	0.03282	26%-50% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	180.00	0.03	0.03282	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	180.00	0.06	0.03282	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	3	540.00	0.06	0.03282	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	30.00	0.04	0.03246	10%-25% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03246	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03246	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	90.00	0.03	0.03399	10%-25% Below	No	No
49483060650	GABAPENTIN 300 MG CAPSULE	12	120.00	0.03	0.03399	10%-25% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	1	120.00	0.02	0.04204	51%-75% Below	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	1	360.00	0.07	0.04204	51%-75% Above	No	No
49483060701	GABAPENTIN 400 MG CAPSULE	3	150.00	0.07	0.03979	51%-75% Above	No	No
49483061850	NAPROXEN 500 MG TABLET	3	60.00	0.08	0.06107	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 623

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.02	0.02384	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.04	0.02384	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.02	0.02384	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.01	0.02388	51%-75% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.02	0.02388	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.04	0.02388	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.04	0.02458	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.01	0.02458	51%-75% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02458	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02458	10%-25% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.04	0.02487	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.03	0.02417	26%-50% Above	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02417	26%-50% Below	No	No
49483062081	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02417	10%-25% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	1	120.00	0.01	0.01401	26%-50% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01395	76%-100% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01404	26%-50% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01404	76%-100% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	3	90.00	0.06	0.01404	200% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	3	120.00	0.01	0.01404	26%-50% Below	No	No
49483062210	METFORMIN HCL 500 MG TABLET	12	60.00	0.02	0.01415	51%-75% Above	No	No
49483062210	METFORMIN HCL 500 MG TABLET	12	120.00	0.00	0.01415	76%-100% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	30.00	0.04	0.01401	101%-200% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	90.00	0.01	0.01401	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	1	90.00	0.02	0.01401	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 624

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.01	0.01401	10%-25% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	2	90.00	0.02	0.01395	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	2	120.00	0.02	0.01395	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01404	26%-50% Below	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01404	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	90.00	0.02	0.01404	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	120.00	0.02	0.01404	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	3	180.00	0.02	0.01404	10%-25% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	4	120.00	0.02	0.01394	26%-50% Above	No	No
49483062281	METFORMIN HCL 500 MG TABLET	12	90.00	0.00	0.01415	76%-100% Below	No	No
49483062310	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.04	0.02969	26%-50% Above	No	No
49483062310	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.05	0.02905	76%-100% Above	No	No
49483062310	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.04	0.02902	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.01	0.02969	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.04	0.02969	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.01	0.02969	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.03	0.02969	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.12	0.02969	200% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.03	0.02969	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	270.00	0.03	0.02969	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.12	0.02969	200% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.04	0.02905	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.05	0.02905	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.05	0.02905	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.03	0.02905	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 625

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	120.00	0.05	0.02905	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.01	0.02905	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.04	0.02902	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.05	0.02902	51%-75% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.05	0.02902	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.01	0.02902	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.04	0.02902	26%-50% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	120.00	0.05	0.02902	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.01	0.02902	51%-75% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.05	0.02902	76%-100% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	270.00	0.03	0.02933	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.03	0.02933	10%-25% Below	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.03	0.02933	10%-25% Above	No	No
49483062350	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.00	0.02982	76%-100% Below	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.08	0.05657	26%-50% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.10	0.05657	51%-75% Above	No	No
49483062401	METFORMIN HCL ER 750 MG TABLET	3	90.00	0.08	0.05628	26%-50% Above	No	No
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	1	30.00	0.09	0.06636	26%-50% Above	No	No
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	2	30.00	0.09	0.06232	26%-50% Above	No	No
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	3	30.00	0.09	0.06109	26%-50% Above	No	No
49483069250	ALLERGY RLF (CETRZN) 10 MG TAB	4	30.00	0.09	0.06308	26%-50% Above	No	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.03	0.03148	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03148	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.01	0.03279	51%-75% Below	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03481	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 626

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49483070110	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.04	0.03481	10%-25% Above	Yes	No
49483070110	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.02	0.03296	26%-50% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.03012	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.03012	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.03012	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.04	0.03012	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.04	0.03012	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.05	0.03012	51%-75% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.03	0.02965	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.02965	51%-75% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.03	0.02965	10%-25% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.03	0.02965	10%-25% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.04	0.02965	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.04	0.02965	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.03	0.02981	10%-25% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.04	0.02981	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.04	0.02973	26%-50% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	4	270.00	0.02	0.02973	26%-50% Below	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.03	0.03004	10%-25% Above	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	60.00	0.04	0.03004	26%-50% Above	No	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.01	0.03004	51%-75% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.02	0.03004	26%-50% Below	Yes	No
49483070210	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.04	0.03004	26%-50% Above	Yes	No
49702024015	CABENUVA SUS 600-900	1	6.00	1134.14	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 627

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49702026423	APRETUDE SUS 600MG ER	3	3.00	1344.82	.		No	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	1	60.00	1.08	1.22256	10%-25% Below	Yes	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	2	60.00	0.70	1.15576	26%-50% Below	Yes	No
49884011174	ALPRAZOLAM ODT 0.5 MG TAB	3	60.00	0.70	1.14687	26%-50% Below	Yes	No
49884014811	DEXLANSOPRAZOLE DR 60 MG CAP	2	90.00	2.94	4.25733	26%-50% Below	Yes	No
49884015676	VARENICLINE 1 MG TABLET	1	60.00	0.05	0.43344	76%-100% Below	No	No
49884015676	VARENICLINE 1 MG TABLET	2	60.00	2.47	0.42775	200% Above	No	No
49884017101	COLCHICINE 0.6 MG TABLET	1	9.00	0.54	0.12832	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	1	30.00	0.90	0.12832	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	1	60.00	0.25	0.12832	76%-100% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	1	90.00	0.11	0.12832	10%-25% Below	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	1	90.00	0.90	0.12832	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	1	180.00	0.07	0.12832	26%-50% Below	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	9.00	0.90	0.12432	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	10.00	0.90	0.12432	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	30.00	0.33	0.12432	101%-200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	30.00	0.50	0.12432	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	30.00	0.90	0.12432	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	40.00	0.90	0.12432	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	60.00	0.90	0.12432	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	90.00	0.90	0.12432	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	2	180.00	0.08	0.12432	26%-50% Below	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	3	3.00	0.90	0.12334	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	3	30.00	0.33	0.12334	101%-200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	3	60.00	0.90	0.12334	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 628

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
49884017101	COLCHICINE 0.6 MG TABLET	3	180.00	0.90	0.12334	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	4	9.00	0.90	0.12992	200% Above	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	4	270.00	0.07	0.12992	26%-50% Below	Yes	No
49884017101	COLCHICINE 0.6 MG TABLET	12	90.00	0.94	0.13676	200% Above	Yes	No
49884018601	DOXYLAMINE-PYRIDOXINE 10-10 MG	1	60.00	0.59	1.22954	51%-75% Below	Yes	No
49884018601	DOXYLAMINE-PYRIDOXINE 10-10 MG	3	40.00	0.92	1.15732	10%-25% Below	Yes	No
49884025011	OLANZAPINE-FLUOXETINE 6-25 MG	2	90.00	2.43	4.29483	26%-50% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.16	0.09566	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.36	0.09566	200% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	1	60.00	0.16	0.09566	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	2	30.00	0.16	0.09413	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	2	45.00	0.01	0.09413	76%-100% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	2	45.00	0.12	0.09413	10%-25% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	2	60.00	0.16	0.09413	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	3	30.00	0.16	0.09542	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	3	45.00	0.16	0.09542	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	3	45.00	0.16	0.09542	51%-75% Above	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	3	60.00	0.16	0.09542	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	4	30.00	0.16	0.09483	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	4	45.00	0.16	0.09483	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	4	180.00	0.16	0.09483	51%-75% Above	Yes	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	30.00	0.00	0.09678	76%-100% Below	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	30.00	0.20	0.09678	101%-200% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	45.00	0.16	0.09678	51%-75% Above	No	No
49884025601	MINOXIDIL 2.5 MG TABLET	12	45.00	0.16	0.09678	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 629

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.16	0.09678	51%-75% Above	No	No
49884030802	CLONAZEPAM 0.5 MG DIS TABLET	3	60.00	0.35	0.49089	26%-50% Below	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	1	90.00	1.18	0.08964	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	2	30.00	0.51	0.09637	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	2	90.00	0.51	0.09637	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	3	30.00	0.51	0.09417	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	4	90.00	0.51	0.09826	200% Above	No	No
49884033601	FLUOXETINE HCL 20 MG TABLET	12	30.00	1.18	0.08957	200% Above	No	No
49884041301	URSODIOL 500 MG TABLET	3	180.00	0.57	0.66732	10%-25% Below	No	No
49884060411	LAMOTRIGINE ER 250 MG TABLET	2	30.00	2.70	1.31273	101%-200% Above	Yes	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	1	90.00	2.29	1.17595	76%-100% Above	Yes	No
49884078811	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-5-25 MG	4	90.00	0.55	1.26840	51%-75% Below	Yes	No
49884079009	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	1	90.00	1.01	1.34549	10%-25% Below	No	No
49884079009	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	2	90.00	1.01	1.24008	10%-25% Below	No	No
49884079011	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	1	90.00	0.66	1.34549	26%-50% Below	Yes	No
49884079011	OLMSRTN-AMLDPN-HYDROCHLOROTHIAZIDE 40-10-25 MG	4	90.00	0.59	1.13663	26%-50% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	1	53.00	0.24	0.51116	51%-75% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	1	53.00	1.19	0.51116	101%-200% Above	No	No
49884094499	VARENICLINE STARTING MONTH BOX	1	53.00	1.19	0.51116	101%-200% Above	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	2	53.00	0.24	0.50802	51%-75% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	2	53.00	1.19	0.50802	101%-200% Above	No	No
49884094499	VARENICLINE STARTING MONTH BOX	3	53.00	0.24	0.51000	51%-75% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	3	53.00	1.19	0.51000	101%-200% Above	No	No
49884094499	VARENICLINE STARTING MONTH BOX	12	53.00	0.24	0.51551	51%-75% Below	Yes	No
49884094499	VARENICLINE STARTING MONTH BOX	12	53.00	1.25	0.51551	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 630

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50102022423	TARINA 24 FE 1 MG-20 MCG TAB	1	84.00	0.12	0.21477	26%-50% Below	No	No
50111032803	HYDRALAZINE 50 MG TABLET	2	180.00	0.04	0.04567	10%-25% Below	No	No
50111032803	HYDRALAZINE 50 MG TABLET	2	270.00	0.06	0.04567	26%-50% Above	No	No
50111032803	HYDRALAZINE 50 MG TABLET	6	60.00	0.05	0.04703	10%-25% Above	No	No
50111032803	HYDRALAZINE 50 MG TABLET	12	270.00	0.06	0.04747	26%-50% Above	No	No
50111033301	METRONIDAZOLE 250 MG TABLET	2	14.00	0.19	0.07027	101%-200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	2.00	0.47	0.09995	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	4.00	0.38	0.09995	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.16	0.09995	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.28	0.09995	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.32	0.09995	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.34	0.09995	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.38	0.09995	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	14.00	0.39	0.09995	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	21.00	0.36	0.09995	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	1	30.00	0.26	0.09995	101%-200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	3.00	0.46	0.10005	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	4.00	0.16	0.10005	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.16	0.10005	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.16	0.10005	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.32	0.10005	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.34	0.10005	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.37	0.10005	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	14.00	0.38	0.10005	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	15.00	0.37	0.10005	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 631

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	28.00	0.36	0.10005	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	2	30.00	0.16	0.10005	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	1.00	0.16	0.10236	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	3.00	0.16	0.10236	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	10.00	0.34	0.10236	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.16	0.10236	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.16	0.10236	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.32	0.10236	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.33	0.10236	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.37	0.10236	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	14.00	0.44	0.10236	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	15.00	0.34	0.10236	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	21.00	0.16	0.10236	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	23.00	0.16	0.10236	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	3	30.00	0.36	0.10236	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.16	0.10224	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.32	0.10224	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	14.00	0.42	0.10224	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	15.00	0.16	0.10224	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	4	15.00	0.33	0.10224	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.17	0.10290	51%-75% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.17	0.10290	51%-75% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.32	0.10290	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.33	0.10290	200% Above	No	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.34	0.10290	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 632

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	14.00	0.35	0.10290	200% Above	Yes	No
50111033401	METRONIDAZOLE 500 MG TABLET	12	14.00	0.38	0.10290	200% Above	Yes	No
50111033402	METRONIDAZOLE 500 MG TABLET	12	14.00	0.32	0.10290	200% Above	No	No
50111039801	HYDRALAZINE 10 MG TABLET	3	90.00	0.07	0.02690	101%-200% Above	No	No
50111039801	HYDRALAZINE 10 MG TABLET	12	180.00	0.04	0.02981	26%-50% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	1	30.00	0.26	0.09212	101%-200% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	1	45.00	0.22	0.09212	101%-200% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	1	90.00	0.12	0.09212	26%-50% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	1	90.00	0.22	0.09212	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	2	30.00	0.12	0.08889	26%-50% Above	No	No
50111045001	TRAZODONE 150 MG TABLET	2	90.00	0.19	0.08889	101%-200% Above	Yes	No
50111045001	TRAZODONE 150 MG TABLET	12	45.00	0.22	0.09477	101%-200% Above	No	No
50111045002	TRAZODONE 150 MG TABLET	1	180.00	0.11	0.09212	10%-25% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.01	0.03479	51%-75% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.02	0.03479	51%-75% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.06	0.03479	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03479	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.18	0.03479	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	30.00	0.18	0.03479	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	90.00	0.06	0.03479	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	90.00	0.08	0.03479	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	90.00	0.08	0.03479	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	90.00	0.18	0.03479	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 633

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.05	0.03479	26%-50% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	1	180.00	0.06	0.03479	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	1	180.00	0.18	0.03479	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.06	0.03401	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.06	0.03401	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03401	76%-100% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	60.00	0.06	0.03401	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.05	0.03401	26%-50% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.08	0.03401	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	90.00	0.08	0.03401	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	0.05	0.03401	26%-50% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	0.06	0.03401	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	2	180.00	0.08	0.03401	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03351	51%-75% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03351	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03351	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	60.00	0.06	0.03351	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	60.00	0.08	0.03351	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.01	0.03351	51%-75% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.02	0.03351	51%-75% Below	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.05	0.03351	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 634

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.06	0.03351	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	90.00	0.08	0.03351	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	3	180.00	0.05	0.03351	51%-75% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.07	0.03309	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	45.00	0.08	0.03309	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	90.00	0.04	0.03309	10%-25% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	4	90.00	0.08	0.03309	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.02	0.03489	26%-50% Below	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.06	0.03489	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.07	0.03489	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.08	0.03489	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.08	0.03489	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.18	0.03489	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	30.00	0.18	0.03489	200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	60.00	0.06	0.03489	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	60.00	0.08	0.03489	101%-200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.07	0.03489	76%-100% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.08	0.03489	101%-200% Above	Yes	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.17	0.03489	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	90.00	0.18	0.03489	200% Above	No	No
50111056001	TRAZODONE 50 MG TABLET	12	180.00	0.08	0.03489	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	1	30.00	0.05	0.03479	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	1	30.00	0.18	0.03479	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 635

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111056002	TRAZODONE 50 MG TABLET	1	45.00	0.06	0.03479	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	1	90.00	0.01	0.03479	51%-75% Below	No	No
50111056002	TRAZODONE 50 MG TABLET	1	90.00	0.05	0.03479	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	2	30.00	0.05	0.03401	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	2	45.00	0.06	0.03401	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	2	45.00	0.08	0.03401	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	4	30.00	0.05	0.03309	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	12	30.00	0.05	0.03489	51%-75% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	12	30.00	0.18	0.03489	200% Above	No	No
50111056002	TRAZODONE 50 MG TABLET	12	45.00	0.02	0.03489	26%-50% Below	No	No
50111056003	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	1	30.00	0.18	0.03479	200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	1	60.00	0.18	0.03479	200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	1	135.00	0.08	0.03479	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	30.00	0.06	0.03401	76%-100% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03401	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	2	60.00	0.08	0.03401	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	3	60.00	0.08	0.03351	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 636

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.06	0.03309	76%-100% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
50111056003	TRAZODONE 50 MG TABLET	4	60.00	0.08	0.03309	101%-200% Above	No	No
50111056101	TRAZODONE 100 MG TABLET	1	20.00	0.03	0.05198	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	30.00	0.21	0.05198	200% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	45.00	0.09	0.05198	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	90.00	0.08	0.05198	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	90.00	0.08	0.05198	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	90.00	0.09	0.05198	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	90.00	0.21	0.05198	200% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	180.00	0.09	0.05198	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	1	270.00	0.08	0.05198	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	2	20.00	0.03	0.05068	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	2	45.00	0.09	0.05068	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	2	90.00	0.09	0.05068	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	2	180.00	0.09	0.05068	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	30.00	0.08	0.05082	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	90.00	0.08	0.05082	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	90.00	0.08	0.05082	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	90.00	0.09	0.05082	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	3	180.00	0.09	0.05082	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	20.00	0.03	0.05004	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	45.00	0.09	0.05004	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 637

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.10	0.05459	51%-75% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	60.00	0.08	0.05459	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	90.00	0.03	0.05459	26%-50% Below	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	90.00	0.07	0.05459	10%-25% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	90.00	0.08	0.05459	26%-50% Above	Yes	No
50111056101	TRAZODONE 100 MG TABLET	12	90.00	0.09	0.05459	51%-75% Above	Yes	No
50111056102	TRAZODONE 100 MG TABLET	1	30.00	0.09	0.05198	51%-75% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	1	30.00	0.12	0.05198	101%-200% Above	No	No
50111056103	TRAZODONE 100 MG TABLET	2	90.00	0.08	0.05068	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	1	45.00	0.24	0.03148	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	1	60.00	0.24	0.03148	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.24	0.03148	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.05	0.03279	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	2	60.00	0.11	0.03279	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.11	0.03279	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	7.00	0.11	0.03481	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.05	0.03481	26%-50% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.01	0.03481	51%-75% Below	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.11	0.03481	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.03	0.03706	10%-25% Below	Yes	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	0.11	0.03296	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	0.34	0.03296	200% Above	No	No
50111064701	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.34	0.03296	200% Above	No	No
50111064702	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.03	0.03012	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 638

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.04	0.03012	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.08	0.03012	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.13	0.03012	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	10%-25% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.17	0.03012	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.02965	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.13	0.02965	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.02	0.02981	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.02981	26%-50% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	Yes	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.13	0.02981	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.08	0.02981	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	3	180.00	0.02	0.02981	26%-50% Below	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.08	0.02973	101%-200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	10	90.00	0.35	0.02919	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.35	0.03004	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.35	0.03004	200% Above	No	No
50111064801	FLUOXETINE HCL 20 MG CAPSULE	12	180.00	0.35	0.03004	200% Above	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
50111064802	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.08	0.03004	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 639

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.08	0.03012	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	1	180.00	0.17	0.03012	200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.08	0.02981	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	3	270.00	0.08	0.02981	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	3	360.00	0.08	0.02981	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	No	No
50111064844	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.08	0.02973	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.30083	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	3	6.00	0.41	0.28827	26%-50% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	3	6.00	0.47	0.28827	51%-75% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	3	6.00	0.65	0.28827	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	12	4.00	0.67	0.31612	101%-200% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	12	6.00	0.52	0.31612	51%-75% Above	No	No
50111078710	AZITHROMYCIN 250 MG TABLET	12	6.00	1.50	0.31612	200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.44	0.30083	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.50	0.30083	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.30083	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	1	6.00	1.50	0.30083	200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.41	0.29185	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.44	0.29185	26%-50% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.29185	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.48	0.29185	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 640

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	6.00	0.44	0.28827	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	3	6.00	0.65	0.28827	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.52	0.31612	51%-75% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	0.67	0.31612	101%-200% Above	No	No
50111078751	AZITHROMYCIN 250 MG TABLET	12	6.00	1.50	0.31612	200% Above	No	No
50111078766	AZITHROMYCIN 250 MG TABLET	1	6.00	0.48	0.30083	51%-75% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	1	3.00	0.82	0.61802	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	1	5.00	1.15	0.61802	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	1	5.00	2.67	0.61802	200% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	2.00	1.15	0.60817	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	3.00	0.82	0.60817	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	3.00	0.89	0.60817	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	5.00	0.81	0.60817	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	5.00	1.15	0.60817	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	2	7.00	1.15	0.60817	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	3	5.00	0.87	0.60919	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	3	5.00	1.15	0.60919	76%-100% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	12	5.00	0.87	0.60967	26%-50% Above	No	No
50111078810	AZITHROMYCIN 500 MG TABLET	12	7.00	1.20	0.60967	76%-100% Above	No	No
50111091601	TORSEMIDE 10 MG TABLET	2	60.00	0.10	0.07594	26%-50% Above	Yes	No
50111091601	TORSEMIDE 10 MG TABLET	3	60.00	0.10	0.07357	26%-50% Above	Yes	No
50111091601	TORSEMIDE 10 MG TABLET	3	90.00	0.10	0.07357	26%-50% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	1	180.00	0.22	0.07458	200% Above	No	No
50111091701	TORSEMIDE 20 MG TABLET	2	30.00	0.10	0.07341	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 641

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50111091701	TORSEMIDE 20 MG TABLET	3	30.00	0.10	0.07251	26%-50% Above	No	No
50190014263	NEBUSAL NEB 3%	1	240.00	0.11	.		No	No
50222028030	ANZUPGO CRE 2%	3	30.00	64.15	.		No	No
50228010901	CARISOPRODOL 350 MG TABLET	1	90.00	0.19	0.06567	101%-200% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	2	60.00	0.08	0.06662	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	2	90.00	0.08	0.06662	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	3	30.00	0.08	0.06679	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	3	60.00	0.08	0.06679	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	3	90.00	0.08	0.06679	10%-25% Above	No	No
50228010901	CARISOPRODOL 350 MG TABLET	12	30.00	0.08	0.06658	10%-25% Above	No	No
50228010910	CARISOPRODOL 350 MG TABLET	1	180.00	0.08	0.06567	10%-25% Above	No	No
50228011301	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.02	0.03148	26%-50% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	2	7.00	0.11	0.03279	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.01	0.03279	51%-75% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.11	0.03279	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.04	0.03481	10%-25% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	3	60.00	0.03	0.03481	10%-25% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.11	0.03481	200% Above	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.03	0.03706	10%-25% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 642

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011310	FLUOXETINE HCL 10 MG CAPSULE	4	90.00	0.02	0.03706	26%-50% Below	Yes	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	4	90.00	0.11	0.03706	101%-200% Above	No	No
50228011310	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.01	0.03296	51%-75% Below	Yes	No
50228011401	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.17	0.03012	200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	14.00	0.08	0.03012	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.03	0.03012	10%-25% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.17	0.03012	200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.17	0.03012	200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.08	0.03012	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.17	0.03012	200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	1	270.00	0.08	0.03012	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.02965	51%-75% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.03	0.02965	10%-25% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.02965	10%-25% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.02965	26%-50% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	60.00	0.08	0.02965	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.02965	26%-50% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.02965	26%-50% Below	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.01	0.02981	51%-75% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.02981	10%-25% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.02981	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 643

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.02981	26%-50% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.02981	26%-50% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.02981	26%-50% Below	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.08	0.02981	101%-200% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.08	0.02981	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	15.00	0.08	0.02973	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.03	0.02973	10%-25% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.04	0.02973	26%-50% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.08	0.02973	101%-200% Above	Yes	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.03	0.03004	10%-25% Above	No	No
50228011410	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.08	0.03004	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.11	0.05977	76%-100% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.17	0.05977	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	1	60.00	0.11	0.05977	76%-100% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.24	0.05977	200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.11	0.05698	76%-100% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.17	0.05698	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.11	0.05426	76%-100% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.17	0.05426	200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.11	0.05426	76%-100% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	3	180.00	0.11	0.05426	76%-100% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.11	0.05279	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 644

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011505	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.11	0.05279	101%-200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.24	0.06210	200% Above	No	No
50228011505	FLUOXETINE HCL 40 MG CAPSULE	12	60.00	0.11	0.06210	51%-75% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.25	0.03547	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.50	0.03547	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.01	0.03414	51%-75% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.25	0.03414	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.50	0.03414	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.02	0.03414	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.25	0.03414	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.01	0.03451	51%-75% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.25	0.03451	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.50	0.03451	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.25	0.03453	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03594	26%-50% Below	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.57	0.03594	200% Above	No	No
50228011605	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.25	0.03594	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.25	0.03547	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.57	0.03547	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.25	0.03547	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.25	0.03414	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.25	0.03451	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 645

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.25	0.03453	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	No	No
50228011610	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.25	0.03594	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.57	0.03547	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.01	0.03547	51%-75% Below	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.25	0.03414	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	2	45.00	0.25	0.03414	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.25	0.03414	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.25	0.03451	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	No	No
50228011690	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.25	0.03594	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	12.00	0.02	0.03934	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.22	0.03934	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.50	0.03934	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03934	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	12.00	0.02	0.03828	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.22	0.03828	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	36.00	0.22	0.03828	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.02	0.03828	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	3	12.00	0.02	0.03777	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.22	0.03777	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.02	0.03777	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 646

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.22	0.03777	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.22	0.03787	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.22	0.03993	200% Above	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.03	0.03993	26%-50% Below	No	No
50228011705	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.22	0.03993	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.02	0.03934	26%-50% Below	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.22	0.03934	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.50	0.03934	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03934	26%-50% Below	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.03828	26%-50% Below	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.22	0.03828	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.02	0.03828	26%-50% Below	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.03777	26%-50% Below	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.02	0.03787	26%-50% Below	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.22	0.03787	200% Above	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.02	0.03787	26%-50% Below	No	No
50228011710	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.22	0.03993	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03934	26%-50% Below	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.50	0.03934	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.22	0.03777	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 647

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.22	0.03787	200% Above	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.02	0.03993	26%-50% Below	No	No
50228011790	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.22	0.03993	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	1	10.00	0.22	0.05094	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.22	0.05094	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.49	0.05094	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.22	0.05022	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.08	0.05022	51%-75% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.22	0.04848	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.22	0.04807	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.20	0.04807	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.22	0.05168	200% Above	No	No
50228011805	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.22	0.05168	200% Above	No	No
50228011810	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.02	0.05022	51%-75% Below	No	No
50228011810	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.02	0.04848	51%-75% Below	No	No
50228011810	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.16	0.04848	200% Above	No	No
50228011810	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.16	0.05168	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05094	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.49	0.05094	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	No	No
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.22	0.04807	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 648

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228011890	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	1	15.00	0.35	0.06506	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.35	0.06506	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.81	0.06506	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	2	15.00	0.35	0.06240	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.35	0.06240	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.35	0.06240	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	3	15.00	0.35	0.06008	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.35	0.06008	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.35	0.06008	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.35	0.05907	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	12	15.00	0.36	0.06575	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.36	0.06575	200% Above	No	No
50228011905	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.36	0.06575	200% Above	No	No
50228011910	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.35	0.06240	200% Above	No	No
50228011910	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.35	0.06240	200% Above	No	No
50228011930	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.35	0.06008	200% Above	No	No
50228011990	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.35	0.06008	200% Above	No	No
50228011990	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.08	0.05907	26%-50% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	1	30.00	0.01	0.05336	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	1	30.00	0.10	0.05336	76%-100% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	1	90.00	0.10	0.05336	76%-100% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	2	30.00	0.01	0.05002	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	2	30.00	0.10	0.05002	76%-100% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	2	90.00	0.07	0.05002	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 649

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228012405	CLOPIDOGREL 75 MG TABLET	3	30.00	0.01	0.04814	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	3	30.00	0.10	0.04814	76%-100% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	3	30.00	0.10	0.04814	101%-200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	3	90.00	0.09	0.04814	76%-100% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	3	90.00	0.10	0.04814	101%-200% Above	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	4	30.00	0.01	0.04802	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	12	30.00	0.00	0.05625	76%-100% Below	No	No
50228012405	CLOPIDOGREL 75 MG TABLET	12	90.00	0.10	0.05625	76%-100% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	1	30.00	0.23	0.05336	200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	2	30.00	0.10	0.05002	101%-200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	2	90.00	0.10	0.05002	101%-200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	3	30.00	0.10	0.04814	101%-200% Above	No	No
50228012410	CLOPIDOGREL 75 MG TABLET	12	30.00	0.10	0.05625	76%-100% Above	No	No
50228013630	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.17	0.05671	200% Above	No	No
50228013630	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.08	0.05504	26%-50% Above	No	No
50228013630	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.08	0.05516	26%-50% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.17	0.05671	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.08	0.05504	26%-50% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.23	0.05504	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.08	0.05504	26%-50% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.08	0.05504	26%-50% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.16	0.05504	101%-200% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.08	0.05516	26%-50% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.08	0.05516	26%-50% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.08	0.05516	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50228013690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.20	0.05516	200% Above	Yes	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.08	0.05470	26%-50% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.29	0.05920	200% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	5	30.00	0.09	0.05973	51%-75% Above	No	No
50228013690	LEVOCETIRIZINE 5 MG TABLET	9	30.00	0.08	0.05569	26%-50% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.33	0.08572	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	1	30.00	1.01	0.08572	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.33	0.08572	200% Above	Yes	No
50228014405	BUPROPION HCL XL 150 MG TABLET	1	90.00	1.01	0.08572	200% Above	Yes	No
50228014405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.33	0.07856	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.43	0.07856	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.33	0.07923	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.07923	200% Above	No	No
50228014405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.43	0.08572	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	1	30.00	1.01	0.08572	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.28	0.08572	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	1	90.00	1.01	0.08572	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	1	180.00	1.01	0.08572	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.01	0.07856	76%-100% Below	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.43	0.07856	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.07856	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.43	0.07856	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	2	270.00	0.43	0.07856	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50228014490	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.33	0.07923	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.43	0.07923	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	3	93.00	0.43	0.07923	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	3	180.00	0.43	0.07923	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.45	0.08751	200% Above	No	No
50228014490	BUPROPION HCL XL 150 MG TABLET	12	90.00	1.01	0.08751	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.39	0.11822	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.90	0.11822	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.22	0.11822	76%-100% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.39	0.11822	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.84	0.11822	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.33	0.10335	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.39	0.10335	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.01	0.10733	76%-100% Below	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.33	0.10733	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.50	0.10733	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.39	0.10733	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.50	0.11025	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.40	0.12598	200% Above	No	No
50228014505	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.63	0.12598	200% Above	Yes	No
50228014505	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.00	0.12598	76%-100% Below	No	No
50228014530	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.90	0.11822	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50228014530	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	No	No
50228014590	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.39	0.10335	200% Above	No	No
50228014590	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.06	0.03053	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.07	0.03053	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.19	0.03053	200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.01	0.03053	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.08	0.03053	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.18	0.03053	200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.19	0.03053	200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.01	0.03048	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.06	0.03048	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	30.00	0.08	0.03048	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.01	0.03048	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.03048	26%-50% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.01	0.02976	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.06	0.02976	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.08	0.02976	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.05	0.02976	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.08	0.02976	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.01	0.02908	51%-75% Below	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.08	0.02908	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.00	0.06	0.03032	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.00	0.07	0.03032	101%-200% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.04	0.03032	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.05	0.03032	51%-75% Above	No	No
50228014605	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.09	0.03032	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.05	0.03053	51%-75% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.05	0.03053	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.08	0.03053	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	30.00	0.19	0.03053	200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.05	0.03053	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.08	0.03053	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	1	90.00	0.19	0.03053	200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.01	0.03048	51%-75% Below	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.04	0.03048	10%-25% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.08	0.03048	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	30.00	0.08	0.02976	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	82.00	0.01	0.02976	51%-75% Below	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	90.00	0.08	0.02976	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	3	180.00	0.08	0.02976	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	30.00	0.08	0.02908	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.08	0.02908	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	4	90.00	0.08	0.02908	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.00	0.05	0.03032	51%-75% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	30.00	0.06	0.03032	101%-200% Above	Yes	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.09	0.03032	101%-200% Above	No	No
50228014610	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.19	0.03032	200% Above	Yes	No
50228015705	CELECOXIB 100 MG CAPSULE	1	60.00	0.12	0.07283	51%-75% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	2	60.00	0.12	0.07148	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50228015705	CELECOXIB 100 MG CAPSULE	2	60.00	0.16	0.07148	101%-200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	3	30.00	0.16	0.07113	101%-200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	3	60.00	0.16	0.07113	101%-200% Above	No	No
50228015705	CELECOXIB 100 MG CAPSULE	4	60.00	0.16	0.07308	101%-200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	1	30.00	0.23	0.08664	101%-200% Above	No	No
50228015805	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	No	No
50228017401	BUPROPION HCL SR 100 MG TABLET	1	30.00	0.18	0.07128	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	1	30.00	0.21	0.07128	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	1	60.00	0.17	0.07128	101%-200% Above	No	No
50228017401	BUPROPION HCL SR 100 MG TABLET	2	30.00	0.18	0.07086	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	2	90.00	0.20	0.07086	101%-200% Above	No	No
50228017401	BUPROPION HCL SR 100 MG TABLET	2	180.00	0.11	0.07086	26%-50% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	3	30.00	0.02	0.06762	51%-75% Below	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	3	30.00	0.18	0.06762	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	3	90.00	0.20	0.06762	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	3	180.00	0.11	0.06762	51%-75% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	3	180.00	0.17	0.06762	101%-200% Above	No	No
50228017401	BUPROPION HCL SR 100 MG TABLET	4	90.00	0.11	0.07409	26%-50% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	12	30.00	0.18	0.06998	101%-200% Above	Yes	No
50228017401	BUPROPION HCL SR 100 MG TABLET	12	60.00	0.00	0.06998	76%-100% Below	No	No
50228017460	BUPROPION HCL SR 100 MG TABLET	2	30.00	0.11	0.07086	26%-50% Above	No	No
50228017460	BUPROPION HCL SR 100 MG TABLET	3	30.00	0.11	0.06762	51%-75% Above	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	1	60.00	0.01	0.08346	76%-100% Below	No	No
50228017501	BUPROPION HCL SR 150 MG TABLET	1	90.00	0.19	0.08346	101%-200% Above	Yes	No
50228017501	BUPROPION HCL SR 150 MG TABLET	1	180.00	0.15	0.08346	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50228017501	BUPROPION HCL SR 150 MG TABLET	2	90.00	0.15	0.08166	76%-100% Above	Yes	No
50228017505	BUPROPION HCL SR 150 MG TABLET	1	30.00	0.16	0.08346	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	1	30.00	0.21	0.08346	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	2	30.00	0.16	0.08166	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	2	30.00	0.21	0.08166	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	2	60.00	0.01	0.08166	76%-100% Below	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	3	30.00	0.16	0.08199	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	3	30.00	0.21	0.08199	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	3	180.00	0.16	0.08199	76%-100% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	12	30.00	0.21	0.08217	101%-200% Above	No	No
50228017505	BUPROPION HCL SR 150 MG TABLET	12	60.00	0.19	0.08217	101%-200% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	1	30.00	0.20	0.10898	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	1	30.00	0.31	0.10898	101%-200% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	1	30.00	0.45	0.10898	200% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	1	60.00	0.20	0.10898	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	1	90.00	0.20	0.10898	76%-100% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	2	60.00	0.20	0.11500	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	2	60.00	0.29	0.11500	101%-200% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	2	90.00	0.20	0.11500	76%-100% Above	Yes	No
50228017601	BUPROPION HCL SR 200 MG TABLET	2	90.00	0.25	0.11500	101%-200% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	3	30.00	0.20	0.11110	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	4	30.00	0.20	0.11134	76%-100% Above	No	No
50228017601	BUPROPION HCL SR 200 MG TABLET	12	60.00	0.20	0.10729	76%-100% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	1	30.00	0.41	0.10898	200% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	1	60.00	0.17	0.10898	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50228017660	BUPROPION HCL SR 200 MG TABLET	1	60.00	0.20	0.10898	76%-100% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	1	60.00	0.31	0.10898	101%-200% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	2	30.00	0.20	0.11500	76%-100% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	2	60.00	0.17	0.11500	26%-50% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	3	30.00	0.20	0.11110	76%-100% Above	No	No
50228017660	BUPROPION HCL SR 200 MG TABLET	3	60.00	0.17	0.11110	26%-50% Above	No	No
50228017805	GABAPENTIN 800 MG TABLET	1	90.00	0.06	0.09962	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	1	90.00	0.13	0.09962	26%-50% Above	No	No
50228017805	GABAPENTIN 800 MG TABLET	2	90.00	0.06	0.09833	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	2	270.00	0.06	0.09833	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	3	90.00	0.06	0.09930	26%-50% Below	No	No
50228017805	GABAPENTIN 800 MG TABLET	4	90.00	0.05	0.09868	26%-50% Below	No	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	90.00	0.01	0.02137	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	90.00	0.05	0.02137	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	90.00	0.12	0.02137	200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	120.00	0.01	0.02137	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	180.00	0.12	0.02137	200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	1	270.00	0.05	0.02137	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	30.00	0.05	0.02124	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	90.00	0.02	0.02124	10%-25% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	90.00	0.05	0.02124	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	120.00	0.01	0.02124	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	2	180.00	0.05	0.02124	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	3	30.00	0.01	0.02112	51%-75% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02112	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 657

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.01	0.02112	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	3	90.00	0.05	0.02112	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	3	180.00	0.05	0.02112	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	90.00	0.05	0.02107	101%-200% Above	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	4	120.00	0.01	0.02107	26%-50% Below	Yes	No
50228017905	GABAPENTIN 100 MG CAPSULE	12	90.00	0.06	0.02119	101%-200% Above	Yes	No
50228017910	GABAPENTIN 100 MG CAPSULE	1	30.00	0.12	0.02137	200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	1	60.00	0.12	0.02137	200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	1	90.00	0.01	0.02137	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	1	90.00	0.12	0.02137	200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	1	180.00	0.01	0.02137	51%-75% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	2	40.00	0.05	0.02124	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	2	60.00	0.05	0.02124	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02124	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	2	90.00	0.05	0.02124	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	60.00	0.05	0.02112	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02112	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	90.00	0.05	0.02112	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	120.00	0.01	0.02112	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	3	180.00	0.01	0.02112	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	4	60.00	0.05	0.02107	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	4	90.00	0.05	0.02107	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	4	120.00	0.01	0.02107	26%-50% Below	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	12	20.00	0.19	0.02119	200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	12	60.00	0.06	0.02119	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 658

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.06	0.02119	101%-200% Above	No	No
50228017910	GABAPENTIN 100 MG CAPSULE	12	180.00	0.13	0.02119	200% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	30.00	0.06	0.03415	76%-100% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	30.00	0.14	0.03415	200% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	60.00	0.06	0.03415	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	90.00	0.14	0.03415	200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	120.00	0.03	0.03415	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	180.00	0.02	0.03415	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	180.00	0.06	0.03415	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	270.00	0.06	0.03415	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	1	540.00	0.06	0.03415	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	30.00	0.06	0.03342	76%-100% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	49.00	0.03	0.03342	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	60.00	0.03	0.03342	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	60.00	0.06	0.03342	76%-100% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	60.00	0.06	0.03342	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03342	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	90.00	0.06	0.03342	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	120.00	0.03	0.03342	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	120.00	0.06	0.03342	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 659

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	180.00	0.02	0.03342	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	180.00	0.03	0.03342	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	270.00	0.02	0.03342	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	270.00	0.06	0.03342	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	2	360.00	0.02	0.03342	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	14.00	0.06	0.03282	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	30.00	0.06	0.03282	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	60.00	0.03	0.03282	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	60.00	0.06	0.03282	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03282	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03282	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	180.00	0.02	0.03282	26%-50% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	3	270.00	0.06	0.03282	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	14.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	60.00	0.03	0.03246	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03246	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	90.00	0.03	0.03246	10%-25% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	261.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	4	270.00	0.06	0.03246	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	30.00	0.06	0.03399	76%-100% Above	No	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	30.00	0.06	0.03399	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	60.00	0.01	0.03399	51%-75% Below	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	60.00	0.03	0.03399	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 660

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.06	0.03399	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	60.00	0.14	0.03399	200% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	90.00	0.06	0.03399	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	270.00	0.06	0.03399	76%-100% Above	Yes	No
50228018005	GABAPENTIN 300 MG CAPSULE	12	540.00	0.03	0.03399	10%-25% Below	Yes	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	20.00	0.06	0.03415	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	30.00	0.14	0.03415	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	1	90.00	0.14	0.03415	200% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	2	30.00	0.06	0.03342	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	1.00	0.06	0.03282	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	30.00	0.06	0.03282	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	60.00	0.06	0.03282	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	90.00	0.02	0.03282	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	90.00	0.02	0.03282	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	3	270.00	0.02	0.03282	26%-50% Below	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	4	20.00	0.06	0.03246	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	30.00	0.06	0.03399	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	90.00	0.06	0.03399	76%-100% Above	No	No
50228018010	GABAPENTIN 300 MG CAPSULE	12	270.00	0.21	0.03399	200% Above	No	No
50228018101	GABAPENTIN 400 MG CAPSULE	2	90.00	0.07	0.04060	51%-75% Above	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	3	90.00	0.02	0.03979	26%-50% Below	Yes	No
50228018101	GABAPENTIN 400 MG CAPSULE	3	90.00	0.07	0.03979	51%-75% Above	Yes	No
50228018105	GABAPENTIN 400 MG CAPSULE	1	60.00	0.07	0.04204	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 661

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.03	0.04204	26%-50% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	2	60.00	0.07	0.04060	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	2	90.00	0.07	0.04060	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	2	270.00	0.02	0.04060	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	2	360.00	0.02	0.04060	51%-75% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	3	60.00	0.07	0.03979	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	3	90.00	0.03	0.03979	26%-50% Below	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	3	90.00	0.07	0.03979	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	4	90.00	0.07	0.03959	51%-75% Above	No	No
50228018105	GABAPENTIN 400 MG CAPSULE	12	60.00	0.07	0.04163	51%-75% Above	No	No
50228018201	HYDRALAZINE 10 MG TABLET	2	180.00	0.04	0.02731	26%-50% Above	No	No
50228018301	HYDRALAZINE 25 MG TABLET	1	120.00	0.01	0.03697	51%-75% Below	No	No
50228018310	HYDRALAZINE 25 MG TABLET	2	90.00	0.05	0.03604	26%-50% Above	No	No
50228018310	HYDRALAZINE 25 MG TABLET	4	90.00	0.05	0.03522	26%-50% Above	No	No
50228018501	HYDRALAZINE 100 MG TABLET	2	270.00	0.05	0.07590	26%-50% Below	No	No
50228019060	LEVETIRACETAM ER 750 MG TABLET	1	360.00	0.14	0.24890	26%-50% Below	No	No
50228019360	LACOSAMIDE 100 MG TABLET	1	60.00	2.01	0.19240	200% Above	No	No
50228019360	LACOSAMIDE 100 MG TABLET	1	180.00	0.17	0.19240	10%-25% Below	No	No
50228019360	LACOSAMIDE 100 MG TABLET	2	60.00	0.91	0.18044	200% Above	No	No
50228019460	LACOSAMIDE 150 MG TABLET	1	60.00	0.33	0.23203	26%-50% Above	No	No
50228019460	LACOSAMIDE 150 MG TABLET	1	120.00	2.03	0.23203	200% Above	Yes	No
50228019460	LACOSAMIDE 150 MG TABLET	12	60.00	0.33	0.24364	26%-50% Above	No	No
50228023201	METOCLOPRAMIDE 5 MG TABLET	2	90.00	0.02	0.04066	26%-50% Below	No	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	1	40.00	0.04	0.04973	10%-25% Below	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	1	120.00	0.13	0.04973	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 662

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228023305	METOCLOPRAMIDE 10 MG TABLET	2	20.00	0.05	0.04807	10%-25% Above	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	2	90.00	0.02	0.04807	51%-75% Below	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	2	120.00	0.05	0.04807	10%-25% Above	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	3	30.00	0.05	0.04578	10%-25% Above	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	3	120.00	0.05	0.04578	10%-25% Above	Yes	No
50228023305	METOCLOPRAMIDE 10 MG TABLET	3	180.00	0.02	0.04578	51%-75% Below	Yes	No
50228032301	METAXALONE 800 MG TABLET	1	30.00	0.50	0.39518	26%-50% Above	No	No
50228032301	METAXALONE 800 MG TABLET	1	360.00	1.46	0.39518	200% Above	No	No
50228032301	METAXALONE 800 MG TABLET	4	360.00	0.63	0.39572	51%-75% Above	No	No
50228034110	OLMESARTAN MEDOXOMIL 40 MG TAB	2	30.00	0.34	0.12340	101%-200% Above	No	No
50228035190	PREGABALIN 50 MG CAPSULE	3	30.00	0.31	0.04696	200% Above	No	No
50228035190	PREGABALIN 50 MG CAPSULE	3	90.00	0.03	0.04696	26%-50% Below	No	No
50228035290	PREGABALIN 75 MG CAPSULE	1	30.00	0.04	0.05263	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	1	60.00	0.31	0.05263	200% Above	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	1	270.00	0.68	0.05263	200% Above	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	2	60.00	0.03	0.05130	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	2	60.00	0.31	0.05130	200% Above	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	2	90.00	0.03	0.05130	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	2	90.00	0.31	0.05130	200% Above	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	2	95.00	0.03	0.05130	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	2	180.00	0.31	0.05130	200% Above	No	No
50228035290	PREGABALIN 75 MG CAPSULE	3	60.00	0.03	0.05119	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	3	90.00	0.03	0.05119	26%-50% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	14.00	0.31	0.05088	200% Above	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	4	90.00	0.01	0.05088	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 663

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.02	0.05723	51%-75% Below	Yes	No
50228035290	PREGABALIN 75 MG CAPSULE	12	95.00	0.03	0.05723	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	1	60.00	0.03	0.06072	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	1	180.00	0.03	0.06072	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	2	60.00	0.03	0.05680	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	2	60.00	0.31	0.05680	200% Above	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	3	60.00	0.03	0.05604	26%-50% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	12	60.00	0.03	0.06547	51%-75% Below	Yes	No
50228035390	PREGABALIN 100 MG CAPSULE	12	60.00	0.04	0.06547	26%-50% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	2	60.00	0.03	0.05194	26%-50% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	2	180.00	0.32	0.05194	200% Above	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	3	60.00	0.32	0.05143	200% Above	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	3	180.00	0.03	0.05143	26%-50% Below	Yes	No
50228035490	PREGABALIN 150 MG CAPSULE	12	90.00	0.71	0.05446	200% Above	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	1	90.00	0.03	0.05999	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	2	90.00	0.03	0.05928	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	3	90.00	0.03	0.05912	26%-50% Below	Yes	No
50228035590	PREGABALIN 200 MG CAPSULE	12	90.00	0.03	0.06142	26%-50% Below	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	1	60.00	0.66	0.06730	200% Above	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	2	60.00	0.30	0.06689	200% Above	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	3	60.00	0.30	0.06533	200% Above	Yes	No
50228035790	PREGABALIN 300 MG CAPSULE	4	60.00	0.30	0.06604	200% Above	Yes	No
50228037905	EZETIMIBE 10 MG TABLET	1	30.00	0.30	0.07565	200% Above	No	No
50228037905	EZETIMIBE 10 MG TABLET	3	30.00	0.30	0.07252	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	1	30.00	0.30	0.07565	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 664

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50228037990	EZETIMIBE 10 MG TABLET	1	30.00	0.66	0.07565	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	1	90.00	0.02	0.07565	51%-75% Below	No	No
50228037990	EZETIMIBE 10 MG TABLET	1	90.00	0.30	0.07565	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	2	30.00	0.30	0.07371	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	2	90.00	0.30	0.07371	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	3	30.00	0.30	0.07252	200% Above	No	No
50228037990	EZETIMIBE 10 MG TABLET	12	30.00	0.30	0.07430	200% Above	No	No
50228038060	QUETIAPINE ER 50 MG TABLET	1	60.00	0.06	0.10821	26%-50% Below	No	No
50228038060	QUETIAPINE ER 50 MG TABLET	3	60.00	0.06	0.10982	26%-50% Below	No	No
50228038260	QUETIAPINE ER 200 MG TABLET	1	30.00	0.12	0.22520	26%-50% Below	No	No
50228038260	QUETIAPINE ER 200 MG TABLET	3	30.00	0.11	0.23322	51%-75% Below	No	No
50228042101	FLUOXETINE HCL 20 MG TABLET	1	90.00	1.18	0.08964	200% Above	Yes	No
50228042360	RANOLAZINE ER 500 MG TABLET	1	60.00	1.05	0.16297	200% Above	Yes	No
50228042360	RANOLAZINE ER 500 MG TABLET	2	180.00	0.45	0.16242	101%-200% Above	Yes	No
50228042360	RANOLAZINE ER 500 MG TABLET	3	180.00	0.45	0.16546	101%-200% Above	Yes	No
50228042830	SOLIFENACIN 10 MG TABLET	12	90.00	0.81	0.18156	200% Above	No	No
50228043601	NAPROXEN 500 MG TABLET	4	60.00	0.08	0.06325	26%-50% Above	Yes	No
50228043605	NAPROXEN 500 MG TABLET	1	30.00	0.08	0.06287	26%-50% Above	No	No
50228043605	NAPROXEN 500 MG TABLET	1	60.00	0.03	0.06287	51%-75% Below	No	No
50228043605	NAPROXEN 500 MG TABLET	1	60.00	0.18	0.06287	101%-200% Above	No	No
50228043605	NAPROXEN 500 MG TABLET	3	30.00	0.08	0.06107	26%-50% Above	No	No
50228045310	ATORVASTATIN 40 MG TABLET	3	90.00	0.16	0.03932	200% Above	No	No
50228045310	ATORVASTATIN 40 MG TABLET	12	30.00	0.17	0.04222	200% Above	No	No
50228045310	ATORVASTATIN 40 MG TABLET	12	30.00	0.26	0.04222	200% Above	No	No
50228045805	CARBIDOPA-LEVODOPA 25-100 TAB	2	360.00	0.10	0.07573	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50228045805	CARBIDOPA-LEVODOPA 25-100 TAB	3	360.00	0.08	0.07406	10%-25% Above	No	No
50228046505	NABUMETONE 500 MG TABLET	3	180.00	0.16	0.12834	10%-25% Above	No	No
50228046601	NABUMETONE 750 MG TABLET	2	30.00	0.07	0.16975	51%-75% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	3	180.00	0.05	0.17890	51%-75% Below	No	No
50228046601	NABUMETONE 750 MG TABLET	12	180.00	0.05	0.16186	51%-75% Below	No	No
50228048101	DILTIAZEM 30 MG TABLET	3	30.00	0.07	0.05283	26%-50% Above	No	No
50228048201	DILTIAZEM 60 MG TABLET	1	30.00	0.10	0.07636	26%-50% Above	No	No
50228048201	DILTIAZEM 60 MG TABLET	2	30.00	0.10	0.07093	26%-50% Above	No	No
50228048201	DILTIAZEM 60 MG TABLET	4	30.00	0.10	0.06672	26%-50% Above	No	No
50228052260	TICAGRELOR 90 MG TABLET	1	60.00	1.16	0.42163	101%-200% Above	No	No
50228052260	TICAGRELOR 90 MG TABLET	2	60.00	0.52	0.36644	26%-50% Above	No	No
50228052260	TICAGRELOR TAB 90MG	12	60.00	0.52	.		No	No
50242087701	XOFLUZA 80 MG TABLET	2	1.00	312.79	162.24239	76%-100% Above	No	No
50242087701	XOFLUZA 80 MG TABLET	3	1.00	312.79	162.01557	76%-100% Above	No	No
50268073356	SODIUM FLUORIDE 1.1% GEL	1	60.00	0.12	0.10643	10%-25% Above	No	No
50428030716	CVS ASPIRIN TAB 81MG EC	1	90.00	0.04	.		Yes	No
50428034618	ALCOHOL PREP PAD 70%	3	100.00	0.01	.		Yes	No
50428085942	PREP PADS PAD	2	100.00	0.02	.		Yes	No
50458059601	RISPERIDONE 1 MG/ML SOLUTION	3	60.00	0.25	0.49703	26%-50% Below	Yes	No
50580071912	ZYRTEC-D TAB 5-120MG	2	12.00	1.12	.		No	No
50580078212	ZYRTEC CHILD TAB 10MG	1	24.00	0.82	.		No	No
50580078212	ZYRTEC CHILD TAB 10MG	3	24.00	0.82	.		No	No
50632001802	VIMKUNYA INJ 40/0.8ML	12	0.80	324.44	.		No	No
50742011808	CABERGOLINE 0.5 MG TABLET	2	8.00	2.14	1.36842	51%-75% Above	No	No
50742011808	CABERGOLINE 0.5 MG TABLET	2	16.00	2.18	1.36842	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 666

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742011808	CABERGOLINE 0.5 MG TABLET	3	7.00	2.18	1.41419	51%-75% Above	No	No
50742011808	CABERGOLINE 0.5 MG TABLET	3	8.00	8.34	1.41419	200% Above	No	No
50742011808	CABERGOLINE 0.5 MG TABLET	3	24.00	2.18	1.41419	51%-75% Above	Yes	No
50742011808	CABERGOLINE 0.5 MG TABLET	4	8.00	0.09	1.43606	76%-100% Below	No	No
50742018101	LEUCOVORIN CALCIUM 5 MG TAB	12	115.00	0.24	0.43237	26%-50% Below	No	No
50742018130	LEUCOVORIN CALCIUM 5 MG TAB	3	166.00	0.21	0.43058	51%-75% Below	Yes	No
50742022515	TIZANIDINE HCL 4 MG CAPSULE	2	60.00	0.36	0.08462	200% Above	No	No
50742023830	QUININE SULFATE 324 MG CAPSULE	1	30.00	0.34	0.77735	51%-75% Below	No	No
50742023830	QUININE SULFATE 324 MG CAPSULE	2	30.00	0.34	0.78822	51%-75% Below	No	No
50742023830	QUININE SULFATE 324 MG CAPSULE	3	30.00	0.34	0.77417	51%-75% Below	No	No
50742023830	QUININE SULFATE 324 MG CAPSULE	12	30.00	0.33	0.76373	51%-75% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	1	90.00	0.23	0.14627	51%-75% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	1	180.00	0.30	0.14627	101%-200% Above	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	2	30.00	0.13	0.14896	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	3	30.00	0.13	0.15028	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	3	90.00	0.13	0.15028	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	4	30.00	0.13	0.14581	10%-25% Below	No	No
50742024890	DILTIAZEM 24H ER(CD) 120 MG CP	4	90.00	0.23	0.14581	51%-75% Above	No	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	1	90.00	0.27	0.18081	26%-50% Above	Yes	No
50742024990	DILTIAZEM 24H ER(CD) 180 MG CP	3	90.00	0.14	0.18158	10%-25% Below	No	No
50742025030	DILTIAZEM 24H ER(CD) 240 MG CP	12	90.00	0.38	0.20112	76%-100% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	1	30.00	0.26	0.19884	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	1	90.00	0.14	0.19884	26%-50% Below	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	1	90.00	0.28	0.19884	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	1	90.00	0.33	0.19884	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 667

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.26	0.19755	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	2	90.00	0.14	0.19755	26%-50% Below	Yes	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	3	30.00	0.26	0.19632	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	3	90.00	0.14	0.19632	26%-50% Below	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	4	30.00	0.26	0.19207	26%-50% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	12	15.00	0.22	0.20112	10%-25% Above	No	No
50742025090	DILTIAZEM 24H ER(CD) 240 MG CP	12	90.00	0.33	0.20112	51%-75% Above	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	2	30.00	0.18	0.30910	26%-50% Below	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	3	30.00	0.18	0.30979	26%-50% Below	No	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	3	90.00	0.18	0.30979	26%-50% Below	Yes	No
50742025190	DILTIAZEM 24H ER(CD) 300 MG CP	12	30.00	0.42	0.30217	26%-50% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	1	30.00	0.16	0.36014	51%-75% Below	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	1	30.00	1.18	0.36014	200% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	1	90.00	1.18	0.36014	200% Above	No	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	2	30.00	0.16	0.35287	51%-75% Below	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	3	30.00	0.16	0.35023	51%-75% Below	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	3	30.00	1.18	0.35023	200% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	3	90.00	0.50	0.35023	26%-50% Above	Yes	No
50742025290	DILTIAZEM 24H ER(CD) 360 MG CP	3	90.00	1.18	0.35023	200% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	1	60.00	0.23	0.11933	76%-100% Above	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	1	90.00	0.23	0.11933	76%-100% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.23	0.12571	76%-100% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.12	0.13135	10%-25% Below	No	No
50742026001	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.12	0.13135	10%-25% Below	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.12	0.13135	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 668

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742026001	NIFEDIPINE ER 30 MG TABLET	12	30.00	0.27	0.11786	101%-200% Above	Yes	No
50742026001	NIFEDIPINE ER 30 MG TABLET	12	90.00	0.29	0.11786	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	1	30.00	0.01	0.11933	76%-100% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	1	30.00	0.24	0.11933	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	1	30.00	0.27	0.11933	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	1	90.00	0.27	0.11933	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	2	30.00	0.24	0.12057	101%-200% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	3	30.00	0.24	0.12571	76%-100% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.22	0.12571	76%-100% Above	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.12	0.13135	10%-25% Below	No	No
50742026003	NIFEDIPINE ER 30 MG TABLET	12	30.00	0.00	0.11786	76%-100% Below	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	1	30.00	0.16	0.13859	10%-25% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	1	90.00	0.16	0.13859	10%-25% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	2	30.00	0.16	0.14561	10%-25% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	2	90.00	0.16	0.14561	10%-25% Above	No	No
50742026101	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.37	0.14111	101%-200% Above	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	1	90.00	0.01	0.13859	76%-100% Below	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	2	90.00	0.01	0.14561	76%-100% Below	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	4	30.00	0.01	0.17013	76%-100% Below	No	No
50742026103	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.37	0.14111	101%-200% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	1	30.00	0.13	0.23852	26%-50% Below	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	1	90.00	0.67	0.23852	101%-200% Above	Yes	No
50742026201	NIFEDIPINE ER 90 MG TABLET	2	30.00	0.12	0.24900	51%-75% Below	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	2	30.00	0.29	0.24900	10%-25% Above	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	2	90.00	0.33	0.24900	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
50742026201	NIFEDIPINE ER 90 MG TABLET	2	90.00	0.44	0.24900	76%-100% Above	Yes	No
50742026201	NIFEDIPINE ER 90 MG TABLET	3	30.00	0.13	0.27085	51%-75% Below	No	No
50742026201	NIFEDIPINE ER 90 MG TABLET	3	30.00	0.23	0.27085	10%-25% Below	No	No
50742026301	PROBENECID-COLCHICINE TABLET	1	30.00	0.50	0.80778	26%-50% Below	No	No
50742026301	PROBENECID-COLCHICINE TABLET	2	30.00	0.51	0.80753	26%-50% Below	No	No
50742026301	PROBENECID-COLCHICINE TABLET	4	30.00	0.51	0.81113	26%-50% Below	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	1	30.00	0.28	0.10339	101%-200% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	1	30.00	0.65	0.10339	200% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	2	20.00	0.28	0.10166	101%-200% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	2	30.00	0.28	0.10166	101%-200% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	3	30.00	0.28	0.10066	101%-200% Above	No	No
50742027901	DICLOFENAC POT 50 MG TABLET	3	60.00	0.28	0.10066	101%-200% Above	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	3	180.00	0.08	0.10066	10%-25% Below	Yes	No
50742027901	DICLOFENAC POT 50 MG TABLET	12	30.00	0.29	0.10690	101%-200% Above	No	No
50742028760	TIMOLOL MAL SOL 0.25% OP	3	60.00	5.24	.		No	No
50742032360	DORZOLAMIDE-TIMOLOL 2-0.5%(PF)	1	60.00	0.84	1.06790	10%-25% Below	Yes	No
50742032360	DORZOLAMIDE-TIMOLOL 2-0.5%(PF)	2	180.00	0.63	1.04710	26%-50% Below	No	No
50742033930	TAFLUPROST 0.0015% EYE DROP	3	30.00	1.67	2.95949	26%-50% Below	No	No
50742033930	TAFLUPROST 0.0015% EYE DROP	12	30.00	1.83	3.02467	26%-50% Below	No	No
50742035101	METOLAZONE 10 MG TABLET	1	30.00	0.50	0.33686	26%-50% Above	Yes	No
50742036260	IVABRADINE HCL 5 MG TABLET	3	180.00	1.04	0.84356	10%-25% Above	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	30.00	0.50	2.00487	51%-75% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	45.00	1.67	2.00487	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	68.00	1.67	2.00487	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	1	84.00	1.67	2.00487	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 670

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	1.67	2.00487	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	30.00	0.50	2.06930	51%-75% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	45.00	1.67	2.06930	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	68.00	1.67	2.06930	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	2	84.00	1.67	2.06930	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	21.00	1.67	2.06157	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	30.00	0.50	2.06157	51%-75% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	45.00	1.67	2.06157	10%-25% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	68.00	1.67	2.06157	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	84.00	1.67	2.06157	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	3	90.00	1.67	2.06157	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	4	68.00	1.67	2.06752	10%-25% Below	Yes	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	30.00	1.07	1.93917	26%-50% Below	No	No
50742036430	BUPRENORPHINE-NALOXONE 8-2 MG SL FILM	12	84.00	3.17	1.93917	51%-75% Above	Yes	No
50742037504	BUPRENORPHINE 15 MCG/HR PATCH	2	4.00	25.54	49.83408	26%-50% Below	No	No
50742037504	BUPRENORPHINE 15 MCG/HR PATCH	3	4.00	22.70	47.56824	51%-75% Below	No	No
50742037504	BUPRENORPHINE 15 MCG/HR PATCH	12	4.00	31.99	46.42659	26%-50% Below	No	No
50742038801	CONJ ESTROGN TAB 0.45MG	1	30.00	0.62	.		No	No
50742038801	CONJUGATED ESTROGENS 0.45 MG TB	2	30.00	0.62	5.97047	76%-100% Below	No	No
50742039225	ALBUTEROL SUL 0.63 MG/3 ML SOL	1	75.00	0.11	0.20466	26%-50% Below	No	No
50742039325	ALBUTEROL SUL 1.25 MG/3 ML SOL	1	75.00	0.14	0.19236	10%-25% Below	No	No
50742039325	ALBUTEROL SUL 1.25 MG/3 ML SOL	3	75.00	0.11	0.18971	26%-50% Below	No	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	1	10.00	0.78	1.33265	26%-50% Below	Yes	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	1	90.00	0.14	1.33265	76%-100% Below	No	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	2	8.00	0.78	1.34053	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 671

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	2	90.00	0.14	1.34053	76%-100% Below	No	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	3	8.00	0.78	1.29416	26%-50% Below	Yes	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	12	10.00	1.80	1.55747	10%-25% Above	Yes	No
50742039730	BUPRENORPHINE-NALOXONE 2-0.5 MG SL FILM	12	90.00	0.00	1.55747	76%-100% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	1	1.00	7.76	5.00844	51%-75% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	1	4.00	3.34	5.00844	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	1	8.00	7.76	5.00844	51%-75% Above	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	1	10.00	2.37	5.00844	51%-75% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	2	1.00	3.34	4.72329	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	2	4.00	3.34	4.72329	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	2	8.00	3.34	4.72329	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	3	4.00	2.57	4.48932	26%-50% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	3	4.00	3.34	4.48932	10%-25% Below	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	3	4.00	3.34	4.48932	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	3	8.00	3.34	4.48932	10%-25% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	3	10.00	2.30	4.48932	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	4	4.00	2.48	4.45054	26%-50% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	4	9.00	8.31	4.45054	76%-100% Above	No	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	12	4.00	2.37	5.07091	51%-75% Below	Yes	No
50742050504	SCOPOLAMINE 1 MG/3 DAY PATCH	12	12.00	7.76	5.07091	51%-75% Above	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	2	1.00	3.34	4.72329	26%-50% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	2	10.00	3.34	4.72329	26%-50% Below	No	No
50742050510	SCOPOLAMINE 1 MG/3 DAY PATCH	3	1.00	3.34	4.48932	10%-25% Below	No	No
50742050524	SCOPOLAMINE 1 MG/3 DAY PATCH	3	3.00	7.89	4.48932	51%-75% Above	No	No
50742056401	DILTIAZEM 12HR ER 60 MG CAP	2	90.00	0.63	1.59457	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 672

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	15.00	0.26	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.11	0.05703	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.24	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.26	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.27	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.11	0.05703	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.26	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	60.00	0.22	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	60.00	0.26	0.05703	200% Above	No	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05703	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.21	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.21	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.22	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.24	0.05703	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	15.00	0.11	0.05629	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05629	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.27	0.05629	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.21	0.05629	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	15.00	0.23	0.05630	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.03	0.05630	51%-75% Below	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.11	0.05630	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.23	0.05630	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	45.00	0.11	0.05630	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	60.00	0.11	0.05630	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 673

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.22	0.05630	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.21	0.05630	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.21	0.05630	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.22	0.05630	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.22	0.05630	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.26	0.05630	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.23	0.05863	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	45.00	0.11	0.05863	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	4	60.00	0.11	0.05863	76%-100% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	45.00	0.26	0.05730	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.21	0.05730	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.21	0.05730	200% Above	Yes	No
50742061510	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.22	0.05730	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.03	0.06092	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.11	0.06092	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	45.00	0.25	0.06092	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.06092	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.17	0.06092	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	1	360.00	0.11	0.06092	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.11	0.05456	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.11	0.05456	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.14	0.05456	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	2	180.00	0.11	0.05456	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	2.00	0.11	0.05352	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 674

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.03	0.05352	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.11	0.05352	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	60.00	0.20	0.05352	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.03	0.05352	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.11	0.05352	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.17	0.05352	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.19	0.05352	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	3	180.00	0.11	0.05352	76%-100% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.03	0.05251	26%-50% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.11	0.05251	101%-200% Above	No	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.11	0.05251	101%-200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.03	0.06399	51%-75% Below	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.11	0.06399	51%-75% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	135.00	0.25	0.06399	200% Above	Yes	No
50742061610	METOPROLOL SUCC ER 50 MG TAB	12	180.00	0.11	0.06399	51%-75% Above	Yes	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.43	0.08665	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.43	0.08224	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.43	0.08180	200% Above	No	No
50742061701	METOPROLOL SUCC ER 100 MG TAB	12	30.00	0.43	0.08718	200% Above	No	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.33	0.08665	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	1	45.00	0.11	0.08665	10%-25% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.35	0.08665	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.04	0.08224	26%-50% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.15	0.08224	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.33	0.08224	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 675

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742061710	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.35	0.08224	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.15	0.08180	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	45.00	0.11	0.08180	26%-50% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.15	0.08180	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.27	0.08180	200% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	4	30.00	0.15	0.08130	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.15	0.08130	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	4	135.00	0.04	0.08130	26%-50% Below	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	12	30.00	0.16	0.08718	76%-100% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	12	45.00	0.11	0.08718	10%-25% Above	Yes	No
50742061710	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.16	0.08718	76%-100% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	1	30.00	0.33	0.19041	51%-75% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	2	90.00	0.28	0.18214	51%-75% Above	Yes	No
50742061801	METOPROLOL SUCC ER 200 MG TAB	2	90.00	0.33	0.18214	76%-100% Above	Yes	No
50742062001	NIFEDIPINE ER 30 MG TABLET	1	90.00	0.24	0.11057	101%-200% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	2	90.00	0.13	0.11518	10%-25% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	2	90.00	0.29	0.11518	101%-200% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	3	30.00	0.13	0.11688	10%-25% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	4	30.00	0.13	0.11864	10%-25% Above	No	No
50742062001	NIFEDIPINE ER 30 MG TABLET	12	30.00	0.31	0.10409	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	1	90.00	0.08	0.16109	51%-75% Below	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	1	90.00	0.33	0.16109	101%-200% Above	No	No
50742062101	NIFEDIPINE ER 60 MG TABLET	3	90.00	0.12	0.16939	26%-50% Below	No	No
50742062201	NIFEDIPINE ER 90 MG TABLET	2	90.00	0.06	0.24612	51%-75% Below	No	No
50742062201	NIFEDIPINE ER 90 MG TABLET	2	90.00	0.11	0.24612	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 676

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
50742064601	TRIAZOLAM 0.25 MG TABLET	1	1.00	0.74	0.35569	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	1	1.00	0.93	0.35569	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	1	1.00	2.09	0.35569	200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	1	1.00	2.09	0.35569	200% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	2	1.00	0.74	0.36600	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	2	1.00	0.93	0.36600	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	2	2.00	0.93	0.36600	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	2	2.00	0.93	0.36600	101%-200% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	2	60.00	0.93	0.36600	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	1.00	0.61	0.36024	51%-75% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	1.00	0.93	0.36024	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	2.00	0.93	0.36024	101%-200% Above	Yes	No
50742064601	TRIAZOLAM 0.25 MG TABLET	3	60.00	0.93	0.36024	101%-200% Above	No	No
50742064601	TRIAZOLAM 0.25 MG TABLET	12	3.00	0.38	0.34520	10%-25% Above	Yes	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	1	28.00	1.40	0.73251	76%-100% Above	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	2	28.00	0.60	0.69350	10%-25% Below	No	No
50742065728	ESTRADIOL-NORETH 1-0.5 MG TAB	12	28.00	0.63	0.76504	10%-25% Below	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	1	84.00	1.36	0.91888	26%-50% Above	No	No
50742065828	ESTRADIOL-NORETH 0.5-0.1 MG TB	12	84.00	0.44	0.81693	26%-50% Below	No	No
50742066701	PHENOB/HYOSC TAB ATR/SCOP	12	90.00	0.17	.		No	No
50881001060	JAKAFI TAB 10MG	1	60.00	293.77	.		No	No
50881001060	JAKAFI TAB 10MG	3	60.00	293.77	.		No	No
50881001060	JAKAFI TAB 10MG	12	60.00	277.73	.		No	No
50924007920	SAFE-T-PRO MIS PLUS	2	200.00	0.22	.		No	No
50924007920	SAFE-T-PRO MIS PLUS	3	200.00	0.22	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 677

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	1	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	1	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	1	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	1	100.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	1	200.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	1	200.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	100.00	0.11	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	100.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	2	300.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	200.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	3	200.00	0.12	.		Yes	No
50924097110	ACCU-CHEK LNC SOFTCLIX	4	100.00	0.11	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	12	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	0.11	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 678

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	100.00	0.12	.		No	No
50924097110	ACCU-CHEK LNC SOFTCLIX	12	100.00	0.12	.		No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	1	30.00	1.31	2.36795	26%-50% Below	No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	2	30.00	1.03	2.47182	51%-75% Below	No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	3	30.00	1.03	2.40213	51%-75% Below	No	No
51079092620	DILTIAZEM 12HR ER 120 MG CAP	12	30.00	1.37	2.23491	26%-50% Below	No	No
51224001060	BENZONATATE CAP 100MG	1	30.00	0.18	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	2	21.00	0.22	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	3	21.00	0.21	.		No	No
51285012797	LOESTRIN 21 TAB 1.5/30	12	21.00	0.32	.		No	No
51407004105	CARVEDILOL TAB 12.5MG	2	180.00	0.03	.		No	No
51407033010	HYDROCHLOROT TAB 12.5MG	2	90.00	0.10	.		No	No
51407033190	HYDROCHLOROT TAB 25MG	3	90.00	0.02	.		No	No
51407033190	HYDROCHLOROT TAB 25MG	3	90.00	0.02	.		No	No
51407033210	HYDROCHLOROT TAB 50MG	12	90.00	0.04	.		No	No
51407033290	HYDROCHLOROT TAB 50MG	3	90.00	0.03	.		No	No
51407040410	METOPROL SUC TAB 50MG ER	2	90.00	0.11	.		No	No
51407045101	POT CITRA ER TAB 1620MG	3	200.00	0.35	.		No	No
51407045101	POT CITRA ER TAB 1620MG	12	200.00	0.08	.		No	No
51407053710	DICLOFENAC TAB 50MG DR	4	60.00	0.17	.		No	No
51407064190	OMEPRAZOLE CAP 20MG	1	90.00	0.05	.		No	No
51407064190	OMEPRAZOLE CAP 20MG	2	90.00	0.05	.		No	No
51407064190	OMEPRAZOLE CAP 20MG	4	90.00	0.07	.		No	No
51407064190	OMEPRAZOLE CAP 20MG	12	90.00	0.05	.		No	No
51407079410	AMITRIPTYLIN TAB 25MG	3	90.00	0.10	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 679

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51407084810	ROSUVASTATIN TAB 5MG	3	90.00	0.01	.		No	No
51407084810	ROSUVASTATIN TAB 5MG	3	90.00	0.03	.		No	No
51407084810	ROSUVASTATIN TAB 5MG	12	90.00	0.03	.		No	No
51407084990	ROSUVASTATIN TAB 10MG	3	90.00	0.02	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	1	30.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	2	30.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	2	90.00	0.05	.		No	No
51407085010	ROSUVASTATIN TAB 20MG	3	30.00	0.05	.		No	No
51407097410	BACLOFEN TAB 20MG	1	60.00	0.03	.		No	No
51407097410	BACLOFEN TAB 20MG	2	180.00	0.02	.		No	No
51660020005	EZETIMIBE 10 MG TABLET	3	30.00	0.30	0.07252	200% Above	No	No
51660020005	EZETIMIBE 10 MG TABLET	4	30.00	0.30	0.07238	200% Above	No	No
51660020090	EZETIMIBE 10 MG TABLET	3	90.00	0.33	0.07252	200% Above	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	1	60.00	0.02	0.05327	51%-75% Below	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	3	60.00	0.02	0.05353	51%-75% Below	No	No
51660052601	ALLERGY (LORATADINE) 10 MG TAB	3	90.00	0.03	0.05353	26%-50% Below	No	No
51672125901	CLOBETASOL 0.05% OINTMENT	12	60.00	0.25	0.14609	51%-75% Above	No	No
51672125902	CLOBETASOL 0.05% OINTMENT	3	60.00	0.25	0.15920	51%-75% Above	No	No
51672125903	CLOBETASOL 0.05% OINTMENT	1	60.00	0.06	0.11591	26%-50% Below	No	No
51672126003	CLOTRIMAZOLE 1% SOLUTION	1	30.00	0.33	0.50656	26%-50% Below	No	No
51672126003	CLOTRIMAZOLE 1% SOLUTION	1	30.00	0.67	0.50656	26%-50% Above	No	No
51672126003	CLOTRIMAZOLE 1% SOLUTION	2	30.00	0.33	0.52154	26%-50% Below	No	No
51672126003	CLOTRIMAZOLE 1% SOLUTION	3	30.00	0.33	0.51729	26%-50% Below	No	No
51672126003	CLOTRIMAZOLE 1% SOLUTION	12	30.00	0.37	0.51596	26%-50% Below	No	No
51672126301	NYSTATIN-TRIAMCINOLONE CREAM	1	15.00	1.00	0.31020	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 680

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672126303	NYSTATIN-TRIAMCINOLONE CREAM	4	60.00	0.25	0.21575	10%-25% Above	No	No
51672126403	FLUOCINONIDE 0.05% OINTMENT	3	60.00	0.55	0.26947	101%-200% Above	No	No
51672126705	TRIAMCINOLONE 0.1% PASTE	1	5.00	1.32	2.91526	51%-75% Below	Yes	No
51672126705	TRIAMCINOLONE 0.1% PASTE	1	5.00	1.87	2.91526	26%-50% Below	Yes	No
51672126705	TRIAMCINOLONE 0.1% PASTE	2	5.00	1.87	2.78949	26%-50% Below	Yes	No
51672127304	FLUOCINONIDE 0.05% SOLUTION	4	60.00	0.25	0.21573	10%-25% Above	No	No
51672127401	BETAMETHASONE DP 0.05% CRM	3	15.00	0.99	0.50754	76%-100% Above	Yes	No
51672127401	BETAMETHASONE DP 0.05% CRM	4	15.00	1.20	0.51285	101%-200% Above	No	No
51672127406	BETAMETHASONE DP 0.05% CRM	12	45.00	1.17	0.43124	101%-200% Above	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	1	30.00	0.17	0.19727	10%-25% Below	No	No
51672127501	CLOTRIMAZOLE 1% TOPICAL CREAM	2	30.00	0.40	0.20162	76%-100% Above	No	No
51672127502	CLOTRIMAZOLE 1% TOPICAL CREAM	4	30.00	0.12	0.13585	10%-25% Below	No	No
51672127506	CLOTRIMAZOLE 1% TOPICAL CREAM	1	45.00	0.28	0.19392	26%-50% Above	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.05	0.08586	26%-50% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.05	0.08378	26%-50% Below	No	No
51672128202	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.05	0.08256	26%-50% Below	No	No
51672128208	TRIAMCINOLONE 0.1% CREAM	2	80.00	0.13	0.04938	101%-200% Above	No	No
51672128402	TRIAMCINOLONE 0.1% OINTMENT	1	30.00	0.21	0.12790	51%-75% Above	No	No
51672128402	TRIAMCINOLONE 0.1% OINTMENT	2	30.00	0.20	0.12638	51%-75% Above	No	No
51672129801	KETOCONAZOLE 2% CREAM	1	15.00	1.17	0.33059	200% Above	No	No
51672129801	KETOCONAZOLE 2% CREAM	3	15.00	0.35	0.31358	10%-25% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	2	30.00	0.35	0.26131	26%-50% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	3	30.00	0.35	0.24861	26%-50% Above	No	No
51672129802	KETOCONAZOLE 2% CREAM	12	30.00	0.17	0.27261	26%-50% Below	No	No
51672129802	KETOCONAZOLE 2% CREAM	12	30.00	0.37	0.27261	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 681

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672129802	KETOCONAZOLE 2% CREAM	12	900.00	0.37	0.27261	26%-50% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	1	60.00	0.81	0.18396	200% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	2	60.00	0.25	0.18533	26%-50% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	2	60.00	0.35	0.18533	76%-100% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	3	60.00	0.35	0.18377	76%-100% Above	No	No
51672129803	KETOCONAZOLE 2% CREAM	4	60.00	0.69	0.17988	200% Above	No	No
51672130005	AMMONIUM LACTATE 12% LOTION	1	225.00	0.02	0.06431	51%-75% Below	No	No
51672130100	AMMONIUM LACTATE 12% CREAM	1	385.00	0.05	0.07224	26%-50% Below	No	No
51672130200	TERCONAZOLE 0.8% CREAM	2	20.00	0.75	1.00243	10%-25% Below	No	No
51672130200	TERCONAZOLE 0.8% CREAM	2	20.00	1.17	1.00243	10%-25% Above	No	No
51672130200	TERCONAZOLE 0.8% CREAM	3	20.00	1.17	0.99501	10%-25% Above	No	No
51672130200	TERCONAZOLE 0.8% CREAM	12	20.00	1.15	1.03625	10%-25% Above	No	No
51672130302	ECONAZOLE NITRATE 1% CREAM	3	30.00	0.19	0.35219	26%-50% Below	No	No
51672130302	ECONAZOLE NITRATE 1% CREAM	4	60.00	0.55	0.35858	51%-75% Above	No	No
51672130302	ECONAZOLE NITRATE 1% CREAM	12	60.00	0.57	0.34669	51%-75% Above	No	No
51672130308	ECONAZOLE NITRATE 1% CREAM	1	85.00	0.55	0.20200	101%-200% Above	Yes	No
51672130308	ECONAZOLE NITRATE 1% CREAM	3	85.00	0.10	0.20529	51%-75% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	1	45.00	0.19	0.57331	51%-75% Below	No	No
51672130406	TERCONAZOLE 0.4% CREAM	1	45.00	0.32	0.57331	26%-50% Below	Yes	No
51672130406	TERCONAZOLE 0.4% CREAM	2	45.00	0.29	0.57789	26%-50% Below	No	No
51672130603	ALCLOMETASONE DIPRO 0.05% CRM	12	60.00	1.06	0.57208	76%-100% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	1	22.00	0.17	0.13574	10%-25% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	1	22.00	0.34	0.13574	101%-200% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	1	22.00	0.38	0.13574	101%-200% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	2	22.00	0.09	0.13256	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 682

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	22.00	0.17	0.13256	26%-50% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	3	22.00	0.10	0.13224	10%-25% Below	No	No
51672131200	MUPIROCIN 2% OINTMENT	3	22.00	0.17	0.13224	26%-50% Above	No	No
51672131200	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% Above	No	No
51672131201	MUPIROCIN 2% OINTMENT	2	15.00	0.22	0.28072	10%-25% Below	Yes	No
51672131201	MUPIROCIN 2% OINTMENT	3	15.00	0.22	0.28528	10%-25% Below	Yes	No
51672131201	MUPIROCIN 2% OINTMENT	12	15.00	0.22	0.27621	10%-25% Below	No	No
51672131802	CICLOPIROX 0.77% CREAM	1	30.00	0.39	0.17582	101%-200% Above	Yes	No
51672131808	CICLOPIROX 0.77% CREAM	1	90.00	0.05	0.10279	26%-50% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	2	118.28	0.08	0.16655	51%-75% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	3	118.28	0.13	0.17443	26%-50% Below	Yes	No
51672135708	FLUOCINOLONE 0.01% SCALP OIL	12	118.28	0.08	0.17286	51%-75% Below	Yes	No
51672136203	NAFTIFINE HCL 1% CREAM	1	60.00	3.57	4.75929	10%-25% Below	Yes	No
51672136504	FLUOCINOLONE 0.01% SOLUTION	2	60.00	0.32	0.18596	51%-75% Above	No	No
51672137302	TAZAROTENE 0.1% CREAM	1	30.00	1.04	2.18863	51%-75% Below	No	No
51672137302	TAZAROTENE 0.1% CREAM	3	30.00	1.01	1.93605	26%-50% Below	No	No
51672137706	ADAPALENE 0.3% GEL	2	45.00	0.59	0.48799	10%-25% Above	Yes	No
51672138104	CLINDAMYCIN-BENZOYL PEROX 1-5%	3	50.00	1.44	0.58217	101%-200% Above	No	No
51672138509	IBUPROFEN 100 MG/5 ML SUSP	1	300.00	0.01	0.02496	51%-75% Below	No	No
51672138509	IBUPROFEN 100 MG/5 ML SUSP	2	120.00	0.01	0.02394	26%-50% Below	No	No
51672138603	FLUOCINONIDE 0.05% CREAM	2	120.00	0.14	0.31995	51%-75% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	1	50.00	0.28	0.64826	51%-75% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	1	50.00	0.30	0.64826	51%-75% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	2	50.00	0.28	0.53621	26%-50% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	2	50.00	0.30	0.53621	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 683

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672138903	AZELAIC ACID 15% GEL	2	50.00	0.76	0.53621	26%-50% Above	Yes	No
51672138903	AZELAIC ACID 15% GEL	3	50.00	0.28	0.47699	26%-50% Below	Yes	No
51672138903	AZELAIC ACID 15% GEL	3	50.00	0.76	0.47699	51%-75% Above	No	No
51672138903	AZELAIC ACID 15% GEL	3	50.00	0.76	0.47699	51%-75% Above	Yes	No
51672139400	TRETINOIN 0.05% CREAM	1	20.00	0.68	1.57025	51%-75% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	2	20.00	0.68	1.58253	51%-75% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	2	20.00	0.75	1.58253	51%-75% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	3	20.00	0.65	1.62678	51%-75% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	3	20.00	0.68	1.62678	51%-75% Below	No	No
51672139400	TRETINOIN 0.05% CREAM	3	20.00	0.75	1.62678	51%-75% Below	No	No
51672139500	TRETINOIN 0.1% CREAM	4	20.00	0.75	1.03518	26%-50% Below	No	No
51672139509	TRETINOIN 0.1% CREAM	1	45.00	0.22	0.92407	51%-75% Below	No	No
51672139509	TRETINOIN 0.1% CREAM	2	45.00	0.22	0.91668	51%-75% Below	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.13	0.29846	51%-75% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.17	0.29846	26%-50% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	1	60.00	0.26	0.29846	10%-25% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.17	0.29508	26%-50% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.26	0.29508	10%-25% Below	No	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	3	60.00	0.26	0.29508	10%-25% Below	Yes	No
51672140004	CLINDAMYCIN PHOSP 1% LOTION	12	60.00	0.61	0.30323	101%-200% Above	Yes	No
51672140304	CLINDAMYC-BNZ PEROX 1.2-3.75%	2	50.00	1.73	4.09182	51%-75% Below	No	No
51672140304	CLINDAMYC-BNZ PEROX 1.2-3.75%	3	50.00	2.48	3.35470	26%-50% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	2	20.00	0.71	0.96234	10%-25% Below	Yes	No
51672140700	TRETINOIN 0.025% CREAM	3	20.00	0.71	0.87441	10%-25% Below	Yes	No
51672140700	TRETINOIN 0.025% CREAM	4	20.00	0.54	0.81217	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 684

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672140700	TRETINOIN 0.025% CREAM	7	20.00	0.69	1.03787	26%-50% Below	No	No
51672140700	TRETINOIN 0.025% CREAM	12	20.00	0.44	0.99639	51%-75% Below	Yes	No
51672140709	TRETINOIN 0.025% CREAM	1	45.00	0.30	0.92953	51%-75% Below	Yes	No
51672140709	TRETINOIN 0.025% CREAM	1	45.00	0.33	0.92953	51%-75% Below	Yes	No
51672140709	TRETINOIN 0.025% CREAM	1	45.00	1.60	0.92953	51%-75% Above	Yes	No
51672140709	TRETINOIN 0.025% CREAM	2	45.00	0.71	0.88844	10%-25% Below	Yes	No
51672140709	TRETINOIN 0.025% CREAM	3	45.00	0.33	0.79702	51%-75% Below	Yes	No
51672140709	TRETINOIN 0.025% CREAM	3	45.00	0.71	0.79702	10%-25% Below	Yes	No
51672140709	TRETINOIN 0.025% CREAM	12	45.00	1.60	0.95752	51%-75% Above	Yes	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	1	225.00	0.04	0.03648	10%-25% Above	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	2	120.00	0.02	0.03669	26%-50% Below	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	3	120.00	0.02	0.03608	26%-50% Below	No	No
51672210208	CETIRIZINE HCL 1 MG/ML SOLN	12	120.00	0.05	0.03664	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	1	25.00	0.05	0.04082	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	1	120.00	0.05	0.04082	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	35.00	0.05	0.04004	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	75.00	0.05	0.04004	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	120.00	0.05	0.04004	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	2	150.00	0.03	0.04004	10%-25% Below	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	120.00	0.05	0.03968	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	150.00	0.05	0.03968	10%-25% Above	No	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	150.00	0.05	0.03968	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	3	150.00	0.07	0.03968	51%-75% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	120.00	0.05	0.03932	10%-25% Above	Yes	No
51672213108	CHILD LORATADINE 5 MG/5 ML SOL	4	150.00	0.05	0.03932	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 685

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672401801	ETODOLAC 400 MG TABLET	12	60.00	0.52	0.25142	101%-200% Above	No	No
51672403101	WARFARIN SODIUM 4 MG TABLET	1	30.00	0.01	0.08196	76%-100% Below	No	No
51672403101	WARFARIN SODIUM 4 MG TABLET	2	30.00	0.01	0.08308	76%-100% Below	No	No
51672403101	WARFARIN SODIUM 4 MG TABLET	3	30.00	0.01	0.08578	76%-100% Below	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	2	30.00	0.17	0.08616	101%-200% Above	No	No
51672403203	WARFARIN SODIUM 5 MG TABLET	3	30.00	0.17	0.08533	101%-200% Above	No	No
51672403401	WARFARIN SODIUM 7.5 MG TABLET	1	90.00	0.12	0.09953	10%-25% Above	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	1	36.00	0.20	0.10179	76%-100% Above	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	2	31.00	0.12	0.10173	10%-25% Above	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	2	36.00	0.20	0.10173	76%-100% Above	No	No
51672403501	WARFARIN SODIUM 10 MG TABLET	3	45.00	0.20	0.10048	76%-100% Above	No	No
51672404301	CLOTRIMAZOLE-BETAMETHASONE CRM	1	90.00	0.72	0.87514	10%-25% Below	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	1	30.00	0.28	0.19009	26%-50% Above	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	2	30.00	0.28	0.17327	51%-75% Above	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	3	30.00	0.28	0.15881	51%-75% Above	No	No
51672404501	ENALAPRIL-HYDROCHLOROTHIAZIDE 5-12.5 MG TAB	12	30.00	0.29	0.18810	51%-75% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	1	30.00	0.31	0.22238	26%-50% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	2	15.00	0.88	0.21844	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	2	30.00	0.31	0.21844	26%-50% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	3	15.00	0.66	0.21538	200% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	12	15.00	0.33	0.22217	26%-50% Above	Yes	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	0.33	0.22217	26%-50% Above	No	No
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM	12	60.00	0.11	0.22217	51%-75% Below	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.44	0.18551	101%-200% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	1	45.00	0.73	0.18551	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.31	0.18355	51%-75% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.31	0.18355	51%-75% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	2	45.00	0.33	0.18355	76%-100% Above	No	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	3	45.00	0.31	0.18098	51%-75% Above	Yes	No
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM	12	45.00	0.33	0.18697	76%-100% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	1	120.00	0.05	0.02151	101%-200% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	2	120.00	0.04	0.02133	76%-100% Above	Yes	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	2	300.00	0.04	0.02133	76%-100% Above	No	No
51672407008	CETIRIZINE HCL 1 MG/ML SOLN	3	120.00	0.05	0.02104	101%-200% Above	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	1	120.00	0.12	0.14328	10%-25% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	2	120.00	0.12	0.14004	10%-25% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	3	120.00	0.12	0.13918	10%-25% Below	No	No
51672411103	PHENYTOIN SOD EXT 100 MG CAP	12	120.00	0.12	0.14269	10%-25% Below	No	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	2	45.00	0.16	0.31716	26%-50% Below	No	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	2	45.00	0.44	0.31716	26%-50% Above	Yes	No
51672411606	METRONIDAZOLE TOPICAL 0.75% GL	12	45.00	0.16	0.34873	51%-75% Below	No	No
51672411806	FLUOROURACIL 5% CREAM	1	40.00	1.97	0.61537	200% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	0.85	0.61272	26%-50% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	0.85	0.61272	26%-50% Above	Yes	No
51672411806	FLUOROURACIL 5% CREAM	2	40.00	1.53	0.61272	101%-200% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	2	1600.00	0.85	0.61272	26%-50% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	3	40.00	0.85	0.60003	26%-50% Above	No	No
51672411806	FLUOROURACIL 5% CREAM	12	40.00	0.41	0.61720	26%-50% Below	No	No
51672412401	CARBAMAZEPINE ER 200 MG TABLET	3	100.00	0.22	0.39860	26%-50% Below	No	No
51672412401	CARBAMAZEPINE ER 200 MG TABLET	12	100.00	0.23	0.41262	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 687

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.08	0.02947	101%-200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	1	45.00	0.08	0.02947	101%-200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	1	60.00	0.08	0.02947	101%-200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	1	90.00	0.17	0.02947	200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	2	60.00	0.08	0.02913	101%-200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	2	90.00	0.08	0.02913	101%-200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	3	60.00	0.08	0.02924	101%-200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	3	90.00	0.08	0.02924	101%-200% Above	No	No
51672413001	LAMOTRIGINE 25 MG TABLET	3	120.00	0.08	0.02924	101%-200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	1	30.00	0.03	0.04550	26%-50% Below	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	1	30.00	0.03	0.04550	26%-50% Below	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	1	90.00	0.20	0.04550	200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	2	90.00	0.09	0.04411	101%-200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	3	30.00	0.02	0.04414	26%-50% Below	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	3	135.00	0.06	0.04414	26%-50% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	12	14.00	0.10	0.04582	101%-200% Above	No	No
51672413101	LAMOTRIGINE 100 MG TABLET	12	90.00	0.67	0.04582	200% Above	No	No
51672413204	LAMOTRIGINE 150 MG TABLET	1	30.00	0.20	0.06777	101%-200% Above	No	No
51672414601	PHENYTOIN 50 MG TABLET CHEW	1	90.00	0.30	0.18529	51%-75% Above	No	No
51672417005	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.09	0.15230	26%-50% Below	No	No
51672417005	SOD SUL-POTASS SUL-MAG SUL SOL	12	354.00	0.10	0.15860	26%-50% Below	No	No
51672419303	CLOBETASOL PROP 0.05% FOAM	3	50.00	0.67	0.32885	101%-200% Above	No	No
51672419303	CLOBETASOL PROP 0.05% FOAM	4	50.00	0.67	0.30543	101%-200% Above	No	No
51672421503	METRONIDAZOLE TOPICAL 1% GEL	2	60.00	0.34	0.67237	26%-50% Below	Yes	No
51672421503	METRONIDAZOLE TOPICAL 1% GEL	3	60.00	0.43	0.66324	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 688

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51672421509	METRONIDAZOLE TOP 1% GEL PUMP	3	55.00	0.66	0.49862	26%-50% Above	No	No
51672424602	DOXEPIN HCL 3 MG TABLET	2	30.00	1.16	1.59298	26%-50% Below	No	No
51801000130	EFFER-K 25 MEQ TABLET EFF	12	90.00	0.27	0.37183	26%-50% Below	Yes	No
51862077130	TWYNEO CRE 0.1-3%	2	30.00	29.98	.		No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	1	30.00	0.66	0.45630	26%-50% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	2	15.00	0.66	0.45919	26%-50% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	2	30.00	0.66	0.45919	26%-50% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	3	7.00	0.66	0.44405	26%-50% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	3	30.00	0.66	0.44405	26%-50% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	3	90.00	0.66	0.44405	26%-50% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	4	30.00	0.66	0.44024	26%-50% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	12	30.00	1.54	0.44951	200% Above	No	No
51991000633	DESVENLAFAXINE SUCCNT ER 25 MG	12	90.00	0.69	0.44951	51%-75% Above	No	No
51991005301	OXCARBAZEPINE 150 MG TABLET	2	60.00	0.14	0.10870	26%-50% Above	Yes	No
51991005301	OXCARBAZEPINE 150 MG TABLET	3	60.00	0.14	0.10594	26%-50% Above	Yes	No
51991005301	OXCARBAZEPINE 150 MG TABLET	4	60.00	0.14	0.10515	26%-50% Above	Yes	No
51991005305	OXCARBAZEPINE 150 MG TABLET	1	90.00	0.07	0.11148	26%-50% Below	No	No
51991005401	OXCARBAZEPINE 300 MG TABLET	2	360.00	0.08	0.16905	51%-75% Below	Yes	No
51991005501	OXCARBAZEPINE 600 MG TABLET	1	60.00	0.17	0.33846	51%-75% Below	No	No
51991005501	OXCARBAZEPINE 600 MG TABLET	2	60.00	0.17	0.32796	26%-50% Below	No	No
51991005501	OXCARBAZEPINE 600 MG TABLET	3	60.00	0.17	0.32392	26%-50% Below	No	No
51991005501	OXCARBAZEPINE 600 MG TABLET	3	180.00	0.22	0.32392	26%-50% Below	Yes	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.67	0.42481	51%-75% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	2	14.00	0.05	0.42556	76%-100% Below	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.50	0.42556	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 689

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.67	0.42556	51%-75% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.67	0.43987	51%-75% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	0.50	0.44861	10%-25% Above	No	No
51991031110	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	0.67	0.42875	51%-75% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.50	0.42481	10%-25% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.76	0.42481	76%-100% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.76	0.42556	76%-100% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.76	0.43987	51%-75% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	3	90.00	0.76	0.43987	51%-75% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	0.76	0.44861	51%-75% Above	No	No
51991031133	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	0.79	0.42875	76%-100% Above	No	No
51991031190	DESVENLAFAXINE SUCCNT ER 50 MG	1	90.00	1.76	0.42481	200% Above	No	No
51991031190	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.76	0.42556	76%-100% Above	No	No
51991031190	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.76	0.43987	51%-75% Above	No	No
51991031190	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	0.76	0.44861	51%-75% Above	No	No
51991031210	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.82	0.43204	76%-100% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	1.91	0.44513	200% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	2	30.00	0.82	0.43204	76%-100% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	3	30.00	0.82	0.43287	76%-100% Above	No	No
51991031233	DESVENLAFAXINE SUCCNT ER 100 MG	12	30.00	0.86	0.44549	76%-100% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	0.50	0.44513	10%-25% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.50	0.43204	10%-25% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.82	0.43204	76%-100% Above	No	No
51991031290	DESVENLAFAXINE SUCCNT ER 100 MG	3	90.00	0.82	0.43287	76%-100% Above	No	No
51991062033	ANASTROZOLE 1 MG TABLET	3	2.00	0.08	0.13880	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 690

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991062033	ANASTROZOLE 1 MG TABLET	4	12.00	0.08	0.13765	26%-50% Below	No	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	2	28.00	0.59	0.96706	26%-50% Below	No	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	3	28.00	0.59	0.75878	10%-25% Below	No	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	4	28.00	0.59	0.67783	10%-25% Below	No	No
51991062328	ESTRADIOL-NORETH 0.5-0.1 MG TB	12	28.00	1.36	0.81693	51%-75% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	1	14.00	0.13	0.11613	10%-25% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	1	30.00	0.13	0.11613	10%-25% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	12	30.00	0.13	0.11198	10%-25% Above	No	No
51991074690	DULOXETINE HCL DR 20 MG CAP	12	60.00	0.13	0.11198	10%-25% Above	No	No
51991075933	LETROZOLE 2.5 MG TABLET	1	10.00	0.08	0.14076	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	2	5.00	0.08	0.14396	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	2	30.00	0.08	0.14396	26%-50% Below	No	No
51991075933	LETROZOLE 2.5 MG TABLET	3	30.00	0.08	0.14551	26%-50% Below	No	No
51991075990	LETROZOLE 2.5 MG TABLET	2	90.00	0.10	0.14396	26%-50% Below	No	No
51991080990	L-METHYLFOLA TAB 15MG	3	30.00	0.50	.		Yes	No
51991081390	FOLTANX TAB	2	90.00	1.16	.		No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	1	30.00	0.02	0.17803	76%-100% Below	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	1	30.00	0.25	0.17803	26%-50% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	1	30.00	0.50	0.17803	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	1	90.00	0.44	0.17803	101%-200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	1	90.00	0.57	0.17803	200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	1	90.00	0.57	0.17803	200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	2	30.00	0.25	0.17645	26%-50% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	2	30.00	0.50	0.17645	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	2	90.00	0.02	0.17645	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
51991081701	PROPRANOLOL ER 60 MG CAPSULE	2	90.00	0.22	0.17645	10%-25% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	2	90.00	0.42	0.17645	101%-200% Above	Yes	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	0.25	0.17175	26%-50% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	3	30.00	0.50	0.17175	101%-200% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	3	90.00	0.25	0.17175	26%-50% Above	No	No
51991081701	PROPRANOLOL ER 60 MG CAPSULE	4	30.00	0.50	0.17048	101%-200% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	1	30.00	0.17	0.19522	10%-25% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	1	90.00	0.61	0.19522	200% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	2	30.00	0.17	0.19211	10%-25% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	2	30.00	0.26	0.19211	26%-50% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	2	90.00	0.26	0.19211	26%-50% Above	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	3	30.00	0.17	0.19177	10%-25% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	3	30.00	0.26	0.19177	26%-50% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	3	90.00	0.26	0.19177	26%-50% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	3	90.00	0.33	0.19177	51%-75% Above	Yes	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	4	30.00	0.17	0.19262	10%-25% Below	No	No
51991081801	PROPRANOLOL ER 80 MG CAPSULE	12	90.00	0.33	0.19510	51%-75% Above	Yes	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	1	90.00	0.36	0.20289	51%-75% Above	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	3	30.00	0.17	0.19774	10%-25% Below	No	No
51991081901	PROPRANOLOL ER 120 MG CAPSULE	4	90.00	0.36	0.19660	76%-100% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	1	60.00	0.61	0.34213	76%-100% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	2	60.00	0.61	0.32546	76%-100% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	3	60.00	0.61	0.32873	76%-100% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	4	60.00	0.61	0.32413	76%-100% Above	No	No
51991087733	EPLERENONE 25 MG TABLET	12	60.00	0.64	0.36124	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 692

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
51991090701	TETRACYCLINE 500 MG CAPSULE	2	40.00	1.60	0.66337	101%-200% Above	Yes	No
52187053606	SOD SUL/SULF LIQ 10-5%	2	170.30	0.46	.		No	No
52187053606	SOD SUL/SULF LIQ 10-5%	4	170.30	0.46	.		No	No
52536052003	DEXTROAMPHETAMINE 20 MG TAB	2	60.00	2.41	5.26338	51%-75% Below	Yes	No
52536062501	TESTOSTERONE CYP 200 MG/ML	1	2.00	6.47	11.38382	26%-50% Below	No	No
52536062501	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.39	11.34861	26%-50% Below	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	2.89	3.28594	10%-25% Below	No	No
52536062510	TESTOSTERONE CYP 2,000 MG/10 ML	3	2.00	2.89	3.25944	10%-25% Below	No	No
52536088001	VERAPAMIL SR 120 MG CAPSULE	3	90.00	0.62	1.75155	51%-75% Below	Yes	No
52536088201	VERAPAMIL SR 180 MG CAPSULE	1	90.00	0.53	2.20680	51%-75% Below	Yes	No
52536088201	VERAPAMIL SR 180 MG CAPSULE	12	30.00	0.63	1.98482	51%-75% Below	Yes	No
52536088401	VERAPAMIL SR 240 MG CAPSULE	2	60.00	0.25	2.44906	76%-100% Below	No	No
52536088401	VERAPAMIL SR 240 MG CAPSULE	4	30.00	0.95	2.36684	51%-75% Below	No	No
52747071060	INTEGRA CAP	3	90.00	0.37	.		No	No
52747071130	INTEGRA F CAP	12	60.00	0.57	.		Yes	No
52747071260	INTEGRA PLUS CAP	2	90.00	0.64	.		No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.10	0.02526	200% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.04	0.02516	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.04	0.02514	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	4	90.00	0.04	0.02473	51%-75% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.04	0.02535	76%-100% Above	No	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.10	0.02535	200% Above	Yes	No
52817018000	CLONIDINE HCL 0.1 MG TABLET	12	60.00	0.04	0.02535	76%-100% Above	No	No
52817018010	CLONIDINE HCL 0.1 MG TABLET	1	60.00	0.04	0.02526	51%-75% Above	No	No
52817018010	CLONIDINE HCL 0.1 MG TABLET	2	60.00	0.04	0.02516	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 693

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817018010	CLONIDINE HCL 0.1 MG TABLET	3	60.00	0.04	0.02514	51%-75% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	1	180.00	0.06	0.03482	76%-100% Above	No	No
52817018100	CLONIDINE HCL 0.2 MG TABLET	12	60.00	0.15	0.03558	200% Above	No	No
52817018110	CLONIDINE HCL 0.2 MG TABLET	1	90.00	0.01	0.03482	51%-75% Below	No	No
52817020010	ACETAZOLAMIDE 125 MG TABLET	4	20.00	0.30	0.10516	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	1	30.00	0.05	0.01773	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.05	0.01773	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.11	0.01773	200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	2	30.00	0.05	0.01747	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	2	45.00	0.05	0.01747	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.05	0.01747	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.01	0.01747	26%-50% Below	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.05	0.01747	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	2	270.00	0.05	0.01747	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	3	2.00	0.25	0.01712	200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.05	0.01712	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.05	0.01712	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	3	90.00	0.02	0.01712	26%-50% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.02	0.01712	26%-50% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.05	0.01712	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.05	0.01714	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	4	90.00	0.05	0.01714	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.05	0.01714	101%-200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.11	0.01767	200% Above	No	No
52817025000	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.11	0.01767	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 694

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817025200	METOPROLOL TARTRATE 50 MG TAB	1	90.00	0.10	0.01987	200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.01	0.01987	10%-25% Below	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.02	0.01987	10%-25% Below	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	2	42.00	0.04	0.02000	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.04	0.02000	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	2	180.00	0.04	0.02000	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	3	60.00	0.04	0.01939	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	3	90.00	0.02	0.01939	10%-25% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	3	180.00	0.01	0.01939	10%-25% Below	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	3	180.00	0.04	0.01939	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	4	90.00	0.02	0.01928	10%-25% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	4	90.00	0.04	0.01928	101%-200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	12	60.00	0.10	0.01983	200% Above	No	No
52817025200	METOPROLOL TARTRATE 50 MG TAB	12	180.00	0.05	0.01983	101%-200% Above	No	No
52817025400	METOPROLOL TARTRATE 100 MG TAB	1	56.00	0.06	0.02624	101%-200% Above	No	No
52817025400	METOPROLOL TARTRATE 100 MG TAB	2	56.00	0.06	0.02639	101%-200% Above	No	No
52817032000	BACLOFEN 10 MG TABLET	1	60.00	0.09	0.03471	101%-200% Above	No	No
52817032000	BACLOFEN 10 MG TABLET	12	60.00	0.09	0.03608	101%-200% Above	No	No
52817032110	BACLOFEN 20 MG TABLET	1	30.00	0.03	0.05350	51%-75% Below	No	No
52817032110	BACLOFEN 20 MG TABLET	2	30.00	0.03	0.05160	51%-75% Below	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	3	15.00	0.04	0.02088	76%-100% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.09	0.02088	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	4	14.00	0.07	0.02108	200% Above	No	No
52817033010	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.02	0.02108	10%-25% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	14.00	0.04	0.02138	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 695

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	15.00	0.03	0.02138	51%-75% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.09	0.02138	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	45.00	0.02	0.02138	10%-25% Below	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	1	60.00	0.09	0.02138	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	2	15.00	0.09	0.02094	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.09	0.02094	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	2	60.00	0.09	0.02094	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	2	90.00	0.09	0.02094	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	2	270.00	0.09	0.02094	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.09	0.02088	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	3	90.00	0.09	0.02088	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	3	180.00	0.09	0.02088	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.09	0.02108	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.09	0.02171	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	12	60.00	0.20	0.02171	200% Above	No	No
52817033050	CYCLOBENZAPRINE 5 MG TABLET	12	90.00	0.09	0.02171	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	10.00	0.09	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	21.00	0.09	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	21.00	0.20	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	28.00	0.20	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01799	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.03	0.01799	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.03	0.01799	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.09	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.20	0.01799	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 696

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.09	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.20	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.09	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.20	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	1	180.00	0.09	0.01799	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	10.00	0.05	0.01781	101%-200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.03	0.01781	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	15.00	0.09	0.01781	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.03	0.01781	51%-75% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01781	26%-50% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.09	0.01781	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	42.00	0.09	0.01781	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	60.00	0.09	0.01781	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.09	0.01781	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	5.00	0.10	0.01787	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	10.00	0.09	0.01787	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	12.00	0.04	0.01787	76%-100% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	14.00	0.09	0.01787	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	15.00	0.09	0.01787	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	21.00	0.02	0.01787	26%-50% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.02	0.01787	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.09	0.01787	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	42.00	0.09	0.01787	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.09	0.01787	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.09	0.01787	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 697

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	270.00	0.09	0.01787	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	15.00	0.04	0.01758	101%-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	0.09	0.01758	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	4	60.00	0.09	0.01758	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	20.00	0.01	0.01770	51%-75% Below	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.02	0.01770	10%-25% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.09	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.20	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	60.00	0.09	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	90.00	0.09	0.01770	200% Above	No	No
52817033200	CYCLOBENZAPRINE 10 MG TABLET	12	270.00	0.20	0.01770	200% Above	No	No
52817033210	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.02	0.01781	26%-50% Above	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	1	20.00	0.03	0.01799	51%-75% Above	No	No
52817033250	CYCLOBENZAPRINE 10 MG TABLET	3	10.00	0.09	0.01787	200% Above	No	No
52817035910	METOPROLOL TARTRATE 75 MG TAB	1	60.00	0.52	0.13753	200% Above	No	No
52817035910	METOPROLOL TARTRATE 75 MG TAB	2	180.00	0.22	0.14308	51%-75% Above	No	No
52817038110	NAPROXEN DR 500 MG TABLET	3	10.00	0.82	1.78811	51%-75% Below	Yes	No
52817038110	NAPROXEN DR 500 MG TABLET	3	10.00	1.00	1.78811	26%-50% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	1	60.00	0.05	0.07651	26%-50% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	2	90.00	0.05	0.07573	26%-50% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	3	90.00	0.05	0.07406	26%-50% Below	No	No
52817039110	CARBIDOPA-LEVODOPA 25-100 TAB	12	60.00	0.05	0.07927	26%-50% Below	No	No
52817039150	CARBIDOPA-LEVODOPA 25-100 TAB	1	675.00	0.05	0.07651	26%-50% Below	No	No
52817081615	ACETIC ACID 2% EAR SOLUTION	3	15.00	0.85	1.43955	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 698

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52817083530	NITROGLYCERIN 0.4% OINTMENT	1	30.00	6.39	12.90650	26%-50% Below	Yes	No
52817083530	NITROGLYCERIN 0.4% OINTMENT	2	30.00	7.02	11.37052	26%-50% Below	Yes	No
52937000120	VASCEPA CAP 1GM	1	120.00	2.68	.		No	No
52937000120	VASCEPA CAP 1GM	1	120.00	2.76	.		No	No
52937000120	VASCEPA CAP 1GM	1	120.00	2.80	.		No	No
52937000120	VASCEPA CAP 1GM	1	120.00	2.80	.		No	No
52937000120	VASCEPA CAP 1GM	1	120.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	1	360.00	2.75	.		No	No
52937000120	VASCEPA CAP 1GM	1	360.00	2.86	.		Yes	No
52937000120	VASCEPA CAP 1GM	1	360.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	1	360.00	2.91	.		Yes	No
52937000120	VASCEPA CAP 1GM	2	60.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	2	120.00	2.68	.		No	No
52937000120	VASCEPA CAP 1GM	2	120.00	2.80	.		No	No
52937000120	VASCEPA CAP 1GM	2	120.00	2.80	.		No	No
52937000120	VASCEPA CAP 1GM	2	120.00	2.86	.		No	No
52937000120	VASCEPA CAP 1GM	2	120.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	2	180.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	2	360.00	2.68	.		No	No
52937000120	VASCEPA CAP 1GM	2	360.00	2.80	.		Yes	No
52937000120	VASCEPA CAP 1GM	2	360.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	2	360.00	2.91	.		Yes	No
52937000120	VASCEPA CAP 1GM	3	60.00	2.91	.		No	No
52937000120	VASCEPA CAP 1GM	3	120.00	2.68	.		No	No
52937000120	VASCEPA CAP 1GM	3	120.00	2.80	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 699

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
52937000120	VASCEPA CAP 1GM	3	360.00	2.75	.		No	No
52937000120	VASCEPA CAP 1GM	3	360.00	2.86	.		Yes	No
52937000120	VASCEPA CAP 1GM	3	360.00	2.91	.		Yes	No
52937000120	VASCEPA CAP 1GM	4	120.00	2.86	.		No	No
52937000120	VASCEPA CAP 1GM	4	360.00	2.80	.		Yes	No
52937000120	VASCEPA CAP 1GM	12	60.00	2.79	.		No	No
52937000120	VASCEPA CAP 1GM	12	120.00	2.80	.		No	No
52937000120	VASCEPA CAP 1GM	12	360.00	2.66	.		No	No
52937000120	VASCEPA CAP 1GM	12	360.00	2.79	.		Yes	No
52937000120	VASCEPA CAP 1GM	12	360.00	2.80	.		No	No
52937000340	VASCEPA CAP 0.5GM	3	240.00	1.65	.		No	No
52937000340	VASCEPA CAP 0.5GM	12	240.00	1.64	.		No	No
52937000520	VASCEPA CAP 1GM	3	360.00	2.68	.		No	No
52937000520	VASCEPA CAP 1GM	4	360.00	2.86	.		Yes	No
53191036201	D3-50 CAP 50000UNT	3	12.00	2.18	.		No	No
53191048901	D3-50 CAP 50000UNT	1	12.00	2.52	.		No	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	1	30.00	0.22	0.15410	26%-50% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	1	30.00	0.33	0.15410	101%-200% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	2	30.00	0.22	0.14973	26%-50% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	3	28.00	0.18	0.14811	10%-25% Above	Yes	No
53489011802	DOXYCYCLINE HYCLATE 50 MG CAP	3	30.00	0.22	0.14811	26%-50% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	10.00	0.21	0.11535	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.21	0.11535	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.35	0.11535	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.49	0.11535	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 700

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.21	0.11535	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.49	0.11535	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	28.00	0.21	0.11535	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	0.21	0.11535	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	30.00	0.50	0.11535	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	1	60.00	0.17	0.11535	26%-50% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	10.00	1.85	0.11372	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.21	0.11372	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.35	0.11372	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	1.06	0.11372	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	1.42	0.11372	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.21	0.11372	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	28.00	0.21	0.11372	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	0.21	0.11372	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	0.50	0.11372	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	2	60.00	0.17	0.11372	26%-50% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	10.00	1.52	0.11469	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	0.21	0.11469	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	0.71	0.11469	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	14.00	1.06	0.11469	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.21	0.11469	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.25	0.11469	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.35	0.11469	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	28.00	0.21	0.11469	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	30.00	0.21	0.11469	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 701

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.50	0.11469	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.25	0.11469	101%-200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.21	0.11523	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	20.00	0.75	0.11523	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	4	30.00	0.50	0.11523	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	2.00	0.22	0.11767	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	0.22	0.11767	76%-100% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	0.71	0.11767	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	1.06	0.11767	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.06	0.11767	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.06	0.11767	26%-50% Below	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.50	0.11767	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	1.00	0.11767	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	28.00	0.35	0.11767	200% Above	Yes	No
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP	12	30.00	0.50	0.11767	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	3	30.00	0.32	0.11939	101%-200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	3	30.00	0.50	0.11939	200% Above	Yes	No
53489012005	DOXYCYCLINE HYCLATE 100 MG TAB	4	14.00	0.32	0.12409	101%-200% Above	Yes	No
53489014310	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.10	0.04583	101%-200% Above	No	No
53489014310	SPIRONOLACTONE 25 MG TABLET	2	45.00	0.08	0.04583	76%-100% Above	No	No
53489014310	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.10	0.04559	101%-200% Above	No	No
53489014401	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	3	90.00	0.26	0.50860	26%-50% Below	No	No
53489014401	SPIRONOLACTONE-HYDROCHLOROTHIAZIDE 25-25 TAB	12	90.00	0.26	0.53839	51%-75% Below	No	No
53489021510	CLONIDINE TAB 0.1MG	1	30.00	0.10	.		No	No
53489021510	CLONIDINE TAB 0.1MG	1	60.00	0.04	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 702

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
53489021510	CLONIDINE TAB 0.1MG	2	30.00	0.04	.		No	No
53489021510	CLONIDINE TAB 0.1MG	2	60.00	0.04	.		No	No
53489021510	CLONIDINE TAB 0.1MG	3	120.00	0.04	.		No	No
53489032901	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.28	0.18634	51%-75% Above	No	No
53489038601	MINOXIDIL 2.5 MG TABLET	1	30.00	0.34	0.09566	200% Above	Yes	No
53489038601	MINOXIDIL 2.5 MG TABLET	2	45.00	0.16	0.09413	51%-75% Above	Yes	No
53489038601	MINOXIDIL 2.5 MG TABLET	2	180.00	0.16	0.09413	51%-75% Above	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	1	180.00	0.17	0.09868	76%-100% Above	Yes	No
53489064701	DOXYCYCLINE HYCLATE 20 MG TAB	3	90.00	0.08	0.09355	10%-25% Below	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	6.00	0.35	0.12931	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	8.00	0.20	0.12931	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	8.00	0.21	0.12931	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	9.00	0.20	0.12931	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	9.00	0.35	0.12931	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.15	0.12931	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.15	0.12931	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	10.00	0.19	0.12931	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.18	0.12931	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.21	0.12931	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	12.00	0.35	0.12931	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.18	0.12931	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	16.00	0.17	0.12931	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	16.00	0.18	0.12931	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	18.00	0.35	0.12931	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.15	0.12931	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 703

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.00	0.15	0.12931	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.17	0.12931	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	20.00	0.35	0.12931	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	24.00	0.15	0.12931	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.15	0.12931	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.17	0.12931	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	30.00	0.35	0.12931	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	40.00	0.35	0.12931	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	2.00	0.15	0.12860	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	5.00	0.15	0.12860	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	5.00	0.25	0.12860	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	6.00	0.15	0.12860	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	8.00	0.15	0.12860	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	8.00	0.21	0.12860	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.00	0.15	0.12860	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.15	0.12860	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.18	0.12860	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.21	0.12860	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	12.00	0.21	0.12860	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	15.00	0.18	0.12860	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	16.00	0.15	0.12860	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.15	0.12860	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	20.00	0.17	0.12860	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	0.15	0.12860	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	30.00	0.17	0.12860	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 704

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	4.00	0.15	0.12893	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	5.00	0.25	0.12893	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	6.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	6.00	0.23	0.12893	76%-100% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	10.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.18	0.12893	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.22	0.12893	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.15	0.12893	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	15.00	0.19	0.12893	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.16	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.19	0.12893	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	20.00	0.19	0.12893	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	21.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	24.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	0.17	0.12893	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	45.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	90.00	0.15	0.12893	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	7.00	0.10	0.12756	10%-25% Below	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	9.00	0.15	0.12756	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.15	0.12756	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	12.00	0.18	0.12756	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 705

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.18	0.12756	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	60.00	0.16	0.12756	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	90.00	0.15	0.12756	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	2.00	0.37	0.12981	101%-200% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	7.00	0.21	0.12981	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.16	0.12981	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	10.00	0.22	0.12981	51%-75% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.18	0.12981	26%-50% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.21	0.12981	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.22	0.12981	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	12.00	0.23	0.12981	51%-75% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	21.00	0.16	0.12981	10%-25% Above	No	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	30.00	0.16	0.12981	10%-25% Above	Yes	No
53746010901	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	60.00	0.16	0.12981	10%-25% Above	Yes	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	30.00	0.15	0.12893	10%-25% Above	No	No
53746010905	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	9.00	0.21	0.12756	51%-75% Above	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	10.00	0.10	0.16072	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	15.00	0.08	0.16072	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	16.00	0.19	0.16072	10%-25% Above	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	20.00	0.09	0.16072	26%-50% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	20.00	0.09	0.16072	26%-50% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	24.00	0.08	0.16072	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	42.00	0.07	0.16072	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	120.00	0.07	0.16072	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.07	0.15609	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	15.00	0.08	0.15566	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	15.00	0.09	0.15566	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	18.00	0.09	0.15566	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	20.00	0.09	0.15566	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	28.00	0.08	0.15566	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.07	0.15566	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	12.00	0.09	0.15907	26%-50% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	12.00	0.09	0.15907	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	15.00	0.08	0.15907	26%-50% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	20.00	0.09	0.15907	26%-50% Below	No	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.05	0.15907	51%-75% Below	Yes	No
53746011001	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.09	0.15907	26%-50% Below	Yes	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	90.00	0.08	0.15609	26%-50% Below	No	No
53746011005	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	90.00	0.08	0.15566	26%-50% Below	No	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	10.00	0.17	0.11869	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	10.00	0.40	0.11869	200% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	12.00	0.07	0.11869	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	12.00	0.40	0.11869	200% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	20.00	0.40	0.11869	200% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.05	0.11869	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.06	0.11869	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	1	30.00	0.40	0.11869	200% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	9.00	0.17	0.11973	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	10.00	0.17	0.11973	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	15.00	0.06	0.11973	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.07	0.11973	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	20.00	0.17	0.11973	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	28.00	0.05	0.11973	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	40.00	0.17	0.11973	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	2	90.00	0.05	0.11973	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	5.00	0.17	0.12005	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	10.00	0.05	0.12005	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	10.00	0.17	0.12005	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	12.00	0.17	0.12005	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	15.00	0.08	0.12005	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	18.00	0.17	0.12005	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.07	0.12005	26%-50% Below	No	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.07	0.12005	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.07	0.12005	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	20.00	0.17	0.12005	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	21.00	0.06	0.12005	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	3	28.00	0.05	0.12005	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	5.00	0.17	0.11777	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	12.00	0.17	0.11777	26%-50% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	20.00	0.07	0.11777	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	25.00	0.07	0.11777	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	4	30.00	0.05	0.11777	51%-75% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	5.00	0.18	0.11786	51%-75% Above	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	15.00	0.06	0.11786	26%-50% Below	Yes	No
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	20.00	0.40	0.11786	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
53746020301	OXYCODONE-ACETAMINOPHEN 5-325 MG TAB	12	80.00	0.05	0.11786	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	20.00	0.21	0.24154	10%-25% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	105.00	0.10	0.24154	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	1	120.00	0.10	0.24154	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	2	105.00	0.10	0.24056	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	3	120.00	0.10	0.23814	51%-75% Below	Yes	No
53746020401	OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	12	120.00	0.10	0.24567	51%-75% Below	Yes	No
53746027205	SULFAMETHOXAZOLE-TMP DS TABLET	4	28.00	0.09	0.04668	76%-100% Above	No	No
53746044201	MECLIZINE 25 MG TABLET	2	60.00	0.10	0.07927	10%-25% Above	No	No
53746044201	MECLIZINE 25 MG TABLET	12	540.00	0.10	0.08433	10%-25% Above	No	No
53746044210	MECLIZINE 25 MG TABLET	1	60.00	0.10	0.08335	10%-25% Above	No	No
53746044210	MECLIZINE 25 MG TABLET	4	90.00	0.10	0.07954	10%-25% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.08	0.04751	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.18	0.04751	200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	45.00	0.08	0.04751	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	60.00	0.08	0.04751	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.07	0.04751	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.07	0.04751	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.08	0.04751	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.09	0.04751	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.16	0.04751	200% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.18	0.04751	200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	135.00	0.08	0.04751	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	180.00	0.08	0.04751	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	1	180.00	0.08	0.04751	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 709

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.16	0.04751	200% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	45.00	0.07	0.04583	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	45.00	0.08	0.04583	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	60.00	0.08	0.04583	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.07	0.04583	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.08	0.04583	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.08	0.04559	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	60.00	0.08	0.04559	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.07	0.04559	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.08	0.04559	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.08	0.04559	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.08	0.04559	76%-100% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	3	270.00	0.08	0.04559	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.08	0.04504	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.07	0.04504	51%-75% Above	No	No
53746051101	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.08	0.04504	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.07	0.04901	26%-50% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.08	0.04901	51%-75% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.11	0.04901	101%-200% Above	Yes	No
53746051101	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.10	0.04901	101%-200% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.21	0.09514	101%-200% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.21	0.09514	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.15	0.09514	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.15	0.09514	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.15	0.09514	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.15	0.09514	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.17	0.09514	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.21	0.09514	101%-200% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.21	0.09514	101%-200% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	60.00	0.18	0.09227	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	90.00	0.15	0.09227	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	90.00	0.16	0.09227	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	90.00	0.16	0.09227	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	180.00	0.11	0.09227	10%-25% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	2	180.00	0.15	0.09227	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.13	0.09176	26%-50% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.18	0.09176	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.05	0.09176	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.15	0.09176	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.16	0.09176	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	3	90.00	0.17	0.09176	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	180.00	0.15	0.08930	51%-75% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	4	270.00	0.05	0.08930	26%-50% Below	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	10.00	0.18	0.09601	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.16	0.09601	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	60.00	0.15	0.09601	51%-75% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.17	0.09601	76%-100% Above	Yes	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	90.00	0.17	0.09601	76%-100% Above	No	No
53746051401	SPIRONOLACTONE 50 MG TABLET	12	180.00	0.17	0.09601	76%-100% Above	No	No
53746051405	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.21	0.09514	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
53746051501	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.29	0.18634	51%-75% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	1	90.00	0.22	0.18634	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	1	90.00	0.25	0.18634	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	1	90.00	0.27	0.18634	26%-50% Above	No	No
53746051501	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.22	0.18132	10%-25% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.27	0.18132	26%-50% Above	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	2	135.00	0.11	0.18132	26%-50% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.11	0.17894	26%-50% Below	Yes	No
53746051501	SPIRONOLACTONE 100 MG TABLET	12	135.00	0.27	0.18792	26%-50% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	1	2.00	0.20	0.04836	200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	1	2.00	0.22	0.04836	200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	1	40.00	0.22	0.04836	200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	1	60.00	0.22	0.04836	200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	6.00	0.10	0.04710	101%-200% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	20.00	0.03	0.04710	26%-50% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	20.00	0.09	0.04710	76%-100% Above	No	No
53746052101	PROMETHAZINE 25 MG TABLET	2	30.00	0.09	0.04710	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	60.00	0.02	0.04710	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	2	60.00	0.09	0.04710	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	2.00	0.10	0.04774	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	12.00	0.09	0.04774	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	30.00	0.09	0.04774	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	3	60.00	0.09	0.04774	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	4	30.00	0.09	0.04708	76%-100% Above	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	12	20.00	0.04	0.04917	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
53746052101	PROMETHAZINE 25 MG TABLET	12	30.00	0.02	0.04917	51%-75% Below	Yes	No
53746052101	PROMETHAZINE 25 MG TABLET	12	30.00	0.10	0.04917	76%-100% Above	Yes	No
53746052110	PROMETHAZINE 25 MG TABLET	1	30.00	0.03	0.04836	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	1	30.00	0.22	0.04836	200% Above	No	No
53746052110	PROMETHAZINE 25 MG TABLET	2	30.00	0.03	0.04710	26%-50% Below	No	No
53746052110	PROMETHAZINE 25 MG TABLET	3	30.00	0.09	0.04774	76%-100% Above	No	No
53746052110	PROMETHAZINE 25 MG TABLET	12	20.00	0.22	0.04917	200% Above	No	No
53746052110	PROMETHAZINE 25 MG TABLET	12	60.00	0.09	0.04917	76%-100% Above	No	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	1	30.00	0.26	0.12776	101%-200% Above	No	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	2	30.00	0.11	0.13058	10%-25% Below	No	No
53746054201	POTASSIUM CL ER 10 MEQ CAPSULE	12	180.00	0.17	0.12391	26%-50% Above	Yes	No
53746054401	PRIMIDONE 50 MG TABLET	2	270.00	0.08	0.09416	10%-25% Below	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	1	60.00	0.44	0.10639	200% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	2	14.00	0.19	0.10314	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	2	24.00	0.19	0.10314	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	2	60.00	0.19	0.10314	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	3	60.00	0.19	0.10143	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	4	60.00	0.19	0.10453	76%-100% Above	No	No
53746061701	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	12	60.00	0.20	0.11248	76%-100% Above	No	No
53746061705	TRAMADOL-ACETAMINOPHEN 37.5-325 MG TAB	1	15.00	0.18	0.10639	51%-75% Above	Yes	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	1	60.00	0.28	0.11374	101%-200% Above	No	No
53746064101	FLECAINIDE ACETATE 50 MG TAB	12	405.00	0.52	0.11617	200% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	1	90.00	0.38	0.17905	101%-200% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	1	180.00	0.23	0.17905	26%-50% Above	No	No
53746064201	FLECAINIDE ACETATE 100 MG TAB	2	30.00	0.23	0.17938	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
53746064201	FLECAINIDE ACETATE 100 MG TAB	3	30.00	0.23	0.18012	10%-25% Above	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	1	90.00	0.54	0.61348	10%-25% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	1	90.00	0.54	0.61348	10%-25% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	2	90.00	0.27	0.57554	51%-75% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	2	180.00	0.27	0.57554	51%-75% Below	No	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	2	270.00	0.27	0.57554	51%-75% Below	Yes	No
53746066901	ACEBUTOLOL 200 MG CAPSULE	3	90.00	0.28	0.55580	26%-50% Below	No	No
53746067001	ACEBUTOLOL 400 MG CAPSULE	1	60.00	0.56	0.90181	26%-50% Below	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	1	10.00	0.11	0.05331	101%-200% Above	No	No
53746074501	PROMETHAZINE 12.5 MG TABLET	3	20.00	0.11	0.05383	101%-200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	3	30.00	0.02	0.05383	51%-75% Below	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	3	30.00	0.11	0.05383	101%-200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	12	28.00	0.12	0.05130	101%-200% Above	Yes	No
53746074501	PROMETHAZINE 12.5 MG TABLET	12	30.00	0.12	0.05130	101%-200% Above	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	2	90.00	0.14	0.04682	200% Above	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	4	30.00	0.14	0.04770	200% Above	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	4	90.00	0.04	0.04770	10%-25% Below	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	12	30.00	0.15	0.05131	101%-200% Above	Yes	No
53746075101	BENAZEPRIL HCL 5 MG TABLET	12	90.00	0.04	0.05131	10%-25% Below	Yes	No
53746075201	BENAZEPRIL HCL 10 MG TABLET	2	30.00	0.11	0.06384	76%-100% Above	Yes	No
53746075201	BENAZEPRIL HCL 10 MG TABLET	3	90.00	0.11	0.06495	51%-75% Above	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.06	0.09582	26%-50% Below	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	1	90.00	0.28	0.09582	101%-200% Above	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	2	90.00	0.05	0.09662	26%-50% Below	Yes	No
53746075401	BENAZEPRIL HCL 40 MG TABLET	3	90.00	0.12	0.09800	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
53746083153	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	13.45	7.77983	51%-75% Above	No	No
54838051180	HYOSYNE ELX 0.125/5	3	120.00	0.19	.		No	No
55111012105	ATORVASTATIN 10 MG TABLET	12	90.00	0.41	0.02546	200% Above	No	No
55111013781	ZENATANE 40 MG CAPSULE	1	30.00	1.70	2.09308	10%-25% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	1	60.00	1.27	2.09308	26%-50% Below	No	No
55111013781	ZENATANE 40 MG CAPSULE	3	60.00	1.27	2.11397	26%-50% Below	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	1	7.00	0.64	0.23998	101%-200% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	1	9.00	1.49	0.23998	200% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	2	14.00	0.14	0.22991	26%-50% Below	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	3	7.00	0.64	0.23483	101%-200% Above	No	No
55111014430	FLUCONAZOLE 100 MG TABLET	4	14.00	0.15	0.23591	26%-50% Below	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	1.00	1.56	0.54498	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	2.00	1.72	0.54498	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	1	2.00	5.02	0.54498	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	1.46	0.49006	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	1.54	0.49006	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	1.00	2.16	0.49006	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.24	0.49006	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.32	0.49006	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.40	0.49006	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	1.67	0.49006	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	2.00	2.17	0.49006	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	3.00	2.16	0.49006	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	7.00	1.32	0.49006	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	2	10.00	2.17	0.49006	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111014512	FLUCONAZOLE 150 MG TABLET	3	1.00	2.16	0.43470	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	1.24	0.43470	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	2.00	2.17	0.43470	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	3.00	2.16	0.43470	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	3	4.00	1.21	0.43470	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	1.39	0.42729	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	4	2.00	2.17	0.42729	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	5	2.00	2.66	0.58782	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	1.00	1.85	0.57907	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	1.00	2.26	0.57907	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.00	1.24	0.57907	101%-200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.00	1.86	0.57907	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	2.00	4.80	0.57907	200% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	3.00	1.16	0.57907	76%-100% Above	No	No
55111014512	FLUCONAZOLE 150 MG TABLET	12	3.00	1.85	0.57907	200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	1	3.00	0.34	0.46051	26%-50% Below	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	1	7.00	0.93	0.46051	101%-200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	2	3.00	0.93	0.44876	101%-200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	2	12.00	0.22	0.44876	26%-50% Below	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	2	30.00	0.93	0.44876	101%-200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	3	1.00	0.64	0.43495	26%-50% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	3	30.00	0.93	0.43495	101%-200% Above	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	4	3.00	0.37	0.42204	10%-25% Below	No	No
55111014630	FLUCONAZOLE 200 MG TABLET	12	7.00	1.90	0.45187	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111015001	FLUOXETINE HCL 10 MG TABLET	3	30.00	0.21	0.07137	101%-200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	3	30.00	0.50	0.07137	200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	4	30.00	0.21	0.06948	101%-200% Above	Yes	No
55111015001	FLUOXETINE HCL 10 MG TABLET	4	90.00	0.21	0.06948	101%-200% Above	Yes	No
55111015010	FLUOXETINE HCL 10 MG TABLET	1	30.00	0.48	0.06982	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	1	12.00	0.19	0.06707	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	1	14.00	0.19	0.06707	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.42	0.06707	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	26%-50% Below	Yes	No
55111015330	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.42	0.06707	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	12.00	0.06	0.06502	10%-25% Below	Yes	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	15.00	0.19	0.06502	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.19	0.06502	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	15.00	0.06	0.06414	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.19	0.06414	101%-200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	3.00	0.14	0.06330	101%-200% Above	Yes	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.05	0.06330	10%-25% Below	Yes	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.05	0.06330	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.05	0.06330	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.05	0.06330	10%-25% Below	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	12	5.00	0.42	0.06907	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	12	12.00	0.52	0.06907	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.42	0.06907	200% Above	No	No
55111015330	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.52	0.06907	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111015430	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.06	0.09487	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.07	0.09487	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.54	0.09487	200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	2	14.00	0.24	0.09212	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	2	15.00	0.24	0.09212	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.24	0.09212	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.24	0.09081	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	3	20.00	0.24	0.09081	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	4	14.00	0.24	0.08953	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.06	0.08953	26%-50% Below	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.24	0.09811	101%-200% Above	No	No
55111015430	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.52	0.09811	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.10	0.02971	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.10	0.02921	200% Above	No	No
55111015810	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.10	0.02847	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.12	0.05157	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.16	0.05157	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.26	0.05157	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.26	0.05157	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.12	0.05199	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.47	0.05199	200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.12	0.05199	101%-200% Above	No	No
55111015910	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.47	0.05199	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111016330	OLANZAPINE 2.5 MG TABLET	1	15.00	0.05	0.08011	26%-50% Below	No	No
55111016330	OLANZAPINE 2.5 MG TABLET	2	30.00	0.04	0.07936	51%-75% Below	No	No
55111016830	OLANZAPINE 20 MG TABLET	3	30.00	0.22	0.15058	26%-50% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	4	30.00	0.22	0.14921	26%-50% Above	No	No
55111016830	OLANZAPINE 20 MG TABLET	12	30.00	0.07	0.14845	51%-75% Below	Yes	No
55111017290	FINASTERIDE 5 MG TABLET	2	90.00	0.12	0.06916	76%-100% Above	Yes	No
55111017290	FINASTERIDE 5 MG TABLET	2	90.00	0.17	0.06916	101%-200% Above	Yes	No
55111017915	TIZANIDINE HCL 2 MG TABLET	1	30.00	0.26	0.03244	200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	2	30.00	0.11	0.03221	200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	3	30.00	0.04	0.03084	10%-25% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	3	30.00	0.11	0.03084	200% Above	No	No
55111017915	TIZANIDINE HCL 2 MG TABLET	4	30.00	0.24	0.03550	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	1	21.00	0.02	0.03313	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	1	40.00	0.03	0.03313	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.09	0.03313	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.19	0.03313	200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	20.00	0.02	0.03285	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	28.00	0.09	0.03285	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.09	0.03285	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.03285	26%-50% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.09	0.03285	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	20.00	0.09	0.03285	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.09	0.03285	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	3	40.00	0.03	0.03285	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	14.00	0.09	0.03342	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 719

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	45.00	0.09	0.03342	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.09	0.03342	101%-200% Above	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.03	0.03289	10%-25% Below	No	No
55111018010	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.09	0.03289	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.09	0.03313	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.03	0.03313	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.04	0.03285	10%-25% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.09	0.03285	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.03285	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	120.00	0.09	0.03285	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	2	270.00	0.02	0.03285	10%-25% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	10.00	0.09	0.03285	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.09	0.03285	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.03285	26%-50% Below	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	3	270.00	0.09	0.03285	101%-200% Above	Yes	No
55111018015	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.09	0.03342	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.09	0.03289	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.17	0.03289	200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	60.00	0.09	0.03289	101%-200% Above	No	No
55111018015	TIZANIDINE HCL 4 MG TABLET	12	120.00	0.09	0.03289	101%-200% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	2	90.00	0.06	0.05002	10%-25% Above	No	No
55111019605	CLOPIDOGREL 75 MG TABLET	2	90.00	0.10	0.05002	101%-200% Above	No	No
55111025660	ZIPRASIDONE HCL 20 MG CAPSULE	1	30.00	0.39	0.31404	10%-25% Above	No	No
55111025660	ZIPRASIDONE HCL 20 MG CAPSULE	2	30.00	0.18	0.31667	26%-50% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	2	10.00	0.41	0.14175	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111028050	LEVOFLOXACIN 500 MG TABLET	3	7.00	0.41	0.14273	101%-200% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	3	10.00	0.41	0.14273	101%-200% Above	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	12	7.00	0.12	0.14770	10%-25% Below	No	No
55111028050	LEVOFLOXACIN 500 MG TABLET	12	10.00	0.41	0.14770	101%-200% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	2	3.00	0.48	0.27532	51%-75% Above	No	No
55111028130	LEVOFLOXACIN 750 MG TABLET	2	10.00	0.48	0.27532	51%-75% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	1	9.00	1.01	0.29035	200% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	1	20.00	1.01	0.29035	200% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	2	9.00	0.46	0.26724	51%-75% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	3	9.00	0.46	0.25837	76%-100% Above	No	No
55111029136	SUMATRIPTAN SUCC 25 MG TABLET	3	20.00	0.46	0.25837	76%-100% Above	No	No
55111029198	SUMATRIPTAN SUCC 25 MG TABLET	12	12.00	0.83	0.30673	101%-200% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.44	0.32312	26%-50% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.56	0.32312	51%-75% Above	No	No
55111029236	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.44	0.32717	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.44	0.33691	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.68	0.33691	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.98	0.33691	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	10.00	0.66	0.33691	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	12.00	0.65	0.33691	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	1	12.00	0.98	0.33691	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.44	0.32312	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.56	0.32312	51%-75% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.70	0.32312	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	2	12.00	0.65	0.32312	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	2	30.00	0.63	0.32312	76%-100% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.02	0.32717	76%-100% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.44	0.32717	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.66	0.32717	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.78	0.32717	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	3	12.00	0.42	0.32717	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	4	9.00	0.44	0.33593	26%-50% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.00	0.35055	76%-100% Below	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.98	0.35055	101%-200% Above	No	No
55111029298	SUMATRIPTAN SUCC 50 MG TABLET	12	12.00	0.13	0.35055	51%-75% Below	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.94	0.46342	101%-200% Above	No	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	1	18.00	0.94	0.46342	101%-200% Above	Yes	No
55111029336	SUMATRIPTAN SUCC 100 MG TABLET	12	6.00	0.42	0.47205	10%-25% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.65	0.46342	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.76	0.46342	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.65	0.44748	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.76	0.44748	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.83	0.44748	76%-100% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	2	12.00	0.66	0.44748	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.03	0.43896	76%-100% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.65	0.43896	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.75	0.43896	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	3	12.00	0.66	0.43896	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.56	0.43221	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.65	0.43221	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.00	0.47205	76%-100% Below	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.65	0.47205	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	12.00	0.64	0.47205	26%-50% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	12.00	0.74	0.47205	51%-75% Above	No	No
55111029398	SUMATRIPTAN SUCC 100 MG TABLET	12	36.00	0.56	0.47205	10%-25% Above	No	No
55111032005	GLIMEPIRIDE 1 MG TABLET	1	90.00	0.05	0.02469	101%-200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	30.00	0.13	0.02958	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	90.00	0.10	0.02958	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	90.00	0.12	0.02958	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	180.00	0.23	0.02958	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	1	180.00	0.23	0.02958	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	30.00	0.10	0.02948	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	90.00	0.10	0.02948	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	90.00	0.11	0.02948	200% Above	No	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	180.00	0.10	0.02948	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	2	180.00	0.11	0.02948	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	3	90.00	0.10	0.03029	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	30.00	0.10	0.03330	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	4	90.00	0.10	0.03330	101%-200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	12	30.00	0.11	0.03032	200% Above	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	12	90.00	0.01	0.03032	51%-75% Below	Yes	No
55111032101	GLIMEPIRIDE 2 MG TABLET	12	90.00	0.10	0.03032	200% Above	Yes	No
55111032105	GLIMEPIRIDE 2 MG TABLET	2	180.00	0.04	0.02948	26%-50% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	1	60.00	0.17	0.03823	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	1	60.00	0.19	0.03823	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111032201	GLIMEPIRIDE 4 MG TABLET	1	180.00	0.19	0.03823	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	30.00	0.08	0.03813	101%-200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	60.00	0.08	0.03813	101%-200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	90.00	0.14	0.03813	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	180.00	0.08	0.03813	101%-200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	2	180.00	0.13	0.03813	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	3	90.00	0.08	0.04287	76%-100% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	3	90.00	0.21	0.04287	200% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	3	135.00	0.08	0.04287	76%-100% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	3	180.00	0.14	0.04287	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.08	0.04722	51%-75% Above	Yes	No
55111032201	GLIMEPIRIDE 4 MG TABLET	4	90.00	0.17	0.04722	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	12	90.00	0.17	0.03750	200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	12	135.00	0.09	0.03750	101%-200% Above	No	No
55111032201	GLIMEPIRIDE 4 MG TABLET	12	180.00	0.17	0.03750	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	1	30.00	0.13	0.03823	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	1	60.00	0.08	0.03823	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	1	90.00	0.11	0.03823	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	2	30.00	0.01	0.03813	51%-75% Below	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	2	60.00	0.08	0.03813	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	2	180.00	0.08	0.03813	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	30.00	0.13	0.04287	200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	90.00	0.08	0.04287	76%-100% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	90.00	0.11	0.04287	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	3	180.00	0.08	0.04287	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111032205	GLIMEPIRIDE 4 MG TABLET	3	180.00	0.11	0.04287	101%-200% Above	No	No
55111032205	GLIMEPIRIDE 4 MG TABLET	12	60.00	0.13	0.03750	200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	2	28.00	0.10	0.03549	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03549	200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	2	37.00	0.11	0.03549	200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03540	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.08	0.03540	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03540	101%-200% Above	No	No
55111033390	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	No	No
55111033901	AMLODIPINE-BENAZEPRIL 5-10 MG	1	90.00	0.12	0.09687	26%-50% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	3	90.00	0.14	0.10577	26%-50% Above	No	No
55111034001	AMLODIPINE-BENAZEPRIL 5-20 MG	12	90.00	0.14	0.11022	26%-50% Above	No	No
55111034101	AMLODIPINE-BENAZEPRIL 10-20 MG	1	90.00	0.13	0.11546	10%-25% Above	No	No
55111034101	AMLODIPINE-BENAZEPRIL 10-20 MG	2	90.00	0.13	0.11455	10%-25% Above	Yes	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	1	90.00	0.13	0.10486	10%-25% Above	No	No
55111039905	LANSOPRAZOLE DR 30 MG CAPSULE	2	90.00	0.13	0.10533	10%-25% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	0.13	0.10533	10%-25% Above	No	No
55111039990	LANSOPRAZOLE DR 30 MG CAPSULE	2	90.00	0.13	0.10533	10%-25% Above	No	No
55111041930	LAMOTRIGINE ER 250 MG TABLET	3	30.00	2.70	1.23067	101%-200% Above	Yes	No
55111042830	LAMOTRIGINE ER 300 MG TABLET	12	30.00	0.66	1.46304	51%-75% Below	Yes	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05703	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
55111046601	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.26	0.05703	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.26	0.05730	200% Above	No	No
55111046601	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.22	0.05730	200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05703	76%-100% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.17	0.05629	101%-200% Above	No	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	Yes	No
55111046605	METOPROLOL SUCC ER 25 MG TAB	12	60.00	0.12	0.05730	101%-200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	1	10.00	0.25	0.06092	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.06092	51%-75% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.25	0.06092	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	1	180.00	0.11	0.06092	51%-75% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.11	0.05456	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.11	0.05456	76%-100% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.01	0.05352	76%-100% Below	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.25	0.05352	200% Above	No	No
55111046701	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.11	0.05251	101%-200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.25	0.06092	200% Above	Yes	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.21	0.05352	200% Above	No	No
55111046705	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.11	0.05352	76%-100% Above	Yes	No
55111046801	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.17	0.08224	101%-200% Above	No	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.27	0.08180	200% Above	Yes	No
55111046805	METOPROLOL SUCC ER 100 MG TAB	12	30.00	0.16	0.08718	76%-100% Above	Yes	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	1.78	0.55737	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	4.13	0.55737	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	1.78	0.53121	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 726

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	1.78	0.50707	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	1.78	0.49646	200% Above	No	No
55111052130	ATOMOXETINE HCL 40 MG CAPSULE	12	30.00	1.86	0.58121	200% Above	No	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	1	30.00	0.26	0.47805	26%-50% Below	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	2	30.00	0.24	0.48322	26%-50% Below	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	3	30.00	1.82	0.52543	200% Above	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	3	90.00	1.82	0.52543	200% Above	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	4	30.00	0.24	0.53337	51%-75% Below	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	12	30.00	0.26	0.47008	26%-50% Below	Yes	No
55111052230	ATOMOXETINE HCL 60 MG CAPSULE	12	90.00	1.90	0.47008	200% Above	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	1	30.00	0.33	0.43998	10%-25% Below	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	1	30.00	0.33	0.43998	10%-25% Below	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	1	90.00	0.05	0.43998	76%-100% Below	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	2	30.00	0.33	0.43213	10%-25% Below	Yes	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	3	90.00	1.58	0.41911	200% Above	No	No
55111052830	ATOMOXETINE HCL 25 MG CAPSULE	12	30.00	0.33	0.44885	26%-50% Below	Yes	No
55111053201	DIVALPROEX DR 125 MG CAP SPRNK	2	240.00	0.10	0.20356	51%-75% Below	Yes	No
55111053201	DIVALPROEX DR 125 MG CAP SPRNK	3	240.00	0.10	0.19958	26%-50% Below	Yes	No
55111053201	DIVALPROEX DR 125 MG CAP SPRNK	4	240.00	0.10	0.19834	26%-50% Below	Yes	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	1	30.00	4.43	0.52948	200% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	2	30.00	1.91	0.53033	200% Above	No	No
55111056330	ATOMOXETINE HCL 80 MG CAPSULE	12	30.00	4.43	0.52031	200% Above	Yes	No
55111056430	ATOMOXETINE HCL 100 MG CAPSULE	2	90.00	1.98	0.52653	200% Above	Yes	No
55111057543	IBANDRONATE SODIUM 150 MG TAB	1	3.00	10.00	2.88738	200% Above	No	No
55111057543	IBANDRONATE SODIUM 150 MG TAB	2	3.00	4.50	2.84047	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 727

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111057543	IBANDRONATE SODIUM 150 MG TAB	4	3.00	4.50	2.78794	51%-75% Above	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	3	90.00	0.14	0.15776	10%-25% Below	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	4	90.00	0.14	0.15622	10%-25% Below	No	No
55111058601	AMLODIPINE-BENAZEPRIL 10-40 MG	12	90.00	0.30	0.15359	76%-100% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	2	30.00	0.17	0.08486	101%-200% Above	No	No
55111061901	ESZOPICLONE 2 MG TABLET	3	30.00	0.17	0.08453	101%-200% Above	No	No
55111062660	ZAFIRLUKAST 20 MG TABLET	1	60.00	0.32	0.65761	51%-75% Below	Yes	No
55111062660	ZAFIRLUKAST 20 MG TABLET	3	60.00	0.32	0.64461	26%-50% Below	Yes	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	14.00	0.01	0.02971	51%-75% Below	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.07	0.02971	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.08	0.02971	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.23	0.02971	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	60.00	0.06	0.02971	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.05	0.02971	51%-75% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.06	0.02971	76%-100% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.10	0.02971	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.23	0.02971	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	2	14.00	0.08	0.02921	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.08	0.02921	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.10	0.02921	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.05	0.02921	51%-75% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.02921	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.10	0.02921	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.02884	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.08	0.02884	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 728

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.10	0.02884	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	60.00	0.06	0.02884	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.05	0.02884	51%-75% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.06	0.02884	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.07	0.02884	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.10	0.02884	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.07	0.02847	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.05	0.02847	76%-100% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.10	0.02847	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	12	14.00	0.23	0.03007	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.06	0.03019	101%-200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.10	0.03007	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.06	0.03007	76%-100% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.10	0.03007	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.23	0.03007	200% Above	No	No
55111064410	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.56	0.03007	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.12	0.05157	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.26	0.05157	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.14	0.05157	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.26	0.05157	200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.16	0.05044	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 729

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.13	0.05044	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.12	0.05199	101%-200% Above	No	No
55111064505	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.12	0.05199	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.12	0.05079	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.16	0.05079	200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.16	0.05044	200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	3	60.00	0.12	0.05044	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.11	0.05044	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.13	0.05044	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.15	0.05044	101%-200% Above	No	No
55111064510	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
55111065001	METAXALONE 800 MG TABLET	1	60.00	1.46	0.39518	200% Above	No	No
55111068305	IBU 600 MG TABLET	1	12.00	0.14	0.04485	200% Above	No	No
55111068305	IBU 600 MG TABLET	1	30.00	0.03	0.04485	10%-25% Below	No	No
55111068305	IBU 600 MG TABLET	2	20.00	0.09	0.04306	101%-200% Above	No	No
55111068305	IBU 600 MG TABLET	3	30.00	0.03	0.04285	10%-25% Below	No	No
55111068305	IBU 600 MG TABLET	3	30.00	0.09	0.04285	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 730

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.03	0.04285	26%-50% Below	No	No
55111068401	IBU 800 MG TABLET	2	60.00	0.07	0.05494	26%-50% Above	Yes	No
55111068405	IBU 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	No	No
55111068405	IBU 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	No	No
55111068405	IBU 800 MG TABLET	1	90.00	0.07	0.05494	26%-50% Above	No	No
55111068405	IBU 800 MG TABLET	2	20.00	0.07	0.05494	26%-50% Above	No	No
55111068405	IBU 800 MG TABLET	2	90.00	0.07	0.05494	26%-50% Above	No	No
55111068405	IBU 800 MG TABLET	3	90.00	0.07	0.05563	10%-25% Above	No	No
55111068405	IBU 800 MG TABLET	4	30.00	0.07	0.05689	10%-25% Above	No	No
55111068405	IBU 800 MG TABLET	12	90.00	0.16	0.05617	101%-200% Above	No	No
55111072030	LAMOTRIGINE ER 200 MG TABLET	1	30.00	3.34	0.72967	200% Above	No	No
55111072030	LAMOTRIGINE ER 200 MG TABLET	2	30.00	1.44	0.75055	76%-100% Above	No	No
55111072590	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.12	0.04577	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.12	0.04433	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.12	0.04334	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.20	0.04334	200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.12	0.04334	101%-200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.04334	200% Above	Yes	No
55111072590	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.20	0.04334	200% Above	Yes	No
55111072910	ALLOPURINOL 100 MG TABLET	1	30.00	0.20	0.03584	200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
55111072910	ALLOPURINOL 100 MG TABLET	12	30.00	0.20	0.03660	200% Above	No	No
55111073005	ALLOPURINOL 300 MG TABLET	3	90.00	0.22	0.05702	200% Above	No	No
55111073290	VALSARTAN 80 MG TABLET	2	90.00	0.18	0.11553	51%-75% Above	No	No
55111073490	VALSARTAN 320 MG TABLET	1	30.00	0.55	0.19070	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 731

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111073490	VALSARTAN 320 MG TABLET	3	90.00	0.25	0.18078	26%-50% Above	No	No
55111076260	VALGANCICLOVIR 450 MG TABLET	4	120.00	1.07	1.89758	26%-50% Below	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	3	30.00	0.10	0.15961	26%-50% Below	No	No
55111078301	FEXOFENADINE HCL 60 MG TABLET	3	60.00	0.09	0.15961	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.11	0.26797	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.14	0.26797	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.14	0.26797	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	90.00	0.10	0.26797	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	1	90.00	0.14	0.26797	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.13	0.25475	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	90.00	0.09	0.25475	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	90.00	0.10	0.25475	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	2	90.00	0.14	0.25475	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	7.00	0.14	0.24852	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.11	0.24852	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.13	0.24852	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.14	0.24852	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	3	90.00	0.10	0.24852	51%-75% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	30.00	0.14	0.24801	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	4	30.00	0.14	0.24801	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	30.00	0.14	0.27028	26%-50% Below	No	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	90.00	0.14	0.27028	26%-50% Below	Yes	No
55111078401	FEXOFENADINE HCL 180 MG TABLET	12	180.00	0.14	0.27028	26%-50% Below	Yes	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.21	0.26797	10%-25% Below	No	No
55111078430	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.15	0.25475	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 732

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
55111078430	FEXOFENADINE HCL 180 MG TABLET	4	30.00	0.15	0.24801	26%-50% Below	No	No
55150027601	TESTOSTERONE CYP 1,000 MG/10 ML	1	10.00	2.41	5.08022	51%-75% Below	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	1	10.00	1.46	3.36599	51%-75% Below	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	2.39	3.28594	26%-50% Below	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	2	10.00	5.03	3.28594	51%-75% Above	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	2.39	3.25944	26%-50% Below	No	No
55150027801	TESTOSTERONE CYP 2,000 MG/10 ML	3	10.00	2.39	3.25944	26%-50% Below	Yes	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	2	20.00	0.56	1.69301	51%-75% Below	No	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	3	20.00	0.56	1.66303	51%-75% Below	No	No
55150030610	PROGESTERONE 500 MG/10 ML VIAL	4	20.00	0.56	1.54009	51%-75% Below	No	No
55150032901	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	10.86	20.26495	26%-50% Below	No	No
56151014260	TRUEPLUS LNC 28G STER	1	100.00	0.05	.		No	No
56151014260	TRUEPLUS LNC 28G STER	2	100.00	0.04	.		No	No
56151014260	TRUEPLUS LNC 28G STER	2	200.00	0.05	.		Yes	No
56151014260	TRUEPLUS LNC 28G STER	3	200.00	0.02	.		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	0.05	.		No	No
56151014701	TRUEPLUS LNC 33G	3	100.00	0.06	.		Yes	No
56151014701	TRUEPLUS LNC 33G	3	100.00	0.06	.		No	No
56151014701	TRUEPLUS LNC 33G	12	100.00	0.05	.		Yes	No
56151034125	TRUEPLUS LNC 28G SFTY	3	200.00	0.22	.		Yes	No
56151146001	TRUE METRIX TES STRIPS	1	100.00	0.50	.		No	No
56151146001	TRUE METRIX TES STRIPS	2	100.00	0.47	.		No	No
56151146001	TRUE METRIX TES STRIPS	2	100.00	0.50	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
56151146001	TRUE METRIX TES STRIPS	2	200.00	0.50	.		Yes	No
56151146001	TRUE METRIX TES STRIPS	3	200.00	0.50	.		No	No
56151146001	TRUE METRIX TES STRIPS	12	100.00	0.49	.		No	No
56151146001	TRUE METRIX TES STRIPS	12	100.00	0.51	.		No	No
56151146004	TRUE METRIX TES STRIPS	2	100.00	0.53	.		No	No
56151146004	TRUE METRIX TES STRIPS	2	100.00	0.54	.		No	No
56151146004	TRUE METRIX TES STRIPS	3	100.00	0.53	.		No	No
56151146004	TRUE METRIX TES STRIPS	4	100.00	0.53	.		No	No
56151146304	TRUE METRIX TES GLUCOSE	2	100.00	0.12	.		No	No
56151146304	TRUE METRIX TES GLUCOSE	12	50.00	0.11	.		No	No
56151147002	TRUE METRIX KIT METER	2	1.00	12.11	.		No	No
56151149002	TRUE METRIX KIT AIR	2	1.00	16.93	.		Yes	No
56151149002	TRUE METRIX KIT AIR	2	1.00	17.26	.		No	No
56151149002	TRUE METRIX KIT AIR	3	1.00	17.77	.		No	No
56151195002	TRUE METRIX KIT GO METER	2	1.00	6.90	.		No	No
56151195002	TRUE METRIX KIT GO METER	3	1.00	6.72	.		No	No
57237000299	HYDROCHLOROTHIAZIDE 12.5 MG CP	2	90.00	0.08	0.03048	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	0.88	0.54498	51%-75% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	1.36	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	1.63	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	1.76	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	1.99	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	1.00	2.16	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.18	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.24	0.54498	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.32	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.39	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	1.40	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	2.17	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	2.00	5.02	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	0.13	0.54498	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.06	0.54498	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.09	0.54498	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.13	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.16	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.26	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.33	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	1.38	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	2.16	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	3.00	5.02	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	4.00	1.12	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	4.00	5.02	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	5.00	1.09	0.54498	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	6.00	2.17	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	6.00	5.02	0.54498	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	1	7.00	1.24	0.54498	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	0.13	0.49006	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.44	0.49006	101%-200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.46	0.49006	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.63	0.49006	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	1.78	0.49006	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	2.16	0.49006	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	1.00	2.16	0.49006	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.18	0.49006	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.23	0.49006	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.24	0.49006	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.34	0.49006	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	1.39	0.49006	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	2.17	0.49006	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	2.00	2.17	0.49006	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	3.00	1.38	0.49006	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	3.00	2.16	0.49006	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	5.00	1.10	0.49006	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	2	6.00	2.17	0.49006	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	0.04	0.43470	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	0.13	0.43470	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.09	0.43470	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.46	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.63	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	1.96	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	2.09	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	2.16	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	1.00	2.16	0.43470	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	0.04	0.43470	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.18	0.43470	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 736

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1.22	0.43470	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.24	0.43470	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.34	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	1.67	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	2.17	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	2.00	2.17	0.43470	200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	3.00	1.06	0.43470	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	3.00	2.16	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	4.00	1.12	0.43470	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	4.00	2.17	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	5.00	2.16	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	7.00	2.16	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	3	24.00	2.17	0.43470	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	0.13	0.42729	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	1.00	2.16	0.42729	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	1.19	0.42729	101%-200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	1.24	0.42729	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	1.42	0.42729	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	2.00	2.17	0.42729	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	3.00	0.15	0.42729	51%-75% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	4.00	2.17	0.42729	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	4	6.00	2.17	0.42729	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	10	2.00	2.26	0.58087	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	0.00	0.57907	76%-100% Below	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	0.31	0.57907	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 737

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1.36	0.57907	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	1.46	0.57907	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	1.78	0.57907	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	1.00	1.85	0.57907	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.24	0.57907	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.46	0.57907	101%-200% Above	Yes	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.61	0.57907	101%-200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	1.86	0.57907	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	2.26	0.57907	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	2.00	5.02	0.57907	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	3.00	1.85	0.57907	200% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	7.00	1.09	0.57907	76%-100% Above	No	No
57237000511	FLUCONAZOLE 150 MG TABLET	12	30.00	0.31	0.57907	26%-50% Below	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	1	3.00	0.32	0.46051	26%-50% Below	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	2	2.00	0.22	0.44876	26%-50% Below	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	2	10.00	0.24	0.44876	26%-50% Below	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	3	2.00	0.93	0.43495	101%-200% Above	No	No
57237000601	FLUCONAZOLE 200 MG TABLET	3	20.00	0.22	0.43495	26%-50% Below	No	No
57237000630	FLUCONAZOLE 200 MG TABLET	3	1.00	0.80	0.43495	76%-100% Above	Yes	No
57237000705	MIRTAZAPINE 7.5 MG TABLET	1	30.00	0.73	0.37808	76%-100% Above	No	No
57237000705	MIRTAZAPINE 7.5 MG TABLET	2	30.00	0.05	0.36520	76%-100% Below	No	No
57237000730	MIRTAZAPINE 7.5 MG TABLET	1	30.00	0.67	0.37808	76%-100% Above	No	No
57237000730	MIRTAZAPINE 7.5 MG TABLET	3	30.00	0.17	0.36074	51%-75% Below	No	No
57237000730	MIRTAZAPINE 7.5 MG TABLET	4	30.00	0.67	0.40681	51%-75% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	1	30.00	0.08	0.07039	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 738

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237000805	MIRTAZAPINE 15 MG TABLET	1	30.00	0.09	0.07039	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	2	30.00	0.09	0.06878	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	2	180.00	0.09	0.06878	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	3	30.00	0.09	0.06757	26%-50% Above	No	No
57237000805	MIRTAZAPINE 15 MG TABLET	4	30.00	0.12	0.06668	76%-100% Above	No	No
57237000930	MIRTAZAPINE 30 MG TABLET	1	30.00	0.12	0.08726	26%-50% Above	No	No
57237000930	MIRTAZAPINE 30 MG TABLET	2	30.00	0.12	0.08581	26%-50% Above	No	No
57237000930	MIRTAZAPINE 30 MG TABLET	3	30.00	0.12	0.08769	26%-50% Above	No	No
57237000930	MIRTAZAPINE 30 MG TABLET	12	30.00	0.26	0.09029	101%-200% Above	No	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.14	0.05214	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.16	0.05214	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.31	0.05214	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.34	0.05214	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	60.00	0.33	0.05214	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.14	0.05214	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.31	0.05214	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.21	0.05214	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	7.00	0.14	0.05215	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.14	0.05215	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.16	0.05215	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.34	0.05215	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.39	0.05215	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.14	0.05215	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.33	0.05215	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	2	180.00	0.14	0.05215	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	7.00	0.14	0.05135	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	7.00	0.38	0.05135	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.14	0.05135	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.16	0.05135	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.34	0.05135	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.39	0.05135	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.14	0.05135	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.33	0.05135	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	3	180.00	0.14	0.05135	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.14	0.05054	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.34	0.05054	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.14	0.05054	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.33	0.05054	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	15.00	0.14	0.05153	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.14	0.05153	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.16	0.05153	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.31	0.05153	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.14	0.05153	101%-200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.31	0.05153	200% Above	Yes	No
57237001401	TAMSULOSIN HCL 0.4 MG CAPSULE	12	180.00	0.14	0.05153	101%-200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.28	0.05214	200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	1	45.00	0.27	0.05214	200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	2	15.00	0.30	0.05215	200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.28	0.05215	200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	0.27	0.05135	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 740

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.14	0.05135	101%-200% Above	Yes	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.17	0.05135	200% Above	No	No
57237001405	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.33	0.05135	200% Above	Yes	No
57237001899	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.17	0.08485	76%-100% Above	No	No
57237001930	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.14	0.10237	26%-50% Above	No	No
57237001999	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.14	0.11362	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	1	4.00	0.26	0.09887	101%-200% Above	Yes	No
57237002801	AMOXICILLIN 500 MG TABLET	1	20.00	0.11	0.09887	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	1	21.00	0.11	0.09887	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	1	21.00	0.23	0.09887	101%-200% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	1	22.00	0.11	0.09887	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	2	16.00	0.11	0.09934	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	2	21.00	0.11	0.09934	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	3	14.00	0.11	0.10072	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	3	20.00	0.20	0.10072	76%-100% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	3	21.00	0.11	0.10072	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	3	28.00	0.11	0.10072	10%-25% Above	No	No
57237002801	AMOXICILLIN 500 MG TABLET	3	56.00	0.09	0.10072	10%-25% Below	No	No
57237002801	AMOXICILLIN 500 MG TABLET	4	21.00	0.11	0.09683	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	10.00	0.19	0.15867	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	14.00	0.14	0.15867	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	14.00	0.44	0.15867	101%-200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.09	0.15867	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.12	0.15867	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.13	0.15867	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 741

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	20.00	0.14	0.15867	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.19	0.15867	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	20.00	0.44	0.15867	101%-200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	1	60.00	0.43	0.15867	101%-200% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	14.00	0.17	0.15271	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	14.00	0.19	0.15271	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	16.00	0.19	0.15271	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	20.00	0.09	0.15271	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	20.00	0.13	0.15271	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	20.00	0.14	0.15271	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	20.00	0.18	0.15271	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	20.00	0.19	0.15271	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	2	60.00	0.19	0.15271	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	10.00	0.17	0.15204	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	14.00	0.19	0.15204	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.08	0.15204	26%-50% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.12	0.15204	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.13	0.15204	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.14	0.15204	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.17	0.15204	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	3	20.00	0.19	0.15204	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	20.00	0.12	0.15460	10%-25% Below	No	No
57237002901	AMOXICILLIN 875 MG TABLET	4	20.00	0.19	0.15460	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	14.00	0.20	0.16549	10%-25% Above	No	No
57237002901	AMOXICILLIN 875 MG TABLET	12	14.00	0.30	0.16549	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 742

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	20.00	0.44	0.16549	101%-200% Above	No	No
57237002920	AMOXICILLIN 875 MG TABLET	1	20.00	0.14	0.15867	10%-25% Below	No	No
57237002920	AMOXICILLIN 875 MG TABLET	1	20.00	0.44	0.15867	101%-200% Above	No	No
57237003101	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.20	0.08722	101%-200% Above	No	No
57237003101	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.04	0.08722	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	1	14.00	0.20	0.08722	101%-200% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.10	0.08722	10%-25% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.20	0.08722	101%-200% Above	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08502	10%-25% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.06	0.08502	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	3	40.00	0.05	0.08381	26%-50% Below	No	No
57237003105	AMOXICILLIN 500 MG CAPSULE	3	56.00	0.05	0.08381	26%-50% Below	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.02	0.03426	26%-50% Below	No	No
57237003301	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.02	0.03370	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	1	100.00	0.09	0.17100	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	1	100.00	0.12	0.17884	26%-50% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	2	100.00	0.09	0.15255	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	2	100.00	0.09	0.15255	26%-50% Below	Yes	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	2	200.00	0.09	0.15255	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	3	100.00	0.09	0.13769	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	4	100.00	0.09	0.14517	26%-50% Below	No	No
57237003501	CEFPROZIL 250 MG/5 ML SUSP	12	100.00	0.09	0.16898	26%-50% Below	No	No
57237003575	CEFPROZIL 250 MG/5 ML SUSP	2	150.00	0.10	0.21170	51%-75% Below	No	No
57237003750	CEFPROZIL 500 MG TABLET	1	20.00	0.48	0.95255	26%-50% Below	No	No
57237003750	CEFPROZIL 500 MG TABLET	1	20.00	0.77	0.95255	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 743

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237003750	CEFPROZIL 500 MG TABLET	12	20.00	0.56	1.01125	26%-50% Below	No	No
57237004101	PENICILLIN VK 500 MG TABLET	1	30.00	0.17	0.10703	51%-75% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	1	40.00	0.17	0.10703	51%-75% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	2	20.00	0.16	0.10594	26%-50% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	2	20.00	0.17	0.10594	51%-75% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	3	20.00	0.17	0.10383	51%-75% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	3	40.00	0.16	0.10383	51%-75% Above	No	No
57237004101	PENICILLIN VK 500 MG TABLET	12	20.00	0.18	0.11088	51%-75% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	1	20.00	0.15	0.10703	26%-50% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	1	40.00	0.14	0.10703	26%-50% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	2	28.00	0.17	0.10594	51%-75% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	2	28.00	0.17	0.10594	51%-75% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	3	40.00	0.17	0.10383	51%-75% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	4	20.00	0.14	0.10292	26%-50% Above	No	No
57237004199	PENICILLIN VK 500 MG TABLET	4	28.00	0.17	0.10292	51%-75% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.33	0.23221	26%-50% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	2	16.00	0.60	0.22707	101%-200% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.50	0.22707	101%-200% Above	No	No
57237004230	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.50	0.23387	101%-200% Above	No	No
57237004290	VALACYCLOVIR HCL 500 MG TABLET	1	60.00	0.27	0.23221	10%-25% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	1	40.00	1.15	0.41238	101%-200% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	12	10.00	0.52	0.41606	10%-25% Above	No	No
57237004330	VALACYCLOVIR HCL 1 GRAM TABLET	12	90.00	1.15	0.41606	101%-200% Above	No	No
57237004390	VALACYCLOVIR HCL 1 GRAM TABLET	2	14.00	0.52	0.40668	26%-50% Above	No	No
57237004560	CLARITHROMYCIN 500 MG TABLET	12	20.00	0.27	0.43590	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 744

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237004560	CLARITHROMYCIN 500 MG TABLET	12	28.00	0.27	0.43590	26%-50% Below	No	No
57237004801	DIVALPROEX SOD DR 500 MG TAB	1	180.00	0.08	0.15729	26%-50% Below	Yes	No
57237005860	CEFUROXIME AXETIL 250 MG TAB	1	10.00	0.89	0.29190	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.19	0.06707	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.42	0.06707	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	12.00	0.19	0.06707	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.19	0.06707	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.42	0.06707	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.19	0.06707	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.42	0.06707	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	1	40.00	0.42	0.06707	200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	2	8.00	0.19	0.06502	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	2	10.00	0.19	0.06502	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	2	15.00	0.05	0.06502	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.05	0.06502	10%-25% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.19	0.06502	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	9.00	0.19	0.06414	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.19	0.06414	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.08	0.06414	10%-25% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.19	0.06414	101%-200% Above	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	12	10.00	0.04	0.06907	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	12	15.00	0.05	0.06907	26%-50% Below	No	No
57237007530	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.19	0.06907	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 745

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007550	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.10	0.06707	26%-50% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	1	12.00	0.42	0.06707	200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	2	6.00	0.19	0.06502	101%-200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.19	0.06502	101%-200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.19	0.06414	101%-200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	4	14.00	0.19	0.06330	101%-200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.19	0.06330	101%-200% Above	No	No
57237007550	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.19	0.06907	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	3.00	0.54	0.09487	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	8.00	0.24	0.09487	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	8.00	0.54	0.09487	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	10.00	0.54	0.09487	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.08	0.09487	10%-25% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.24	0.09487	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.54	0.09487	200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	2	10.00	0.24	0.09212	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.24	0.09212	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	10.00	0.24	0.09081	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	14.00	0.24	0.09081	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.24	0.09081	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	3	28.00	0.05	0.09081	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.06	0.08953	26%-50% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.24	0.08953	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	12	12.00	0.24	0.09811	101%-200% Above	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	12	15.00	0.07	0.09811	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 746

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	18.00	0.08	0.09811	10%-25% Below	No	No
57237007630	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.24	0.09811	101%-200% Above	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.24	0.09212	101%-200% Above	No	No
57237007650	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.24	0.08953	101%-200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	4.00	0.27	0.15835	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15835	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.26	0.15835	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.09	0.15835	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15835	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15835	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15835	26%-50% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.26	0.15835	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.59	0.15835	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	20.00	0.26	0.15835	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	1	30.00	0.59	0.15835	200% Above	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.10	0.15367	26%-50% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.26	0.15367	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.26	0.15367	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.11	0.15367	26%-50% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	14.00	0.26	0.15006	76%-100% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.15006	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 747

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	18.00	0.09	0.15006	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.15006	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.15006	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.11	0.15006	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.11	0.15006	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.26	0.15006	76%-100% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.12	0.13980	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.10	0.13980	10%-25% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.12	0.13980	10%-25% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.26	0.13980	76%-100% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.10	0.13980	26%-50% Below	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.10	0.15481	26%-50% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.26	0.15481	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.09	0.15481	26%-50% Below	Yes	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.26	0.15481	51%-75% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.59	0.15481	200% Above	No	No
57237007710	ONDANSETRON ODT 4 MG TABLET	12	18.00	3.04	0.15481	200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	1	8.00	0.09	0.15835	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.26	0.15835	51%-75% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.26	0.15835	51%-75% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.59	0.15835	200% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.09	0.15835	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.26	0.15835	51%-75% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.59	0.15835	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 748

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237007730	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.15006	26%-50% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.26	0.15006	76%-100% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	4	9.00	0.12	0.13980	10%-25% Below	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
57237007730	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.59	0.15481	200% Above	No	No
57237007750	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.17	0.15006	10%-25% Above	No	No
57237007810	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.13	0.17101	10%-25% Below	Yes	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.61	0.17101	200% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	15.00	0.61	0.17101	200% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.11	0.17101	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.14	0.17101	10%-25% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.61	0.17101	200% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	2	14.00	0.27	0.16841	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	2	15.00	0.27	0.16841	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.10	0.16841	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.27	0.16841	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	12.00	0.27	0.16990	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.10	0.16990	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.27	0.16990	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	4.00	0.25	0.17543	26%-50% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.10	0.17543	26%-50% Below	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.27	0.17543	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.27	0.17277	51%-75% Above	No	No
57237007830	ONDANSETRON ODT 8 MG TABLET	12	18.00	5.07	0.17277	200% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	1	8.00	0.94	0.54559	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 749

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237008663	RIZATRIPTAN 10 MG ODT	1	10.00	0.94	0.54559	51%-75% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	1	12.00	1.10	0.54559	76%-100% Above	No	No
57237008663	RIZATRIPTAN 10 MG ODT	2	8.00	0.42	0.52838	10%-25% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	3	8.00	0.42	0.52849	10%-25% Below	No	No
57237008663	RIZATRIPTAN 10 MG ODT	12	8.00	0.42	0.55305	10%-25% Below	No	No
57237008763	RIZATRIPTAN 5 MG TABLET	1	9.00	0.79	0.55552	26%-50% Above	No	No
57237008834	RIZATRIPTAN 10 MG TABLET	3	9.00	0.83	0.48757	51%-75% Above	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	1	18.00	0.40	0.47623	10%-25% Below	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	2	10.00	0.83	0.48193	51%-75% Above	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	2	12.00	0.99	0.48193	101%-200% Above	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	2	18.00	0.40	0.48193	10%-25% Below	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	3	18.00	0.40	0.48757	10%-25% Below	No	No
57237008863	RIZATRIPTAN 10 MG TABLET	12	9.00	1.16	0.45660	101%-200% Above	No	No
57237009601	CEFADROXIL 500 MG CAPSULE	3	5.00	0.26	0.28594	10%-25% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	14.00	0.25	0.47087	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	20.00	0.25	0.47087	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	20.00	0.56	0.47087	10%-25% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	1	20.00	0.65	0.47087	26%-50% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.46767	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	14.00	0.25	0.46980	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	20.00	0.25	0.46980	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	20.00	0.35	0.46980	10%-25% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	20.00	0.72	0.46980	51%-75% Above	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	28.00	0.18	0.46980	51%-75% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	3	28.00	0.71	0.46980	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 750

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	20.00	0.25	0.46278	26%-50% Below	No	No
57237009960	CEFDINIR 300 MG CAPSULE	12	20.00	0.25	0.47521	26%-50% Below	No	No
57237010099	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.05	0.01767	101%-200% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	1	30.00	0.04	0.01987	101%-200% Above	No	No
57237010199	METOPROLOL TARTRATE 50 MG TAB	12	30.00	0.05	0.01983	101%-200% Above	No	No
57237010299	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.06	0.02624	101%-200% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	2	30.00	0.16	0.10735	51%-75% Above	Yes	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	12	90.00	0.13	0.10761	10%-25% Above	No	No
57237011490	ALFUZOSIN HCL ER 10 MG TABLET	12	90.00	0.17	0.10761	51%-75% Above	No	No
57237014935	FLUCONAZOLE 10 MG/ML SUSP	2	35.00	0.13	0.29321	51%-75% Below	Yes	No
57237015630	MOXIFLOXACIN HCL 400 MG TABLET	2	6.00	0.92	1.63444	26%-50% Below	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	15.00	0.07	0.02971	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.07	0.02971	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.07	0.02971	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.10	0.02971	200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.10	0.02971	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.05	0.02971	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.06	0.02971	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.10	0.02971	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.23	0.02971	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.10	0.02921	200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.10	0.02921	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	60.00	0.10	0.02921	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.05	0.02921	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.02921	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 751

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.06	0.02921	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.10	0.02921	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.02884	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.02884	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.10	0.02884	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.05	0.02884	51%-75% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.05	0.02884	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.10	0.02884	200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.10	0.02884	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	3	360.00	0.05	0.02884	76%-100% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.07	0.02847	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.10	0.02847	200% Above	No	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.06	0.02847	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.10	0.02847	200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.01	0.03007	51%-75% Below	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.06	0.03007	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.07	0.03007	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.08	0.03007	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.07	0.03007	101%-200% Above	Yes	No
57237016199	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.10	0.03007	200% Above	Yes	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.16	0.05157	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.03	0.05157	26%-50% Below	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.12	0.05079	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.03	0.05079	26%-50% Below	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 752

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.16	0.05044	200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	No	No
57237016250	OMEPRAZOLE DR 40 MG CAPSULE	3	180.00	0.10	0.05044	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.26	0.05157	200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
57237016290	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.49	0.05094	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.22	0.05022	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.22	0.05168	200% Above	No	No
57237017099	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.49	0.05168	200% Above	No	No
57237017105	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.35	0.05907	200% Above	No	No
57237017190	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.36	0.06575	200% Above	No	No
57237021330	MONTELUKAST SOD 5 MG TAB CHEW	3	90.00	0.22	0.06842	200% Above	No	No
57237021390	MONTELUKAST SOD 5 MG TAB CHEW	1	90.00	0.15	0.06967	101%-200% Above	Yes	No
57237021390	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.23	0.06842	200% Above	No	No
57237021390	MONTELUKAST SOD 5 MG TAB CHEW	4	90.00	0.15	0.06890	101%-200% Above	Yes	No
57237021905	PIOGLITAZONE HCL 15 MG TABLET	3	90.00	0.14	0.06857	76%-100% Above	No	No
57237021990	PIOGLITAZONE HCL 15 MG TABLET	1	90.00	0.30	0.06804	200% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.14	0.09301	26%-50% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	3	30.00	0.01	0.09349	76%-100% Below	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	3	90.00	0.19	0.09349	101%-200% Above	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	12	30.00	0.00	0.09741	76%-100% Below	No	No
57237022005	PIOGLITAZONE HCL 30 MG TABLET	12	90.00	0.14	0.09741	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	1	30.00	0.14	0.09480	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 753

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.17	0.09480	76%-100% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	2	30.00	0.17	0.09301	76%-100% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	3	30.00	0.14	0.09349	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	3	30.00	0.17	0.09349	76%-100% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	4	30.00	0.14	0.09227	26%-50% Above	No	No
57237022090	PIOGLITAZONE HCL 30 MG TABLET	12	30.00	0.17	0.09741	76%-100% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	1	10.00	0.14	0.11599	10%-25% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	2	10.00	0.14	0.11241	26%-50% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	3	10.00	0.14	0.11456	10%-25% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	4	10.00	0.14	0.11651	10%-25% Above	No	No
57237022105	PIOGLITAZONE HCL 45 MG TABLET	4	90.00	0.14	0.11651	10%-25% Above	No	No
57237022130	PIOGLITAZONE HCL 45 MG TABLET	1	10.00	0.14	0.11599	10%-25% Above	No	No
57237022190	PIOGLITAZONE HCL 45 MG TABLET	3	90.00	0.14	0.11456	10%-25% Above	No	No
57237022190	PIOGLITAZONE HCL 45 MG TABLET	3	90.00	0.20	0.11456	51%-75% Above	No	No
57237022190	PIOGLITAZONE HCL 45 MG TABLET	12	85.00	1.54	0.11853	200% Above	No	No
57237022190	PIOGLITAZONE HCL 45 MG TABLET	12	90.00	0.20	0.11853	51%-75% Above	No	No
57237022401	RAMIPRIL 5 MG CAPSULE	3	90.00	0.08	0.05270	26%-50% Above	No	No
57237022401	RAMIPRIL 5 MG CAPSULE	3	90.00	0.11	0.05270	101%-200% Above	No	No
57237022401	RAMIPRIL 5 MG CAPSULE	12	90.00	0.11	0.05117	101%-200% Above	No	No
57237023205	SULFAMETHOXAZOLE-TMP SS TABLET	1	30.00	0.03	0.03848	10%-25% Below	No	No
57237023205	SULFAMETHOXAZOLE-TMP SS TABLET	2	30.00	0.03	0.03921	10%-25% Below	No	No
57237023205	SULFAMETHOXAZOLE-TMP SS TABLET	12	30.00	0.03	0.03915	26%-50% Below	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.05	0.04713	10%-25% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.09	0.04713	76%-100% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	1	60.00	0.03	0.04713	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 754

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.02	0.04698	51%-75% Below	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.09	0.04707	76%-100% Above	No	No
57237023301	SULFAMETHOXAZOLE-TMP DS TABLET	4	6.00	0.09	0.04668	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.09	0.04713	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.09	0.04713	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.22	0.04713	200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	1	84.00	0.03	0.04713	26%-50% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.03	0.04698	26%-50% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.04	0.04698	10%-25% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.09	0.04698	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2	28.00	0.09	0.04698	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	2	60.00	0.03	0.04698	26%-50% Below	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.09	0.04707	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.09	0.04707	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	3	28.00	0.09	0.04707	76%-100% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.00	0.13	0.04750	101%-200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.22	0.04750	200% Above	No	No
57237023305	SULFAMETHOXAZOLE-TMP DS TABLET	12	56.00	0.03	0.04750	26%-50% Below	No	No
57237024001	ZALEPLON 10 MG CAPSULE	2	30.00	0.13	0.15619	10%-25% Below	No	No
57237024001	ZALEPLON 10 MG CAPSULE	12	90.00	0.13	0.16033	10%-25% Below	No	No
57237030516	DIPHENHYDRAMINE 12.5 MG/5 ML	1	120.00	0.18	0.01784	200% Above	No	No
57237034705	ACETAMINOPHEN 500 MG CAPLET	2	20.00	0.06	0.03310	51%-75% Above	Yes	No
57237034910	ASPIRIN EC 81 MG TABLET	3	90.00	0.01	0.01442	26%-50% Below	No	No
57237034912	ASPIRIN EC 81 MG TABLET	1	30.00	0.03	0.01418	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	1	90.00	0.03	0.01418	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 755

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57237034912	ASPIRIN EC 81 MG TABLET	2	60.00	0.01	0.01426	51%-75% Below	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	2	90.00	0.03	0.01426	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	3	60.00	0.03	0.01442	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	3	90.00	0.02	0.01442	10%-25% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	3	90.00	0.03	0.01442	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	4	90.00	0.03	0.01466	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	12	30.00	0.03	0.01491	76%-100% Above	Yes	No
57237034912	ASPIRIN EC 81 MG TABLET	12	90.00	0.03	0.01491	76%-100% Above	Yes	No
57237036610	FERROUS SULF TAB 325MG EC	3	90.00	0.17	.		Yes	No
57599083500	FREESTYLE LB KIT 2PLS/SEN	1	6.00	74.22	.		No	No
57599083500	FREESTYLE LB KIT 2PLS/SEN	4	6.00	78.17	.		No	No
57599084400	FREESTYLE LB KIT 3PLS/SEN	1	6.00	70.04	.		No	No
57664001474	TRAZODONE 50 MG TABLET	1	60.00	0.04	0.03479	10%-25% Above	No	No
57664002597	ISOTRETINOIN 40 MG CAPSULE	2	30.00	1.27	9.29408	76%-100% Below	No	No
57664002597	ISOTRETINOIN 40 MG CAPSULE	3	60.00	1.27	7.19991	76%-100% Below	No	No
57664004688	LISDEXAMFETAMINE 10 MG CAPSULE	3	30.00	1.89	3.07541	26%-50% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	1.75	2.83330	26%-50% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	3.76	2.83330	26%-50% Above	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	1.56	2.64750	26%-50% Below	No	No
57664004788	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.00	1.89	3.28728	26%-50% Below	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	5.33	2.98082	76%-100% Above	No	No
57664004888	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	3.76	2.95842	26%-50% Above	Yes	No
57664004988	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	1.77	3.06463	26%-50% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	1.70	2.97592	26%-50% Below	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	1.79	2.90963	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 756

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	3.27	2.82863	10%-25% Above	No	No
57664005088	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	3.76	3.10267	10%-25% Above	No	No
57664005188	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	1.61	3.03236	26%-50% Below	Yes	No
57664005188	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	3.76	3.03236	10%-25% Above	No	No
57664005188	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	1.61	2.95753	26%-50% Below	Yes	No
57664005188	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	1.61	2.92947	26%-50% Below	Yes	No
57664005288	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	3.76	2.85019	26%-50% Above	No	No
57664005288	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	3.76	3.13242	10%-25% Above	No	No
57664008388	LISDEXAMFETAMINE 10 MG TB CHEW	1	30.00	7.89	5.84784	26%-50% Above	No	No
57664008388	LISDEXAMFETAMINE 10 MG TB CHEW	3	30.00	7.89	5.36735	26%-50% Above	No	No
57664008488	LISDEXAMFETAMINE 20 MG TB CHEW	1	30.00	7.89	5.63774	26%-50% Above	Yes	No
57664008588	LISDEXAMFETAMINE 30 MG TB CHEW	1	30.00	7.89	6.02639	26%-50% Above	Yes	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	1	30.00	7.89	6.14801	26%-50% Above	No	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	2	30.00	7.89	5.62503	26%-50% Above	No	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	3	30.00	7.89	5.01572	51%-75% Above	No	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	3	30.00	11.17	5.01572	101%-200% Above	Yes	No
57664008688	LISDEXAMFETAMINE 40 MG TB CHEW	12	30.00	7.89	6.31175	10%-25% Above	No	No
57664008788	LISDEXAMFETAMINE 50 MG TB CHEW	2	30.00	2.89	4.92662	26%-50% Below	No	No
57664008888	LISDEXAMFETAMINE 60 MG TB CHEW	1	30.00	7.00	5.50695	26%-50% Above	Yes	No
57664008888	LISDEXAMFETAMINE 60 MG TB CHEW	2	30.00	2.68	5.28421	26%-50% Below	Yes	No
57664008888	LISDEXAMFETAMINE 60 MG TB CHEW	3	30.00	2.68	4.85747	26%-50% Below	Yes	No
57664037688	DESMETHYLPHENIDATE 2.5 MG TAB	3	30.00	0.15	0.21746	26%-50% Below	No	No
57664037713	TRAMADOL HCL 50 MG TABLET	2	14.00	0.05	0.02387	101%-200% Above	No	No
57664037888	DESMETHYLPHENIDATE 5 MG TAB	2	30.00	0.12	0.28788	51%-75% Below	Yes	No
57664037988	DESMETHYLPHENIDATE 10 MG TAB	1	30.00	0.17	0.37357	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 757

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	2	30.00	0.16	0.37834	51%-75% Below	No	No
57664037988	DEXMETHYLPHENIDATE 10 MG TAB	12	60.00	0.18	0.37025	26%-50% Below	No	No
57664047758	METOPROL TAR TAB 50MG	3	180.00	0.04	.		No	No
57664049983	MIRTAZAPINE 15 MG TABLET	1	90.00	0.08	0.07039	10%-25% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	1	90.00	0.12	0.07039	76%-100% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	2	90.00	0.12	0.06878	76%-100% Above	Yes	No
57664049983	MIRTAZAPINE 15 MG TABLET	3	90.00	0.03	0.06757	51%-75% Below	Yes	No
57664050083	MIRTAZAPINE 30 MG TABLET	2	90.00	0.11	0.08581	26%-50% Above	Yes	No
57664050083	MIRTAZAPINE 30 MG TABLET	3	90.00	0.12	0.08769	26%-50% Above	Yes	No
57664050183	MIRTAZAPINE 45 MG TABLET	2	90.00	0.15	0.10566	26%-50% Above	Yes	No
57664050289	TIZANIDINE HCL 2 MG TABLET	1	30.00	0.03	0.03244	10%-25% Below	Yes	No
57664050289	TIZANIDINE HCL 2 MG TABLET	3	30.00	0.11	0.03084	200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	10.00	0.09	0.03313	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.09	0.03313	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.19	0.03313	200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	2	10.00	0.09	0.03285	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.09	0.03285	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.09	0.03285	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	12	10.00	0.09	0.03289	101%-200% Above	No	No
57664050318	TIZANIDINE HCL 4 MG TABLET	12	50.00	0.09	0.03289	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	15.00	0.07	0.03313	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	15.00	0.09	0.03313	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.09	0.03313	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.03	0.03313	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.19	0.03313	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 758

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.02	0.03313	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	1	180.00	0.09	0.03313	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	10.00	0.09	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	15.00	0.05	0.03285	26%-50% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	15.00	0.07	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	15.00	0.09	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.09	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.09	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	2	270.00	0.09	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	7.00	0.12	0.03285	200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	14.00	0.05	0.03285	26%-50% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.09	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.09	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	3	270.00	0.09	0.03285	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	4	15.00	0.09	0.03342	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.02	0.03342	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	4	180.00	0.02	0.03342	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	15.00	0.02	0.03289	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	15.00	0.07	0.03289	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	15.00	0.19	0.03289	200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.09	0.03289	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	40.00	0.03	0.03289	10%-25% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	45.00	0.09	0.03289	101%-200% Above	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.02	0.03289	26%-50% Below	No	No
57664050389	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.19	0.03289	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 759

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	270.00	0.09	0.03289	101%-200% Above	No	No
57664050813	CITALOPRAM TAB 20MG	1	30.00	0.11	.		No	No
57664050813	CITALOPRAM TAB 20MG	2	90.00	0.11	.		No	No
57664050813	CITALOPRAM TAB 20MG	12	30.00	0.11	.		No	No
57664051083	MIRTAZAPINE 7.5 MG TABLET	1	90.00	0.73	0.37808	76%-100% Above	Yes	No
57664066483	CARVEDILOL ER 20 MG CAPSULE	1	90.00	3.51	4.79057	26%-50% Below	Yes	No
57664066483	CARVEDILOL ER 20 MG CAPSULE	4	90.00	2.57	6.84016	51%-75% Below	Yes	No
57664066683	CARVEDILOL ER 80 MG CAPSULE	1	90.00	1.65	5.61745	51%-75% Below	Yes	No
57664066683	CARVEDILOL ER 80 MG CAPSULE	4	90.00	2.89	5.62510	26%-50% Below	Yes	No
57664068988	AMITRIPTYLIN TAB 50MG	1	30.00	0.13	.		No	No
57664095088	DEXTROAMPH-AMPHET ER 12.5 MG CP	12	30.00	2.93	8.40219	51%-75% Below	No	No
57896022110	ACETAMIN TAB 500MG	2	100.00	0.20	.		No	No
57896048930	POLYETH GLYC POW 3350 NF	3	510.00	0.01	.		No	No
57896069316	GERI-TUSSIN LIQ 100/5ML	1	300.00	0.06	.		No	No
57896070310	IRON TAB 325MG	1	30.00	0.19	.		No	No
57896070310	IRON TAB 325MG	1	30.00	0.36	.		No	No
57896098101	ASPIRIN EC TAB 81MG	1	90.00	0.01	.		No	No
57896098110	ASPIRIN EC TAB 81MG	1	70.00	0.00	.		No	No
57896098110	ASPIRIN EC TAB 81MG	1	90.00	0.00	.		No	No
57896098110	ASPIRIN EC TAB 81MG	12	90.00	0.00	.		No	No
58160081552	TWINRIX INJ	1	1.00	138.62	.		No	No
58160081552	TWINRIX INJ	2	1.00	139.00	.		No	No
58160081552	TWINRIX INJ	3	1.00	139.00	.		No	No
58160081552	TWINRIX INJ	3	1.00	139.41	.		No	No
58160081552	TWINRIX INJ	4	1.00	139.41	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 760

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58160082152	ENERGIX-B INJ 20MCG/ML	2	1.00	67.93	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	210.00	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	222.63	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	227.42	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	231.47	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	1	1.00	231.47	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	210.00	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	212.63	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	222.63	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	231.47	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	2	1.00	231.47	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	210.00	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	212.63	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	221.78	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	222.63	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	3	1.00	231.47	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	4	1.00	227.42	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	12	1.00	203.40	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	12	1.00	203.40	.		Yes	No
58160082311	SHINGRIX INJ 50/0.5ML	12	1.00	204.43	.		No	No
58160082311	SHINGRIX INJ 50/0.5ML	12	1.00	206.89	.		No	No
58160082415	PRIORIX INJ	2	1.00	96.28	.		Yes	No
58160082415	PRIORIX INJ	3	1.00	96.28	.		Yes	No
58160082415	PRIORIX INJ	12	1.00	89.95	.		Yes	No
58160082415	PRIORIX INJ	12	1.00	91.03	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 761

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58160082552	HAVRIX INJ 720UNIT	2	0.50	76.18	.		Yes	No
58160082652	HAVRIX INJ 1440UNIT	4	1.00	81.03	.		No	No
58160082730	MENVEO SOL	2	0.50	348.32	.		Yes	No
58160084252	BOOSTRIX INJ	1	0.50	92.86	.		No	No
58160084252	BOOSTRIX INJ	1	0.50	94.42	.		Yes	No
58160084252	BOOSTRIX INJ	1	0.50	98.16	.		Yes	No
58160084252	BOOSTRIX INJ	2	0.50	90.18	.		No	No
58160084252	BOOSTRIX INJ	2	0.50	94.06	.		Yes	No
58160084252	BOOSTRIX INJ	2	0.50	94.24	.		No	No
58160084252	BOOSTRIX INJ	2	0.50	94.42	.		Yes	No
58160084252	BOOSTRIX INJ	2	0.50	95.56	.		No	No
58160084252	BOOSTRIX INJ	2	0.50	98.16	.		No	No
58160084252	BOOSTRIX INJ	2	0.50	98.16	.		Yes	No
58160084252	BOOSTRIX INJ	3	0.50	90.18	.		No	No
58160084252	BOOSTRIX INJ	3	0.50	90.78	.		No	No
58160084252	BOOSTRIX INJ	3	0.50	94.42	.		Yes	No
58160084252	BOOSTRIX INJ	3	0.50	94.96	.		No	No
58160084252	BOOSTRIX INJ	3	0.50	95.56	.		No	No
58160084252	BOOSTRIX INJ	3	0.50	96.44	.		No	No
58160084252	BOOSTRIX INJ	3	0.50	98.16	.		No	No
58160084252	BOOSTRIX INJ	3	0.50	98.16	.		Yes	No
58160084252	BOOSTRIX INJ	4	0.50	98.16	.		No	No
58160084252	BOOSTRIX INJ	12	0.50	91.32	.		No	No
58160084252	BOOSTRIX INJ	12	0.50	91.32	.		Yes	No
58160084252	BOOSTRIX INJ	12	0.50	91.78	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 762

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58160084252	BOOSTRIX INJ	12	0.50	92.36	.		No	No
58160084252	BOOSTRIX INJ	12	0.50	92.88	.		No	No
58160084811	AREXVY INJ 120MCG	1	1.00	274.10	.		No	No
58160084811	AREXVY INJ 120MCG	2	1.00	290.60	.		Yes	No
58160084811	AREXVY INJ 120MCG	2	1.00	302.15	.		No	No
58160084811	AREXVY INJ 120MCG	4	1.00	304.55	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	3	0.50	439.72	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	3	0.50	460.38	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	3	0.50	465.92	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	3	0.50	478.68	.		Yes	No
58160084952	SHINGRIX INJ 50/0.5ML	4	0.50	439.72	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	4	0.50	478.68	.		No	No
58160084952	SHINGRIX INJ 50/0.5ML	4	0.50	478.68	.		Yes	No
58160091252	FLUARIX INJ 2025-26	1	0.50	36.90	.		No	No
58160091252	FLUARIX INJ 2025-26	1	0.50	38.56	.		No	No
58160091252	FLUARIX INJ 2025-26	1	0.50	40.18	.		Yes	No
58160091252	FLUARIX INJ 2025-26	4	0.50	36.90	.		No	No
58160091252	FLUARIX INJ 2025-26	12	0.50	38.44	.		No	No
58160091252	FLUARIX INJ 2025-26	12	0.50	38.44	.		Yes	No
58604021430	ADDYI TAB 100MG	1	30.00	64.57	.		No	No
58604021430	ADDYI TAB 100MG	2	30.00	60.37	.		No	No
58604021430	ADDYI TAB 100MG	3	30.00	60.37	.		No	No
58604021430	ADDYI TAB 100MG	4	30.00	63.09	.		No	No
58657015110	FOLIC ACID 1 MG TABLET	1	30.00	0.02	0.02111	10%-25% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	1	30.00	0.05	0.02111	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 763

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
58657015110	FOLIC ACID 1 MG TABLET	2	30.00	0.02	0.02008	10%-25% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	2	90.00	0.02	0.02008	10%-25% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	3	30.00	0.02	0.01899	10%-25% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	3	30.00	0.02	0.01899	10%-25% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	3	30.00	0.02	0.01899	26%-50% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	3	270.00	0.01	0.01899	26%-50% Below	No	No
58657015110	FOLIC ACID 1 MG TABLET	3	270.00	0.02	0.01899	26%-50% Above	No	No
58657015110	FOLIC ACID 1 MG TABLET	12	30.00	0.04	0.02307	76%-100% Above	No	No
58657045601	URO-MP CAPSULE	4	90.00	0.17	1.68971	76%-100% Below	No	No
58657045601	URO-MP CAPSULE	12	90.00	0.90	1.72756	26%-50% Below	No	No
58657045601	URO-MP CAPSULE	12	360.00	1.45	1.72756	10%-25% Below	No	No
58657050816	GUAIFENESIN 100 MG/5 ML SOLN	3	300.00	0.05	0.01352	200% Above	Yes	No
58657064810	CLONIDINE HCL 0.2 MG TABLET	3	90.00	0.06	0.03467	76%-100% Above	No	No
58657067601	CIPROFLOXACIN TAB 500MG	12	20.00	0.56	.		No	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	30.00	0.12	0.05157	101%-200% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	30.00	0.14	0.05157	101%-200% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	30.00	0.16	0.05157	200% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	30.00	0.17	0.05157	200% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	60.00	0.15	0.05157	101%-200% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.08	0.05157	26%-50% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.14	0.05157	101%-200% Above	Yes	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.26	0.05157	200% Above	No	No
59651000305	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.26	0.05157	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 764

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.12	0.05079	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.12	0.05079	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.14	0.05079	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.16	0.05079	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.17	0.05079	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	60.00	0.15	0.05079	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.14	0.05079	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.17	0.05079	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.15	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.15	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.17	0.05044	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.02	0.05044	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.14	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.15	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.15	0.05044	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	3	180.00	0.12	0.05044	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.14	0.05055	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.15	0.05055	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.16	0.05055	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 765

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.17	0.05055	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.02	0.05199	51%-75% Below	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.16	0.05199	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.26	0.05199	200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.12	0.05199	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.12	0.05199	101%-200% Above	Yes	No
59651000305	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.26	0.05199	200% Above	Yes	No
59651000715	AZITHROMYCIN 100 MG/5 ML SUSP	3	15.00	0.31	0.35292	10%-25% Below	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	1	15.00	0.73	0.33014	101%-200% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	3	15.00	0.73	0.31287	101%-200% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	0.71	0.33005	101%-200% Above	Yes	No
59651000815	AZITHROMYCIN 200 MG/5 ML SUSP	12	60.00	0.23	0.33005	26%-50% Below	Yes	No
59651000823	AZITHROMYCIN 200 MG/5 ML SUSP	2	45.00	0.44	0.22851	76%-100% Above	Yes	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	28.00	0.13	0.16709	10%-25% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	28.00	0.29	0.16709	51%-75% Above	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	28.00	0.09	0.16614	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	28.00	0.13	0.16614	10%-25% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	84.00	0.09	0.16614	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	84.00	0.13	0.16614	10%-25% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	28.00	0.09	0.16384	26%-50% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	28.00	0.13	0.16384	10%-25% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	30.00	0.13	0.16384	10%-25% Below	No	No
59651002988	LO-ZUMANDIMINE 3 MG-0.02 MG TB	12	84.00	0.13	0.16111	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 766

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651003085	ZUMANDIMINE 3 MG-0.03 MG TAB	1	84.00	0.12	0.16832	26%-50% Below	No	No
59651003085	ZUMANDIMINE 3 MG-0.03 MG TAB	3	84.00	0.02	0.15747	76%-100% Below	No	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	2	120.00	0.01	0.04073	51%-75% Below	Yes	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	2	240.00	0.01	0.04073	51%-75% Below	No	No
59651003212	IBUPROFEN 100 MG/5 ML SUSP	4	147.00	0.01	0.04086	51%-75% Below	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	1	220.00	0.01	0.02496	26%-50% Below	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	2	118.00	0.01	0.02394	26%-50% Below	No	No
59651003247	IBUPROFEN 100 MG/5 ML SUSP	12	200.00	0.02	0.02565	26%-50% Below	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	30.00	0.23	0.07565	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	30.00	0.30	0.07565	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	30.00	0.33	0.07565	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	30.00	0.66	0.07565	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	90.00	0.30	0.07565	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	90.00	0.33	0.07565	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	1	90.00	0.66	0.07565	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	30.00	0.23	0.07371	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	30.00	0.30	0.07371	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	30.00	0.33	0.07371	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	2	90.00	0.30	0.07371	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	30.00	0.23	0.07252	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	30.00	0.30	0.07252	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	90.00	0.30	0.07252	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	90.00	0.33	0.07252	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	3	90.00	0.33	0.07252	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	4	30.00	0.23	0.07238	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 767

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.30	0.07238	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	4	90.00	0.30	0.07238	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	4	90.00	0.33	0.07238	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	30.00	0.30	0.07430	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	30.00	0.66	0.07430	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	90.00	0.30	0.07430	200% Above	No	No
59651005205	EZETIMIBE 10 MG TABLET	12	90.00	0.66	0.07430	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	2	90.00	0.30	0.07371	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	3	90.00	0.30	0.07252	200% Above	No	No
59651005290	EZETIMIBE 10 MG TABLET	12	30.00	0.23	0.07430	200% Above	No	No
59651010469	ELETRIPTAN HBR 20 MG TABLET	2	12.00	1.38	2.01331	26%-50% Below	No	No
59651010469	ELETRIPTAN HBR 20 MG TABLET	3	12.00	1.38	1.99353	26%-50% Below	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	1	12.00	2.32	1.89356	10%-25% Above	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	2	12.00	6.46	1.82950	200% Above	Yes	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	3	12.00	0.28	1.87015	76%-100% Below	No	No
59651010569	ELETRIPTAN HBR 40 MG TABLET	12	9.00	6.74	1.85381	200% Above	No	No
59651011430	FEBUXOSTAT 80 MG TABLET	12	90.00	1.48	0.33290	200% Above	No	No
59651013688	EMZAHH 0.35 MG TABLET	1	28.00	0.06	0.08940	26%-50% Below	No	No
59651013688	EMZAHH 0.35 MG TABLET	1	28.00	0.14	0.08940	51%-75% Above	No	No
59651013688	EMZAHH 0.35 MG TABLET	2	28.00	0.06	0.09326	26%-50% Below	No	No
59651013688	EMZAHH 0.35 MG TABLET	2	84.00	0.04	0.09326	51%-75% Below	Yes	No
59651013688	EMZAHH 0.35 MG TABLET	3	28.00	0.06	0.09445	26%-50% Below	No	No
59651013688	EMZAHH 0.35 MG TABLET	3	28.00	0.06	0.09445	26%-50% Below	Yes	No
59651013930	NEBIVOLOL 10 MG TABLET	1	30.00	0.22	0.13884	51%-75% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	1	90.00	0.17	0.13884	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 768

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.22	0.13532	51%-75% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	3	30.00	0.05	0.13403	51%-75% Below	No	No
59651013930	NEBIVOLOL 10 MG TABLET	3	30.00	0.22	0.13403	51%-75% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	3	30.00	0.50	0.13403	200% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	3	90.00	0.22	0.13403	51%-75% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	4	90.00	0.22	0.13645	51%-75% Above	No	No
59651013930	NEBIVOLOL 10 MG TABLET	12	30.00	0.22	0.13765	51%-75% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	1	30.00	0.52	0.18596	101%-200% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	1	90.00	0.52	0.18596	101%-200% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	2	30.00	0.22	0.18126	10%-25% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	2	90.00	0.22	0.18126	10%-25% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	3	30.00	0.22	0.17932	10%-25% Above	No	No
59651014030	NEBIVOLOL 20 MG TABLET	12	30.00	0.23	0.18702	10%-25% Above	No	No
59651014090	NEBIVOLOL 20 MG TABLET	2	90.00	0.22	0.18126	10%-25% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.48	0.22606	101%-200% Above	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.17	0.22606	26%-50% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	2	90.00	0.17	0.21365	10%-25% Below	No	No
59651015201	PROGESTERONE 100 MG CAPSULE	3	90.00	0.11	0.21149	26%-50% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.33	0.41369	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.50	0.41369	10%-25% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.96	0.41369	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.94	0.41369	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.96	0.41369	101%-200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.33	0.40790	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.50	0.40790	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
59651015301	PROGESTERONE 200 MG CAPSULE	2	90.00	0.22	0.40790	26%-50% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.33	0.40975	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.33	0.40975	10%-25% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	3	30.00	1.71	0.40975	200% Above	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	3	90.00	0.22	0.40975	26%-50% Below	No	No
59651015301	PROGESTERONE 200 MG CAPSULE	12	30.00	0.52	0.41702	10%-25% Above	No	No
59651017301	DOXEPIN 10 MG CAPSULE	1	90.00	0.05	0.07990	26%-50% Below	Yes	No
59651017301	DOXEPIN 10 MG CAPSULE	2	90.00	0.05	0.07952	26%-50% Below	Yes	No
59651017301	DOXEPIN 10 MG CAPSULE	2	90.00	0.05	0.07952	26%-50% Below	Yes	No
59651017301	DOXEPIN 10 MG CAPSULE	3	90.00	0.05	0.07828	26%-50% Below	Yes	No
59651017301	DOXEPIN 10 MG CAPSULE	4	90.00	0.05	0.08120	26%-50% Below	Yes	No
59651017301	DOXEPIN 10 MG CAPSULE	12	90.00	0.05	0.07930	26%-50% Below	Yes	No
59651017401	DOXEPIN 25 MG CAPSULE	1	90.00	0.01	0.13777	76%-100% Below	No	No
59651017401	DOXEPIN 25 MG CAPSULE	3	30.00	0.08	0.12473	26%-50% Below	No	No
59651017401	DOXEPIN 25 MG CAPSULE	3	180.00	0.11	0.12473	10%-25% Below	No	No
59651017401	DOXEPIN 25 MG CAPSULE	4	90.00	0.01	0.13134	76%-100% Below	No	No
59651018030	LETROZOLE 2.5 MG TABLET	2	10.00	0.08	0.14396	26%-50% Below	No	No
59651018030	LETROZOLE 2.5 MG TABLET	3	10.00	0.08	0.14551	26%-50% Below	No	No
59651018330	ALBUTEROL SUL 0.63 MG/3 ML SOL	12	90.00	0.11	0.27505	51%-75% Below	No	No
59651018430	ALBUTEROL SUL 1.25 MG/3 ML SOL	1	90.00	0.08	0.24370	51%-75% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.16	0.28673	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.17	0.28673	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.17	0.28673	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.33	0.28673	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.33	0.28673	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 770

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.37	0.28673	26%-50% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.37	0.28673	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.50	0.28673	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.50	0.28673	51%-75% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.66	0.28673	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.90	0.28673	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.91	0.28673	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	90.00	0.17	0.28673	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	1	90.00	0.37	0.28673	26%-50% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.16	0.28999	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.17	0.28999	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.17	0.28999	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.17	0.28999	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.33	0.28999	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.50	0.28999	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.74	0.28999	101%-200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.84	0.28999	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.91	0.28999	200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	2	90.00	0.17	0.28999	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.16	0.28631	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.17	0.28631	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.17	0.28631	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.17	0.28631	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.33	0.28631	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.50	0.28631	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 771

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.92	0.28631	200% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	3	90.00	0.44	0.28631	51%-75% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.17	0.28406	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.17	0.28406	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.66	0.28406	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	4	90.00	0.17	0.28406	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.17	0.28591	26%-50% Below	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.17	0.28591	26%-50% Below	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.33	0.28591	10%-25% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.33	0.28591	10%-25% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.37	0.28591	26%-50% Above	No	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.66	0.28591	101%-200% Above	Yes	No
59651021430	AZELASTINE 0.1% (137 MCG) SPRY	12	60.00	0.50	0.28591	51%-75% Above	No	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	1	90.00	1.24	0.25403	200% Above	No	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	1	90.00	1.24	0.25403	200% Above	Yes	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	2	90.00	0.53	0.25201	101%-200% Above	No	No
59651021790	FENOFIBRIC ACID DR 135 MG CAP	3	90.00	0.53	0.23661	101%-200% Above	Yes	No
59651023630	ANASTROZOLE 1 MG TABLET	3	12.00	0.12	0.13880	10%-25% Below	No	No
59651023630	ANASTROZOLE 1 MG TABLET	3	12.00	0.21	0.13880	51%-75% Above	No	No
59651023630	ANASTROZOLE 1 MG TABLET	4	12.00	0.21	0.13765	51%-75% Above	No	No
59651023630	ANASTROZOLE 1 MG TABLET	12	12.00	0.12	0.14605	10%-25% Below	No	No
59651023690	ANASTROZOLE 1 MG TABLET	1	6.00	1.32	0.14410	200% Above	No	No
59651023690	ANASTROZOLE 1 MG TABLET	1	15.00	0.17	0.14410	10%-25% Above	No	No
59651023690	ANASTROZOLE 1 MG TABLET	2	30.00	0.59	0.13823	200% Above	No	No
59651023690	ANASTROZOLE 1 MG TABLET	3	15.00	0.17	0.13880	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
59651024701	MIDODRINE HCL 5 MG TABLET	1	90.00	0.22	0.10988	76%-100% Above	No	No
59651024701	MIDODRINE HCL 5 MG TABLET	2	180.00	0.15	0.10844	26%-50% Above	No	No
59651024701	MIDODRINE HCL 5 MG TABLET	12	90.00	0.50	0.11177	200% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	1	30.00	0.50	0.25945	76%-100% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	2	30.00	0.28	0.24929	10%-25% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	2	30.00	0.50	0.24929	76%-100% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	3	30.00	0.50	0.23728	101%-200% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	4	30.00	0.28	0.24093	10%-25% Above	No	No
59651024901	DESMOPRESSIN ACETATE 0.1 MG TB	12	30.00	0.50	0.27238	76%-100% Above	No	No
59651025001	DESMOPRESSIN ACETATE 0.2 MG TB	1	180.00	0.59	0.36716	51%-75% Above	No	No
59651025001	DESMOPRESSIN ACETATE 0.2 MG TB	2	15.00	0.27	0.35688	10%-25% Below	No	No
59651025001	DESMOPRESSIN ACETATE 0.2 MG TB	2	90.00	0.44	0.35688	10%-25% Above	No	No
59651025101	NADOLOL 40 MG TABLET	3	90.00	0.19	0.30363	26%-50% Below	Yes	No
59651025101	NADOLOL 40 MG TABLET	12	90.00	0.19	0.23897	10%-25% Below	Yes	No
59651027101	PRAZOSIN 1 MG CAPSULE	1	90.00	0.12	0.09130	26%-50% Above	No	No
59651027101	PRAZOSIN 1 MG CAPSULE	12	28.00	0.13	0.09275	26%-50% Above	No	No
59651027199	PRAZOSIN 1 MG CAPSULE	3	30.00	0.12	0.08540	26%-50% Above	No	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	1	60.00	0.17	0.43872	51%-75% Below	No	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	3	60.00	0.17	0.46179	51%-75% Below	No	No
59651027760	PROPAFENONE HCL ER 325 MG CAP	12	60.00	0.01	0.50044	76%-100% Below	No	No
59651028601	ALLOPURINOL 300 MG TABLET	1	30.00	0.29	0.06202	200% Above	No	No
59651028605	ALLOPURINOL 300 MG TABLET	1	30.00	0.12	0.06202	76%-100% Above	No	No
59651028605	ALLOPURINOL 300 MG TABLET	2	30.00	0.12	0.05890	101%-200% Above	No	No
59651028605	ALLOPURINOL 300 MG TABLET	2	90.00	0.12	0.05890	101%-200% Above	No	No
59651028605	ALLOPURINOL 300 MG TABLET	3	30.00	0.12	0.05702	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 773

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651028605	ALLOPURINOL 300 MG TABLET	3	90.00	0.12	0.05702	101%-200% Above	No	No
59651029160	ZAFIRLUKAST 10 MG TABLET	2	60.00	0.60	0.52645	10%-25% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	1	30.00	0.30	0.11057	101%-200% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	1	90.00	0.13	0.11057	10%-25% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	2	90.00	0.13	0.11518	10%-25% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	3	27.00	0.36	0.11688	200% Above	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.05	0.11688	51%-75% Below	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	3	90.00	0.13	0.11688	10%-25% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	4	60.00	0.06	0.11864	26%-50% Below	No	No
59651029501	NIFEDIPINE ER 30 MG TABLET	4	90.00	0.29	0.11864	101%-200% Above	Yes	No
59651029501	NIFEDIPINE ER 30 MG TABLET	12	90.00	0.14	0.10409	26%-50% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	1	30.00	0.29	0.16109	76%-100% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	1	90.00	0.42	0.16109	101%-200% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	2	30.00	0.12	0.16667	10%-25% Below	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	2	90.00	0.08	0.16667	51%-75% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	2	90.00	0.50	0.16667	101%-200% Above	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	2	180.00	0.11	0.16667	26%-50% Below	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	3	30.00	0.12	0.16939	26%-50% Below	No	No
59651029601	NIFEDIPINE ER 60 MG TABLET	3	90.00	0.32	0.16939	76%-100% Above	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	3	180.00	0.12	0.16939	26%-50% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	4	90.00	0.12	0.17262	26%-50% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	12	60.00	0.08	0.16069	51%-75% Below	Yes	No
59651029601	NIFEDIPINE ER 60 MG TABLET	12	90.00	0.33	0.16069	101%-200% Above	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	1	30.00	0.12	0.22196	26%-50% Below	No	No
59651029701	NIFEDIPINE ER 90 MG TABLET	1	90.00	0.58	0.22196	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
59651029701	NIFEDIPINE ER 90 MG TABLET	4	90.00	0.25	0.29991	10%-25% Below	Yes	No
59651029701	NIFEDIPINE ER 90 MG TABLET	12	90.00	0.26	0.23077	10%-25% Above	Yes	No
59651029960	TAMOXIFEN 10 MG TABLET	12	90.00	0.08	0.15207	26%-50% Below	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	1	30.00	0.03	0.28115	76%-100% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	2	30.00	0.03	0.28476	76%-100% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	2	85.00	0.03	0.28476	76%-100% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	2	90.00	0.17	0.28476	26%-50% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	2	90.00	0.17	0.28476	26%-50% Below	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	3	30.00	0.03	0.28175	76%-100% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	4	30.00	0.03	0.28625	76%-100% Below	No	No
59651030030	TAMOXIFEN 20 MG TABLET	4	90.00	0.17	0.28625	26%-50% Below	Yes	No
59651030030	TAMOXIFEN 20 MG TABLET	12	90.00	0.16	0.28757	26%-50% Below	No	No
59651030801	FLUOXETINE HCL 10 MG TABLET	2	30.00	0.21	0.07075	101%-200% Above	No	No
59651030801	FLUOXETINE HCL 10 MG TABLET	2	90.00	0.50	0.07075	200% Above	No	No
59651030801	FLUOXETINE HCL 10 MG TABLET	3	30.00	0.21	0.07137	101%-200% Above	No	No
59651030801	FLUOXETINE HCL 10 MG TABLET	12	30.00	0.48	0.06946	200% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	1	30.00	0.03	0.06982	51%-75% Below	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	1	30.00	0.21	0.06982	101%-200% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	2	30.00	0.21	0.07075	101%-200% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	2	90.00	0.21	0.07075	101%-200% Above	No	No
59651030830	FLUOXETINE HCL 10 MG TABLET	3	90.00	0.50	0.07137	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	1	30.00	0.51	0.08964	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	2	30.00	0.51	0.09637	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	2	90.00	0.51	0.09637	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	3	30.00	0.03	0.09417	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 775

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651030901	FLUOXETINE HCL 20 MG TABLET	3	30.00	1.81	0.09417	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	3	90.00	0.51	0.09417	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	12	30.00	0.53	0.08957	200% Above	No	No
59651030901	FLUOXETINE HCL 20 MG TABLET	12	30.00	1.18	0.08957	200% Above	No	No
59651030930	FLUOXETINE HCL 20 MG TABLET	1	90.00	0.51	0.08964	200% Above	No	No
59651031477	TIZANIDINE HCL 2 MG CAPSULE	1	90.00	0.11	0.08375	26%-50% Above	No	No
59651031477	TIZANIDINE HCL 2 MG CAPSULE	2	90.00	0.11	0.08037	26%-50% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	2	20.00	0.36	0.08462	200% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	2	90.00	0.22	0.08462	101%-200% Above	No	No
59651031577	TIZANIDINE HCL 4 MG CAPSULE	12	90.00	0.37	0.09192	200% Above	No	No
59651031677	TIZANIDINE HCL 6 MG CAPSULE	2	90.00	0.42	0.13831	200% Above	No	No
59651031677	TIZANIDINE HCL 6 MG CAPSULE	12	90.00	0.69	0.12627	200% Above	No	No
59651032930	MONTELUKAST SOD 4 MG GRANULES	3	30.00	0.50	0.97683	26%-50% Below	Yes	No
59651034005	METHOCARBAMOL 500 MG TABLET	1	10.00	0.13	0.03625	200% Above	Yes	No
59651034930	LEFLUNOMIDE 20 MG TABLET	1	90.00	1.15	0.30828	200% Above	Yes	No
59651034930	LEFLUNOMIDE 20 MG TABLET	3	90.00	1.15	0.28844	200% Above	Yes	No
59651036001	IBUPROFEN 400 MG TABLET	2	42.00	0.07	0.03866	76%-100% Above	No	No
59651036005	IBUPROFEN 400 MG TABLET	1	20.00	0.05	0.03985	10%-25% Above	No	No
59651036005	IBUPROFEN 400 MG TABLET	1	20.00	0.07	0.03985	76%-100% Above	Yes	No
59651036005	IBUPROFEN 400 MG TABLET	2	30.00	0.03	0.03866	26%-50% Below	Yes	No
59651036005	IBUPROFEN 400 MG TABLET	2	45.00	0.07	0.03866	76%-100% Above	Yes	No
59651036005	IBUPROFEN 400 MG TABLET	2	60.00	0.02	0.03866	26%-50% Below	Yes	No
59651036005	IBUPROFEN 400 MG TABLET	3	30.00	0.03	0.04002	26%-50% Below	Yes	No
59651036005	IBUPROFEN 400 MG TABLET	3	30.00	0.07	0.04002	76%-100% Above	Yes	No
59651036101	IBUPROFEN 600 MG TABLET	1	20.00	0.04	0.04485	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 776

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036101	IBUPROFEN 600 MG TABLET	2	20.00	0.04	0.04306	10%-25% Below	No	No
59651036101	IBUPROFEN 600 MG TABLET	3	60.00	0.09	0.04285	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	20.00	0.04	0.04485	10%-25% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	1	20.00	0.09	0.04485	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	1	20.00	0.21	0.04485	200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	1	21.00	0.05	0.04485	10%-25% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	24.00	0.21	0.04485	200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	1	30.00	0.03	0.04485	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	1	30.00	0.21	0.04485	200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	40.00	0.09	0.04485	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	60.00	0.02	0.04485	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	60.00	0.03	0.04485	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	90.00	0.03	0.04485	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	1	180.00	0.02	0.04485	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	9.00	0.07	0.04306	51%-75% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	2	15.00	0.09	0.04306	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	15.00	0.09	0.04306	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	2	16.00	0.09	0.04306	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	20.00	0.09	0.04306	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	21.00	0.04	0.04306	10%-25% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	21.00	0.09	0.04306	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	30.00	0.03	0.04306	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	2	30.00	0.04	0.04306	10%-25% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	2	30.00	0.09	0.04306	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	30.00	0.09	0.04306	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 777

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	40.00	0.04	0.04306	10%-25% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	2	50.00	0.09	0.04306	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	3	12.00	0.09	0.04285	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	3	15.00	0.05	0.04285	10%-25% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	3	15.00	0.09	0.04285	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	3	20.00	0.04	0.04285	10%-25% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	3	20.00	0.09	0.04285	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	3	20.00	0.09	0.04285	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	3	30.00	0.03	0.04285	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	3	30.00	0.03	0.04285	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	3	30.00	0.09	0.04285	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	3	60.00	0.03	0.04285	10%-25% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	3	90.00	0.03	0.04285	26%-50% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	4	20.00	0.04	0.04417	10%-25% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	4	20.00	0.09	0.04417	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	4	21.00	0.05	0.04417	10%-25% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	4	21.00	0.09	0.04417	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	4	30.00	0.09	0.04417	101%-200% Above	No	No
59651036105	IBUPROFEN 600 MG TABLET	4	180.00	0.02	0.04417	51%-75% Below	No	No
59651036105	IBUPROFEN 600 MG TABLET	12	15.00	0.09	0.04602	101%-200% Above	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	12	28.00	0.03	0.04602	26%-50% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	12	30.00	0.04	0.04602	10%-25% Below	Yes	No
59651036105	IBUPROFEN 600 MG TABLET	12	30.00	0.09	0.04602	101%-200% Above	Yes	No
59651036201	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	26%-50% Below	No	No
59651036201	IBUPROFEN 800 MG TABLET	1	90.00	0.16	0.05494	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 778

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	15.00	0.05	0.05494	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	15.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	18.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	20.00	0.04	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	20.00	0.04	0.05494	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	20.00	0.05	0.05494	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	20.00	0.05	0.05494	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	20.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	20.00	0.16	0.05494	101%-200% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	21.00	0.03	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	21.00	0.05	0.05494	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	21.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	24.00	0.04	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	28.00	0.05	0.05494	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	28.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	28.00	0.16	0.05494	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.16	0.05494	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	30.00	0.16	0.05494	101%-200% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	32.00	0.16	0.05494	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 779

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	40.00	0.16	0.05494	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	42.00	0.03	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	45.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	60.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	60.00	0.16	0.05494	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	90.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	90.00	0.16	0.05494	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	1	90.00	0.16	0.05494	101%-200% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	1	270.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	15.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	20.00	0.04	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	20.00	0.04	0.05494	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	20.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	20.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.04	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.04	0.05494	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.05	0.05494	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	21.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	24.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	28.00	0.05	0.05494	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 780

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.03	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	30.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	40.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	42.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	42.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	45.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	60.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	60.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	84.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.05494	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	90.00	0.07	0.05494	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	2	100.00	0.03	0.05494	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	100.00	0.07	0.05494	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	2	180.00	0.07	0.05494	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 781

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	12.00	0.07	0.05563	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	15.00	0.05	0.05563	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	15.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	15.00	0.07	0.05563	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	16.00	0.04	0.05563	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	16.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	20.00	0.03	0.05563	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	20.00	0.04	0.05563	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	20.00	0.05	0.05563	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	20.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	20.00	0.07	0.05563	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	21.00	0.04	0.05563	10%-25% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	21.00	0.05	0.05563	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	21.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	24.00	0.04	0.05563	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	24.00	0.07	0.05563	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	28.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	28.00	0.07	0.05563	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.05563	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.03	0.05563	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.05563	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.05563	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.05563	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.05563	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 782

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.05	0.05563	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	32.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	32.00	0.07	0.05563	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	40.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	45.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.05563	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	60.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.05563	51%-75% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.05563	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.05563	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	0.07	0.05563	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	3	90.00	0.07	0.05563	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	20.00	0.04	0.05689	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	20.00	0.05	0.05689	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	21.00	0.04	0.05689	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	21.00	0.07	0.05689	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	21.00	0.15	0.06335	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	28.00	0.04	0.05689	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	28.00	0.07	0.05689	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.03	0.05689	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.05689	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.05689	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.04	0.05689	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 783

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.05	0.05689	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.07	0.05689	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	30.00	0.07	0.05689	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	40.00	0.04	0.05689	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	42.00	0.07	0.05689	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	60.00	0.03	0.05689	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	9	16.00	0.07	0.05870	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	11	90.00	0.07	0.05702	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	16.00	0.07	0.05617	10%-25% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	20.00	0.07	0.05617	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	12	21.00	0.03	0.05617	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	12	21.00	0.04	0.05617	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.03	0.05617	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.03	0.05617	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.04	0.05617	26%-50% Below	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.04	0.05617	10%-25% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.07	0.05617	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.07	0.05617	26%-50% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.09	0.05617	51%-75% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.16	0.05617	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	30.00	0.16	0.05617	101%-200% Above	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	12	42.00	0.07	0.05617	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	60.00	0.03	0.05617	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 784

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.07	0.05617	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	60.00	0.16	0.05617	101%-200% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05617	26%-50% Below	Yes	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.00	0.07	0.05617	26%-50% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	90.00	0.09	0.05617	51%-75% Above	No	No
59651036205	IBUPROFEN 800 MG TABLET	12	270.00	0.03	0.05617	26%-50% Below	Yes	No
59651038101	CLOMIPRAMINE 25 MG CAPSULE	3	90.00	0.17	0.20290	10%-25% Below	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.14	0.11873	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.25	0.11873	101%-200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.32	0.11873	101%-200% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	1	180.00	0.21	0.11873	51%-75% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	0.14	0.11604	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	0.17	0.11604	26%-50% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	2	90.00	0.14	0.11604	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	3	28.00	0.14	0.11183	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	0.14	0.11183	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	3	90.00	0.14	0.11183	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	3	180.00	0.14	0.11183	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.14	0.11222	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	0.14	0.12123	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	0.17	0.12123	26%-50% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	12	180.00	0.14	0.12123	10%-25% Above	No	No
59651039001	BUSPIRONE HCL 7.5 MG TABLET	12	180.00	0.17	0.12123	26%-50% Above	No	No
59651039499	BACLOFEN 10 MG TABLET	3	60.00	0.02	0.03300	10%-25% Below	Yes	No
59651039499	BACLOFEN 10 MG TABLET	3	90.00	0.02	0.03300	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 785

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651039708	MESALAMINE ER 0.375 GRAM CAP	1	120.00	0.22	0.42803	26%-50% Below	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	1	120.00	0.70	0.42803	51%-75% Above	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	2	120.00	0.25	0.41963	26%-50% Below	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	2	120.00	0.70	0.41963	51%-75% Above	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	3	120.00	0.25	0.42098	26%-50% Below	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	4	120.00	0.08	0.45503	76%-100% Below	No	No
59651039708	MESALAMINE ER 0.375 GRAM CAP	12	120.00	0.73	0.44655	51%-75% Above	No	No
59651040217	MOMETASONE FUROATE 50 MCG SPRY	3	17.00	2.13	1.63895	26%-50% Above	Yes	No
59651040217	MOMETASONE FUROATE 50 MCG SPRY	12	51.00	2.22	1.76603	10%-25% Above	Yes	No
59651041350	HYDROCORTISONE 5 MG TABLET	2	90.00	0.17	0.14502	10%-25% Above	No	No
59651041401	HYDROCORTISONE 10 MG TABLET	1	180.00	0.10	0.20337	26%-50% Below	No	No
59651042101	URSODIOL 300 MG CAPSULE	3	180.00	0.75	0.47029	51%-75% Above	Yes	No
59651042101	URSODIOL 300 MG CAPSULE	12	60.00	0.17	0.43904	51%-75% Below	No	No
59651042101	URSODIOL 300 MG CAPSULE	12	180.00	0.79	0.43904	76%-100% Above	Yes	No
59651042605	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.10	0.04751	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.09	0.04751	76%-100% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.10	0.04583	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.08	0.04583	51%-75% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.08	0.04583	51%-75% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.10	0.04559	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.10	0.04504	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.09	0.04504	76%-100% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.06	0.04901	10%-25% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.11	0.04901	101%-200% Above	No	No
59651042605	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.07	0.04901	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 786

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651042701	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.16	0.09514	51%-75% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.20	0.09514	101%-200% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.08	0.09514	10%-25% Below	Yes	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.15	0.09514	51%-75% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.18	0.09514	76%-100% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.21	0.09514	101%-200% Above	Yes	No
59651042701	SPIRONOLACTONE 50 MG TABLET	1	180.00	0.12	0.09514	26%-50% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	2	30.00	0.20	0.09227	101%-200% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.17	0.09176	76%-100% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	4	30.00	0.14	0.08930	51%-75% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	4	180.00	0.12	0.08930	26%-50% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.16	0.09601	51%-75% Above	No	No
59651042701	SPIRONOLACTONE 50 MG TABLET	12	60.00	0.08	0.09601	10%-25% Below	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.30	0.18634	51%-75% Above	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.22	0.18132	10%-25% Above	Yes	No
59651042801	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.27	0.18132	26%-50% Above	No	No
59651042801	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.30	0.18132	51%-75% Above	No	No
59651043547	GLYCOPYRROLATE 1 MG/5 ML ORAL SOLUTION	3	216.00	0.15	0.19906	10%-25% Below	No	No
59651045501	COLCHICINE 0.6 MG TABLET	2	30.00	0.50	0.12432	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	2	60.00	0.90	0.12432	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	3	3.00	0.90	0.12334	200% Above	No	No
59651045501	COLCHICINE 0.6 MG TABLET	3	12.00	0.90	0.12334	200% Above	No	No
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	1	90.00	0.10	0.07651	26%-50% Above	No	No
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	1	180.00	0.10	0.07651	26%-50% Above	No	No
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	3	180.00	0.10	0.07406	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 787

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651045701	CARBIDOPA-LEVODOPA 25-100 TAB	4	90.00	0.05	0.07238	26%-50% Below	No	No
59651048499	PREDNISONE 1 MG TABLET	1	180.00	0.11	0.04258	101%-200% Above	No	No
59651048501	PREDNISONE 2.5 MG TABLET	1	120.00	0.04	0.07203	26%-50% Below	No	No
59651048699	PREDNISONE 5 MG TABLET	1	10.00	0.13	0.03767	200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	3	14.00	0.12	0.03745	200% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	4	60.00	0.06	0.03732	51%-75% Above	No	No
59651048699	PREDNISONE 5 MG TABLET	12	60.00	0.06	0.03988	51%-75% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	1	5.00	0.16	0.05909	101%-200% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	1	10.00	0.14	0.05909	101%-200% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	2	14.00	0.08	0.05836	26%-50% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	2	14.00	0.09	0.05836	51%-75% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	12	5.00	0.09	0.05943	51%-75% Above	No	No
59651048701	PREDNISONE 10 MG TABLET	12	15.00	0.09	0.05943	51%-75% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	1	30.00	0.08	0.05909	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	2	5.00	0.08	0.05836	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	2	28.00	0.08	0.05836	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	3	5.00	0.16	0.05793	101%-200% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	3	5.00	0.22	0.05793	200% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	3	10.00	0.08	0.05793	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	3	21.00	0.11	0.05793	76%-100% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	3	30.00	0.09	0.05793	51%-75% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	4	21.00	0.08	0.05754	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	4	90.00	0.08	0.05754	26%-50% Above	No	No
59651048705	PREDNISONE 10 MG TABLET	12	30.00	0.13	0.05943	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	1	5.00	0.11	0.07398	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 788

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	5.00	0.20	0.07398	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	1	10.00	0.11	0.07398	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	1	15.00	0.11	0.07398	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	2	7.00	0.11	0.07099	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	2	10.00	0.15	0.07099	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	2	15.00	0.11	0.07099	51%-75% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	3	5.00	0.11	0.07142	51%-75% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	3	8.00	0.11	0.07142	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	3	10.00	0.15	0.07142	101%-200% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	3	14.00	0.11	0.07142	26%-50% Above	No	No
59651048801	PREDNISONE 20 MG TABLET	12	10.00	0.15	0.07747	76%-100% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	1	5.00	0.11	0.07398	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	1	5.00	0.15	0.07398	76%-100% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	1	10.00	0.11	0.07398	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	2	5.00	0.21	0.07099	101%-200% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	2	7.00	0.11	0.07099	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	2	10.00	0.15	0.07099	101%-200% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	2	20.00	0.11	0.07099	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	2	30.00	0.11	0.07099	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	3	20.00	0.11	0.07142	26%-50% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	12	7.00	0.11	0.07747	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 789

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651048805	PREDNISONE 20 MG TABLET	12	10.00	0.14	0.07747	76%-100% Above	No	No
59651048805	PREDNISONE 20 MG TABLET	12	21.00	0.11	0.07747	26%-50% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	1	2.00	0.23	0.18036	26%-50% Above	No	No
59651048901	PREDNISONE 50 MG TABLET	2	5.00	0.10	0.17614	26%-50% Below	No	No
59651048901	PREDNISONE 50 MG TABLET	3	5.00	0.10	0.18009	26%-50% Below	No	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	1	30.00	0.06	0.03243	76%-100% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	1	30.00	0.06	0.03243	76%-100% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	1	30.00	0.17	0.03243	200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	1	90.00	0.06	0.03243	51%-75% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	1	180.00	0.05	0.03243	51%-75% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	2	30.00	0.06	0.03146	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	2	30.00	0.07	0.03146	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	2	30.00	0.07	0.03146	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	2	90.00	0.06	0.03146	76%-100% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	3	30.00	0.06	0.03136	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	3	30.00	0.06	0.03136	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	4	90.00	0.06	0.03139	101%-200% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	12	30.00	0.06	0.03259	76%-100% Above	Yes	No
59651049905	HYDROXYZINE HCL 10 MG TABLET	12	60.00	0.06	0.03259	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	9.00	0.12	0.03557	200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	14.00	0.08	0.03557	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	21.00	0.08	0.03557	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.07	0.03557	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.08	0.03557	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	30.00	0.19	0.03557	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 790

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	31.00	0.07	0.03557	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	60.00	0.06	0.03557	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	100.00	0.19	0.03557	200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	1	240.00	0.06	0.03557	51%-75% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	15.00	0.08	0.03471	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	20.00	0.08	0.03471	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	30.00	0.08	0.03471	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	90.00	0.08	0.03471	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	100.00	0.08	0.03471	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	2	360.00	0.08	0.03471	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	15.00	0.08	0.03466	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.03466	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	30.00	0.08	0.03466	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.06	0.03466	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	60.00	0.08	0.03466	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	90.00	0.08	0.03466	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	3	240.00	0.06	0.03466	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.07	0.03456	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	30.00	0.08	0.03456	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	60.00	0.06	0.03456	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	90.00	0.08	0.03456	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	100.00	0.08	0.03456	101%-200% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	4	240.00	0.06	0.03456	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	12	30.00	0.05	0.03503	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 791

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.07	0.03503	76%-100% Above	Yes	No
59651050005	HYDROXYZINE HCL 25 MG TABLET	12	240.00	0.06	0.03503	76%-100% Above	Yes	No
59651050101	HYDROXYZINE HCL 50 MG TABLET	2	60.00	0.09	0.06518	26%-50% Above	No	No
59651050101	HYDROXYZINE HCL 50 MG TABLET	3	56.00	0.11	0.06380	51%-75% Above	No	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	1	30.00	0.11	0.06561	51%-75% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	1	90.00	0.10	0.06561	26%-50% Above	Yes	No
59651050105	HYDROXYZINE HCL 50 MG TABLET	3	270.00	0.09	0.06380	26%-50% Above	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	1	90.00	2.02	0.57509	200% Above	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	3	90.00	0.29	0.59258	51%-75% Below	Yes	No
59651051630	EXEMESTANE 25 MG TABLET	12	90.00	0.35	0.61723	26%-50% Below	Yes	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	3	30.00	0.12	0.07064	51%-75% Above	No	No
59651053901	ISOSORBIDE MONONIT ER 30 MG TB	4	90.00	0.12	0.07285	51%-75% Above	No	No
59651053905	ISOSORBIDE MONONIT ER 30 MG TB	1	90.00	0.26	0.06990	200% Above	No	No
59651054001	ISOSORBIDE MONONIT ER 60 MG TB	1	30.00	0.04	0.09708	51%-75% Below	No	No
59651055101	AMPICILLIN 500 MG CAPSULE	12	14.00	0.35	0.46958	10%-25% Below	Yes	No
59651056290	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.42	0.13883	200% Above	No	No
59651057590	FENOFIBRATE 54 MG TABLET	1	30.00	0.13	0.06296	101%-200% Above	No	No
59651057590	FENOFIBRATE 54 MG TABLET	1	90.00	0.03	0.06296	51%-75% Below	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	1	90.00	0.04	0.06296	26%-50% Below	No	No
59651057590	FENOFIBRATE 54 MG TABLET	1	90.00	0.05	0.06296	26%-50% Below	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	3	90.00	0.04	0.08484	51%-75% Below	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	3	90.00	0.13	0.08484	26%-50% Above	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	4	90.00	0.05	0.08936	26%-50% Below	Yes	No
59651057590	FENOFIBRATE 54 MG TABLET	12	30.00	0.13	0.05608	101%-200% Above	No	No
59651057590	FENOFIBRATE 54 MG TABLET	12	90.00	0.30	0.05608	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 792

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.16	0.09070	76%-100% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	1	90.00	0.15	0.09070	51%-75% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	1	90.00	0.22	0.09070	101%-200% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	30.00	0.15	0.10093	26%-50% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	90.00	0.08	0.10093	10%-25% Below	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	2	90.00	0.15	0.10093	26%-50% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	3	30.00	0.15	0.11352	26%-50% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	3	90.00	0.15	0.11352	26%-50% Above	Yes	No
59651057690	FENOFIBRATE 160 MG TABLET	12	90.00	0.35	0.08918	200% Above	Yes	No
59651058901	NADOLOL 20 MG TABLET	2	180.00	0.17	0.19474	10%-25% Below	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.12	0.16549	10%-25% Below	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.17	0.15187	10%-25% Above	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.25	0.15187	51%-75% Above	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.12	0.15187	10%-25% Below	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.17	0.15187	10%-25% Above	No	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.17	0.15187	10%-25% Above	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.17	0.15187	10%-25% Above	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	3	60.00	0.35	0.14975	101%-200% Above	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.06	0.14975	51%-75% Below	No	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.12	0.14975	10%-25% Below	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.13	0.14975	10%-25% Below	No	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.17	0.14975	10%-25% Above	Yes	No
59651059760	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.00	0.36	0.17004	101%-200% Above	No	No
59651060799	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	No	No
59651060799	ATORVASTATIN 20 MG TABLET	2	45.00	0.01	0.02955	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 793

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651060799	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
59651060799	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
59651060799	ATORVASTATIN 20 MG TABLET	12	30.00	0.00	0.03072	76%-100% Below	No	No
59651060799	ATORVASTATIN 20 MG TABLET	12	90.00	0.04	0.03072	26%-50% Above	No	No
59651069101	LOPERAMIDE 2 MG CAPSULE	3	30.00	0.12	0.05256	101%-200% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	1	21.00	0.15	0.08099	76%-100% Above	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	2	120.00	0.06	0.07786	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	2	270.00	0.06	0.07786	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	2.00	0.07	0.07527	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	20.00	0.06	0.07527	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	60.00	0.06	0.07527	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	118.00	0.06	0.07527	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	3	180.00	0.06	0.07527	10%-25% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	12	60.00	0.00	0.08102	76%-100% Below	No	No
59651071901	DICYCLOMINE 10 MG CAPSULE	12	120.00	0.15	0.08102	76%-100% Above	No	No
59651071999	DICYCLOMINE 10 MG CAPSULE	3	20.00	0.06	0.07527	10%-25% Below	No	No
59651072001	DICYCLOMINE 20 MG TABLET	2	12.00	0.10	0.05877	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	2	15.00	0.10	0.05877	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	2	20.00	0.10	0.05877	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	2	20.00	0.17	0.05877	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	2	30.00	0.10	0.05877	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	2	90.00	0.14	0.05877	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	3	20.00	0.10	0.05828	51%-75% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	3	30.00	0.10	0.05828	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	3	40.00	0.10	0.05828	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 794

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072001	DICYCLOMINE 20 MG TABLET	3	180.00	0.10	0.05828	51%-75% Above	No	No
59651072001	DICYCLOMINE 20 MG TABLET	3	360.00	0.10	0.05828	51%-75% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	4	12.00	0.03	0.05547	26%-50% Below	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	4	20.00	0.10	0.05547	76%-100% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	4	20.00	0.17	0.05547	101%-200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	4	20.00	0.17	0.05547	200% Above	Yes	No
59651072001	DICYCLOMINE 20 MG TABLET	4	24.00	0.10	0.05547	76%-100% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	1	15.00	0.23	0.06315	200% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	1	90.00	0.23	0.06315	200% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	2	12.00	0.10	0.05877	51%-75% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	2	12.00	0.20	0.08997	101%-200% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	2	15.00	0.10	0.05877	51%-75% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	2	20.00	0.10	0.05877	51%-75% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	2	90.00	0.10	0.05877	51%-75% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	3	28.00	0.16	0.05828	101%-200% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	3	90.00	0.10	0.05828	51%-75% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	12	15.00	0.11	0.06376	51%-75% Above	No	No
59651072099	DICYCLOMINE 20 MG TABLET	12	30.00	0.04	0.06376	26%-50% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.05	0.02161	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.05	0.02086	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	2	270.00	0.01	0.02086	51%-75% Below	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.05	0.02063	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.05	0.02003	101%-200% Above	No	No
59651072201	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.05	0.02214	101%-200% Above	No	No
59651072299	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.05	0.02086	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 795

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651072299	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.05	0.02003	101%-200% Above	Yes	No
59651072301	CLONAZEPAM 1 MG TABLET	1	30.00	0.08	0.02634	101%-200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	1	30.00	0.18	0.02634	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	1	60.00	0.01	0.02634	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	2	30.00	0.08	0.02478	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	2	45.00	0.03	0.02478	10%-25% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	30.00	0.01	0.02492	51%-75% Below	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	30.00	0.08	0.02492	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	30.00	0.08	0.02492	200% Above	Yes	No
59651072301	CLONAZEPAM 1 MG TABLET	3	45.00	0.03	0.02492	10%-25% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	3	60.00	0.08	0.02492	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	4	30.00	0.08	0.02488	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	4	45.00	0.03	0.02488	10%-25% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	12	30.00	0.08	0.02762	101%-200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	12	45.00	0.30	0.02762	200% Above	No	No
59651072301	CLONAZEPAM 1 MG TABLET	12	60.00	0.30	0.02762	200% Above	No	No
59651072399	CLONAZEPAM 1 MG TABLET	1	60.00	0.01	0.02634	51%-75% Below	No	No
59651072399	CLONAZEPAM 1 MG TABLET	1	60.00	0.18	0.02634	200% Above	No	No
59651072399	CLONAZEPAM 1 MG TABLET	2	60.00	0.08	0.02478	200% Above	No	No
59651072399	CLONAZEPAM 1 MG TABLET	4	60.00	0.08	0.02488	200% Above	No	No
59651073260	CLOBETASOL 0.05% OINTMENT	3	60.00	1.19	0.11007	200% Above	Yes	No
59651078030	GLIPIZIDE ER 2.5 MG TABLET	2	90.00	0.12	0.10499	10%-25% Above	No	No
59651078101	GLIPIZIDE ER 5 MG TABLET	1	90.00	0.12	0.07780	51%-75% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	1	30.00	0.09	0.07780	10%-25% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	2	20.00	0.09	0.07643	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 796

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651078105	GLIPIZIDE ER 5 MG TABLET	2	30.00	0.01	0.07643	76%-100% Below	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	2	90.00	0.12	0.07643	26%-50% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	3	20.00	0.09	0.07610	10%-25% Above	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	3	30.00	0.01	0.07610	76%-100% Below	No	No
59651078105	GLIPIZIDE ER 5 MG TABLET	4	20.00	0.09	0.07525	10%-25% Above	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	1	90.00	0.17	0.13242	10%-25% Above	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	3	180.00	0.07	0.13252	26%-50% Below	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	3	180.00	0.11	0.13252	10%-25% Below	No	No
59651078201	GLIPIZIDE ER 10 MG TABLET	4	90.00	0.11	0.12970	10%-25% Below	Yes	No
59651078201	GLIPIZIDE ER 10 MG TABLET	4	90.00	0.17	0.12970	26%-50% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	1	60.00	0.11	0.13242	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	1	90.00	0.25	0.13242	76%-100% Above	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	2	30.00	0.11	0.13369	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	2	60.00	0.11	0.13369	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	2	180.00	0.11	0.13369	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	3	60.00	0.11	0.13252	10%-25% Below	No	No
59651078205	GLIPIZIDE ER 10 MG TABLET	4	60.00	0.11	0.12970	10%-25% Below	No	No
59651079699	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02698	26%-50% Below	No	No
59651079699	FUROSEMIDE 20 MG TABLET	12	30.00	0.01	0.02808	51%-75% Below	No	No
59651079799	FUROSEMIDE 40 MG TABLET	1	60.00	0.09	0.03232	101%-200% Above	No	No
59651079799	FUROSEMIDE 40 MG TABLET	2	60.00	0.04	0.03174	10%-25% Above	No	No
59651079799	FUROSEMIDE 40 MG TABLET	3	60.00	0.04	0.03163	10%-25% Above	No	No
59651079799	FUROSEMIDE 40 MG TABLET	4	60.00	0.04	0.03167	10%-25% Above	No	No
59651080701	MECLIZINE 12.5 MG TABLET	1	30.00	0.04	0.04812	10%-25% Below	Yes	No
59651080701	MECLIZINE 12.5 MG TABLET	4	10.00	0.09	0.04633	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 797

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651080701	MECLIZINE 12.5 MG TABLET	12	180.00	0.09	0.04929	76%-100% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	1	10.00	0.10	0.08335	10%-25% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	1	30.00	0.06	0.08335	26%-50% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	1	30.00	0.23	0.08335	101%-200% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	1	60.00	0.10	0.08335	10%-25% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	1	180.00	0.04	0.08335	51%-75% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	2	20.00	0.10	0.07927	10%-25% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	2	30.00	0.05	0.07927	26%-50% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	3	9.00	0.10	0.07940	10%-25% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	3	30.00	0.06	0.07940	10%-25% Below	No	No
59651080801	MECLIZINE 25 MG TABLET	12	9.00	0.10	0.08433	10%-25% Above	No	No
59651080801	MECLIZINE 25 MG TABLET	12	15.00	0.14	0.08433	51%-75% Above	No	No
59651083930	TRANEXAMIC ACID 650 MG TABLET	1	6.00	1.38	1.02673	26%-50% Above	No	No
59651083930	TRANEXAMIC ACID 650 MG TABLET	1	30.00	0.59	1.02673	26%-50% Below	No	No
59651083930	TRANEXAMIC ACID 650 MG TABLET	2	6.00	0.59	1.00932	26%-50% Below	No	No
59651083930	TRANEXAMIC ACID 650 MG TABLET	2	30.00	2.27	1.00932	101%-200% Above	No	No
59651084201	DICLOFENAC SOD DR 50 MG TAB	2	60.00	0.11	0.07271	51%-75% Above	No	No
59651084301	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.22	0.07677	101%-200% Above	No	No
59651084305	DICLOFENAC SOD DR 75 MG TAB	3	30.00	0.10	0.06933	26%-50% Above	No	No
59651084305	DICLOFENAC SOD DR 75 MG TAB	4	28.00	0.12	0.06651	76%-100% Above	No	No
59651084305	DICLOFENAC SOD DR 75 MG TAB	4	30.00	0.10	0.06651	26%-50% Above	No	No
59651084360	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.10	0.07677	26%-50% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	3	30.00	0.15	0.06933	101%-200% Above	No	No
59651084399	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.13	0.06933	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 798

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651084399	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.14	0.07801	76%-100% Above	No	No
59651084530	DOXEPIN HCL 6 MG TABLET	1	14.00	2.00	1.76313	10%-25% Above	No	No
59651085405	METFORMIN HCL 500 MG TABLET	1	30.00	0.13	0.01401	200% Above	No	No
59651085405	METFORMIN HCL 500 MG TABLET	2	30.00	0.06	0.01395	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01401	26%-50% Below	No	No
59651085499	METFORMIN HCL 500 MG TABLET	1	60.00	0.13	0.01401	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	1	90.00	0.01	0.01401	26%-50% Below	No	No
59651085499	METFORMIN HCL 500 MG TABLET	1	90.00	0.01	0.01401	10%-25% Below	No	No
59651085499	METFORMIN HCL 500 MG TABLET	1	90.00	0.06	0.01401	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	1	90.00	0.13	0.01401	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	2	60.00	0.06	0.01395	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01395	10%-25% Below	No	No
59651085499	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01404	51%-75% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	3	90.00	0.06	0.01404	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	3	180.00	0.06	0.01404	200% Above	No	No
59651085499	METFORMIN HCL 500 MG TABLET	3	180.00	0.06	0.01404	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	30.00	0.01	0.01394	26%-50% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	60.00	0.06	0.01394	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	90.00	0.06	0.01394	200% Above	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	180.00	0.01	0.01394	26%-50% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	180.00	0.01	0.01394	10%-25% Below	Yes	No
59651085499	METFORMIN HCL 500 MG TABLET	4	180.00	0.06	0.01394	200% Above	Yes	No
59651085505	METFORMIN HCL 850 MG TABLET	2	180.00	0.05	0.02434	101%-200% Above	Yes	No
59651085505	METFORMIN HCL 850 MG TABLET	3	180.00	0.05	0.02467	101%-200% Above	No	No
59651085505	METFORMIN HCL 850 MG TABLET	3	180.00	0.05	0.02467	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 799

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59651085605	METFORMIN HCL 1,000 MG TABLET	1	30.00	0.05	0.02384	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	1	30.00	0.12	0.02384	200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02384	10%-25% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.05	0.02384	101%-200% Above	Yes	No
59651085605	METFORMIN HCL 1,000 MG TABLET	2	30.00	0.05	0.02388	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.03	0.02388	26%-50% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.05	0.02458	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	Yes	No
59651085605	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.05	0.02487	101%-200% Above	No	No
59651085605	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.05	0.02417	101%-200% Above	No	No
59651085699	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.05	0.02458	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.05	0.02487	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	4	90.00	0.05	0.02487	101%-200% Above	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.01	0.02487	51%-75% Below	Yes	No
59651085699	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.05	0.02487	101%-200% Above	Yes	No
59651086601	CIPROFLOXACIN HCL 250 MG TAB	3	10.00	0.34	0.08855	200% Above	No	No
59651086601	CIPROFLOXACIN HCL 250 MG TAB	4	10.00	0.17	0.08798	76%-100% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.25	0.13551	76%-100% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.56	0.13551	200% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	2	2.00	0.32	0.12374	101%-200% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	2	14.00	0.25	0.12374	101%-200% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	2	20.00	0.25	0.12374	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	3	14.00	0.25	0.11367	101%-200% Above	No	No
59651086701	CIPROFLOXACIN HCL 500 MG TAB	12	14.00	0.25	0.13874	76%-100% Above	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	1	14.00	0.25	0.13551	76%-100% Above	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	1	20.00	0.56	0.13551	200% Above	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	3	6.00	0.25	0.11367	101%-200% Above	No	No
59651086705	CIPROFLOXACIN HCL 500 MG TAB	4	6.00	0.17	0.11064	26%-50% Above	No	No
59651087501	BUPROPION HCL 100 MG TABLET	1	90.00	0.21	0.12134	51%-75% Above	Yes	No
59651087501	BUPROPION HCL 100 MG TABLET	4	90.00	0.09	0.12078	10%-25% Below	Yes	No
59651089401	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	0.14	0.09555	26%-50% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03148	10%-25% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.11	0.03148	200% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.02	0.03148	26%-50% Below	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.07	0.03481	101%-200% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.02	0.03481	26%-50% Below	No	No
59651089800	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.02	0.03481	26%-50% Below	No	No
59651089899	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.02	0.03481	26%-50% Below	No	No
59651089899	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
59651089900	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.01	0.02981	51%-75% Below	No	No
59651089900	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.01	0.02973	51%-75% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.03	0.03012	10%-25% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.08	0.03012	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.17	0.03012	200% Above	Yes	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
59651089999	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.02	0.02981	26%-50% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.01	0.02981	51%-75% Below	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.08	0.02981	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.08	0.02981	101%-200% Above	Yes	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	3	270.00	0.08	0.02981	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.08	0.02973	101%-200% Above	No	No
59651089999	FLUOXETINE HCL 20 MG CAPSULE	12	270.00	0.03	0.03004	10%-25% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.11	0.05977	76%-100% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.19	0.05977	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.03	0.05977	51%-75% Below	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.11	0.05977	76%-100% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.19	0.05977	200% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.24	0.05977	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.11	0.05698	76%-100% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.11	0.05698	76%-100% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	60.00	0.11	0.05698	76%-100% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	60.00	0.15	0.05698	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.01	0.05698	76%-100% Below	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.05698	76%-100% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.05698	76%-100% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	180.00	0.03	0.05698	51%-75% Below	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	2	180.00	0.11	0.05698	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
59651090005	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.19	0.05426	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	3	60.00	0.11	0.05426	76%-100% Above	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.11	0.05426	76%-100% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.14	0.05426	101%-200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.19	0.05426	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	3	180.00	0.03	0.05426	51%-75% Below	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	3	180.00	0.11	0.05426	76%-100% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.01	0.05279	76%-100% Below	No	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	4	30.00	0.19	0.05279	200% Above	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.03	0.05279	51%-75% Below	Yes	No
59651090005	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.11	0.05279	101%-200% Above	Yes	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	3	6.00	0.24	0.11367	101%-200% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	3	6.00	0.25	0.11367	101%-200% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	3	14.00	0.25	0.11367	101%-200% Above	No	No
59651097701	CIPROFLOXACIN HCL 500 MG TAB	3	28.00	0.07	0.11367	26%-50% Below	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.19	0.11538	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.19	0.11432	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.19	0.11554	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.20	0.11636	51%-75% Above	No	No
59746000103	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.47	0.11636	200% Above	No	No
59746001032	RISPERIDONE 0.5 MG ODT	4	28.00	0.41	1.00846	51%-75% Below	Yes	No
59746002022	RISPERIDONE 1 MG ODT	1	28.00	0.45	0.95307	51%-75% Below	Yes	No
59746002022	RISPERIDONE 1 MG ODT	2	28.00	0.45	1.00149	51%-75% Below	Yes	No
59746011506	PROCHLORPERAZINE 10 MG TAB	1	30.00	0.16	0.20051	10%-25% Below	No	No
59746011506	PROCHLORPERAZINE 10 MG TAB	2	30.00	0.16	0.18404	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
59746011506	PROCHLORPERAZINE 10 MG TAB	12	30.00	0.31	0.20031	51%-75% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	1	60.00	0.06	0.08335	10%-25% Below	No	No
59746012106	MECLIZINE 25 MG TABLET	2	10.00	0.10	0.07927	26%-50% Above	No	No
59746012106	MECLIZINE 25 MG TABLET	3	60.00	0.06	0.07940	10%-25% Below	No	No
59746012106	MECLIZINE 25 MG TABLET	4	60.00	0.06	0.07954	10%-25% Below	No	No
59746017310	PREDNISONE TAB 10MG	2	18.00	0.08	.		No	No
59746017506	PREDNISONE 20 MG TABLET	12	5.00	0.01	0.07747	76%-100% Below	No	No
59746017506	PREDNISONE TAB 20MG	1	5.00	0.01	.		No	No
59746017506	PREDNISONE TAB 20MG	1	6.00	0.25	.		No	No
59746017506	PREDNISONE TAB 20MG	1	7.00	0.13	.		No	No
59746017506	PREDNISONE TAB 20MG	2	10.00	0.13	.		No	No
59746017506	PREDNISONE TAB 20MG	3	5.00	0.01	.		No	No
59746017509	PREDNISONE 20 MG TABLET	4	3.00	0.26	0.08127	200% Above	No	No
59746017509	PREDNISONE TAB 20MG	1	5.00	0.25	.		No	No
59746017509	PREDNISONE TAB 20MG	3	10.00	0.11	.		No	No
59746017509	PREDNISONE TAB 20MG	4	10.00	0.11	.		No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	1	12.00	0.04	0.01799	76%-100% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.20	0.01799	200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01799	26%-50% Below	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.09	0.01781	200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	3	14.00	0.09	0.01787	200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	3	42.00	0.01	0.01787	26%-50% Below	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.09	0.01787	200% Above	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.01	0.01758	26%-50% Below	No	No
59746017710	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.09	0.01770	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 804

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59746021609	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.08	0.04559	51%-75% Above	No	No
59746021706	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.21	0.09514	101%-200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.12	0.02130	200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.12	0.02075	200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.12	0.02106	200% Above	No	No
59746033310	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.12	0.02247	200% Above	No	No
59746033990	LOSARTAN/HCT TAB 100-25	2	90.00	0.15	.		No	No
59746038306	TERAZOSIN 1 MG CAPSULE	1	90.00	0.08	0.11917	26%-50% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	3	90.00	0.09	0.11679	10%-25% Below	No	No
59746038506	TERAZOSIN 5 MG CAPSULE	12	90.00	0.09	0.12221	26%-50% Below	No	No
59746038606	TERAZOSIN 10 MG CAPSULE	1	90.00	0.08	0.14672	26%-50% Below	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.79	0.34774	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.99	0.34774	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	1.14	0.34774	200% Above	Yes	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.79	0.34774	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.99	0.34774	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	1	20.00	0.79	0.34774	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	0.99	0.33520	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.71	0.33520	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.99	0.33520	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	0.99	0.33520	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	0.99	0.33183	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.99	0.33183	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	0.79	0.35193	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	1.14	0.35193	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 805

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	14.00	0.99	0.35193	101%-200% Above	No	No
59746076201	NITROFURANTOIN MONO-MCR 100 MG	12	20.00	0.79	0.35193	101%-200% Above	No	No
59746079701	METHENAMINE HIPPI 1 GM TABLET	1	180.00	0.16	0.31943	26%-50% Below	Yes	No
59746079701	METHENAMINE HIPPI 1 GM TABLET	3	60.00	0.23	0.30699	26%-50% Below	No	No
59746079701	METHENAMINE HIPPI 1 GM TABLET	12	60.00	0.24	0.32473	26%-50% Below	No	No
59762004901	METHYLPREDNISOLONE 8 MG TABLET	2	90.00	0.54	0.96603	26%-50% Below	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	2	10.00	0.18	0.14071	26%-50% Above	No	No
59762005601	MEDROXYPROGESTERONE 10 MG TAB	12	90.00	0.13	0.14664	10%-25% Below	No	No
59762005901	ALPRAZOLAM XR 1 MG TABLET	1	60.00	0.14	0.17754	10%-25% Below	No	No
59762005901	ALPRAZOLAM XR 1 MG TABLET	2	90.00	0.14	0.17695	10%-25% Below	No	No
59762005901	ALPRAZOLAM XR 1 MG TABLET	3	90.00	0.14	0.17477	10%-25% Below	No	No
59762005901	ALPRAZOLAM XR 1 MG TABLET	12	60.00	0.15	0.18560	10%-25% Below	No	No
59762010405	SULFASALAZINE DR 500 MG TAB	1	120.00	0.13	0.27354	51%-75% Below	Yes	No
59762010405	SULFASALAZINE DR 500 MG TAB	2	60.00	0.19	0.27498	26%-50% Below	Yes	No
59762010405	SULFASALAZINE DR 500 MG TAB	12	120.00	0.13	0.26800	51%-75% Below	Yes	No
59762010405	SULFASALAZINE DR 500 MG TAB	12	120.00	0.21	0.26800	10%-25% Below	No	No
59762010406	SULFASALAZINE DR 500 MG TAB	4	360.00	0.20	0.28016	26%-50% Below	No	No
59762010406	SULFASALAZINE DR 500 MG TAB	12	360.00	0.20	0.26800	10%-25% Below	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	2	7.50	2.18	1.73562	10%-25% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	3	2.50	2.38	1.68152	26%-50% Above	No	No
59762033302	LATANOPROST 0.005% EYE DROPS	3	10.00	2.18	1.68152	26%-50% Above	Yes	No
59762040101	SUCRALFATE 1 GM TABLET	1	30.00	0.08	0.18752	51%-75% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	3	30.00	0.08	0.19055	51%-75% Below	No	No
59762040101	SUCRALFATE 1 GM TABLET	3	40.00	0.08	0.19055	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	1	60.00	0.08	0.18752	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 806

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762040105	SUCRALFATE 1 GM TABLET	1	120.00	0.08	0.18752	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	1	120.00	0.17	0.18752	10%-25% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	2	10.00	0.08	0.18688	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	2	90.00	0.08	0.18688	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	3	42.00	0.08	0.19055	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	3	60.00	0.08	0.19055	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	3	90.00	0.08	0.19055	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	3	120.00	0.08	0.19055	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	3	360.00	0.08	0.19055	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	4	60.00	0.08	0.18894	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	12	60.00	0.08	0.18706	51%-75% Below	No	No
59762040105	SUCRALFATE 1 GM TABLET	12	120.00	0.08	0.18706	51%-75% Below	No	No
59762135001	RIFABUTIN 150 MG CAPSULE	1	60.00	5.68	9.28383	26%-50% Below	No	No
59762135001	RIFABUTIN 150 MG CAPSULE	2	60.00	2.55	8.96631	51%-75% Below	No	No
59762135001	RIFABUTIN 150 MG CAPSULE	3	60.00	2.55	9.17858	51%-75% Below	No	No
59762135001	RIFABUTIN 150 MG CAPSULE	4	60.00	2.55	9.46302	51%-75% Below	No	No
59762235007	ETHOSUXIMIDE 250 MG/5 ML SOLN	3	170.00	0.06	0.09216	26%-50% Below	No	No
59762312001	AZITHROMYCIN 200 MG/5 ML SUSP	2	15.00	0.22	0.31642	26%-50% Below	No	No
59762330403	NITROGLYCERIN 0.4 MG TABLET SL	2	25.00	0.12	0.15542	10%-25% Below	No	No
59762371803	TRIAZOLAM 0.25 MG TABLET	2	1.00	0.93	0.36600	101%-200% Above	No	No
59762371803	TRIAZOLAM 0.25 MG TABLET	2	2.00	0.44	0.36600	10%-25% Above	No	No
59762371904	ALPRAZOLAM 0.25 MG TABLET	4	30.00	0.09	0.02444	200% Above	No	No
59762372003	ALPRAZOLAM 0.5 MG TABLET	12	40.00	0.08	0.02323	200% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.03	0.02312	26%-50% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.03	0.02294	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 807

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
59762372004	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.03	0.02284	26%-50% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.03	0.02280	26%-50% Above	No	No
59762372004	ALPRAZOLAM 0.5 MG TABLET	12	30.00	0.02	0.02323	10%-25% Below	No	No
59762372103	ALPRAZOLAM 1 MG TABLET	2	30.00	0.06	0.02761	101%-200% Above	Yes	No
59762500801	MISOPROSTOL 200 MCG TABLET	2	1.00	1.00	0.69082	26%-50% Above	No	No
59762500801	MISOPROSTOL 200 MCG TABLET	2	2.00	0.77	0.69082	10%-25% Above	Yes	No
59762500802	MISOPROSTOL 200 MCG TABLET	1	2.00	0.93	0.70017	26%-50% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	3	1.00	1.00	0.67053	26%-50% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	4	2.00	0.78	0.68195	10%-25% Above	No	No
59762500802	MISOPROSTOL 200 MCG TABLET	12	1.00	1.00	0.70116	26%-50% Above	No	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	2	40.00	0.88	1.57180	26%-50% Below	Yes	No
59762500901	CLINDAMYCIN 2% VAGINAL CREAM	12	40.00	0.87	1.59142	26%-50% Below	Yes	No
60219107601	AZATHIOPRINE 50 MG TABLET	3	135.00	0.21	0.13037	51%-75% Above	Yes	No
60219126401	OSELTAMIVIR PHOS 30 MG CAPSULE	12	10.00	1.58	0.82937	76%-100% Above	Yes	No
60219126501	OSELTAMIVIR PHOS 45 MG CAPSULE	12	10.00	2.00	1.15007	51%-75% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	9.00	1.78	0.90366	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.50	0.90366	26%-50% Below	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.00	0.90366	10%-25% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.17	0.90366	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.20	0.90366	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.49	0.90366	51%-75% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.13	0.90366	200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	1	20.00	4.13	0.90366	200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.00	0.88849	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 808

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	10.00	1.17	0.88849	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.20	0.88849	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.36	0.88849	51%-75% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.49	0.88849	51%-75% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	7.00	1.19	0.90290	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.00	0.90290	10%-25% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.17	0.90290	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.18	0.90290	26%-50% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.20	0.90290	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.28	0.90290	26%-50% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.78	0.90290	76%-100% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.78	0.90290	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.93	0.90290	101%-200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.78	0.88807	76%-100% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.17	0.91339	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.38	0.91339	26%-50% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.86	0.91339	101%-200% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.86	0.91339	101%-200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	2.06	0.91339	101%-200% Above	No	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	4.13	0.91339	200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	14.00	1.86	0.91339	101%-200% Above	Yes	No
60219126601	OSELTAMIVIR PHOS 75 MG CAPSULE	12	20.00	1.86	0.91339	101%-200% Above	Yes	No
60219146701	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	10.78	22.12764	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 809

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	2	5.00	10.24	13.20818	10%-25% Below	No	No
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	3	5.00	10.59	13.12394	10%-25% Below	No	No
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	3	5.00	10.59	13.12394	10%-25% Below	Yes	No
60219158503	FLUOROMETHOLONE 0.1% EYE DROP	3	10.00	10.59	13.12394	10%-25% Below	Yes	No
60219170601	PREDNISONE 5 MG TABLET	1	30.00	0.13	0.03767	200% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	2	21.00	0.06	0.03751	51%-75% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	3	21.00	0.06	0.03745	51%-75% Above	No	No
60219170601	PREDNISONE 5 MG TABLET	4	21.00	0.06	0.03732	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	1	24.00	0.09	0.03767	101%-200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	1	28.00	0.06	0.03767	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	1	30.00	0.06	0.03767	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	1	30.00	0.13	0.03767	200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	2	42.00	0.09	0.03751	101%-200% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	2	90.00	0.06	0.03751	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	3	7.00	0.06	0.03745	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	3	42.00	0.09	0.03745	101%-200% Above	Yes	No
60219170607	PREDNISONE 5 MG TABLET	4	6.00	0.06	0.03732	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	12	6.00	0.14	0.03988	200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	12	10.00	0.13	0.03988	200% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	12	25.00	0.06	0.03988	51%-75% Above	No	No
60219170607	PREDNISONE 5 MG TABLET	12	30.00	0.06	0.03988	51%-75% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	1	30.00	0.08	0.05909	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	1	52.00	0.09	0.05909	51%-75% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	2	5.00	0.16	0.05836	101%-200% Above	Yes	No
60219170701	PREDNISONE 10 MG TABLET	2	9.00	0.08	0.05836	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	10.00	0.08	0.05836	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	2	18.00	0.08	0.05836	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	2	25.00	0.08	0.05836	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	3	21.00	0.08	0.05793	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	3	30.00	0.11	0.05793	76%-100% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	3	48.00	0.08	0.05793	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	4	5.00	0.08	0.05754	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	12	10.00	0.03	0.05943	26%-50% Below	No	No
60219170701	PREDNISONE 10 MG TABLET	12	21.00	0.09	0.05943	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	12	28.00	0.11	0.05943	76%-100% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	12	30.00	0.09	0.05943	26%-50% Above	No	No
60219170701	PREDNISONE 10 MG TABLET	12	48.00	0.09	0.05943	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	4.00	0.20	0.05909	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	5.00	0.22	0.05909	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	10.00	0.08	0.05909	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	10.00	0.13	0.05909	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	10.00	0.14	0.05909	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	10.00	0.16	0.05909	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	11.00	0.14	0.05909	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	15.00	0.08	0.05909	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	20.00	0.12	0.05909	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	20.00	0.14	0.05909	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	21.00	0.14	0.05909	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	1	42.00	0.14	0.05909	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	5.00	0.08	0.05836	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	2	9.00	0.08	0.05836	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	10.00	0.08	0.05836	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	10.00	0.14	0.05836	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	15.00	0.12	0.05836	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	16.00	0.11	0.05836	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	20.00	0.12	0.05836	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	22.00	0.11	0.05836	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	2	30.00	0.08	0.05836	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	5.00	0.01	0.05793	76%-100% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	3	5.00	0.08	0.05793	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	5.00	0.24	0.05793	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	7.00	0.18	0.05793	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	10.00	0.08	0.05793	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	10.00	0.13	0.05793	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	15.00	0.08	0.05793	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	22.00	0.11	0.05793	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	28.00	0.08	0.05793	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	30.00	0.08	0.05793	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	3	40.00	0.12	0.05793	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	5.00	0.08	0.05754	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	5.00	0.22	0.05754	200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	12.00	0.13	0.05754	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	18.00	0.11	0.05754	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	28.00	0.10	0.05754	76%-100% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	4	30.00	0.11	0.05754	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
60219170705	PREDNISONE 10 MG TABLET	5	5.00	0.10	0.05843	51%-75% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	6.00	0.09	0.05943	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	10.00	0.14	0.05943	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	10.00	0.15	0.05943	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	12.00	0.00	0.05943	76%-100% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	12	12.00	0.09	0.05943	26%-50% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	12.00	0.13	0.05943	101%-200% Above	No	No
60219170705	PREDNISONE 10 MG TABLET	12	16.00	0.02	0.05943	51%-75% Below	No	No
60219170705	PREDNISONE 10 MG TABLET	12	20.00	0.13	0.05943	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.11	0.07398	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.21	0.07398	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.23	0.07398	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	5.00	0.27	0.07398	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	6.00	0.19	0.07398	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	7.00	0.11	0.07398	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	7.00	0.15	0.07398	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.11	0.07398	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07398	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.17	0.07398	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	10.00	0.18	0.07398	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	13.00	0.15	0.07398	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	1	15.00	0.15	0.07398	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	5.00	0.11	0.07099	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	5.00	0.19	0.07099	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	2	5.00	0.24	0.07099	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	5.00	0.27	0.07099	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	6.00	0.19	0.07099	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	7.00	0.25	0.07099	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07099	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	12.00	0.11	0.07099	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	14.00	0.11	0.07099	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	15.00	0.15	0.07099	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	18.00	0.11	0.07099	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	2	21.00	0.14	0.07099	76%-100% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	3.00	0.11	0.07142	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	3.00	0.11	0.07142	26%-50% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	3	5.00	0.11	0.07142	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	5.00	0.20	0.07142	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	5.00	0.21	0.07142	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	5.00	0.22	0.07142	200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	7.00	0.11	0.07142	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	8.00	0.17	0.07142	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	3	11.00	0.16	0.07142	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	5.00	0.11	0.07110	51%-75% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	6.00	0.11	0.07110	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	PREDNISONE 20 MG TABLET	4	8.00	0.17	0.07110	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	9.00	0.17	0.07110	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	10.00	0.11	0.07110	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	10.00	0.16	0.07110	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	4	12.00	0.15	0.07110	101%-200% Above	Yes	No
60219170801	PREDNISONE 20 MG TABLET	12	3.00	0.11	0.07747	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	5.00	0.11	0.07747	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	5.00	0.23	0.07747	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	10.00	0.16	0.07747	101%-200% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	14.00	0.11	0.07747	26%-50% Above	No	No
60219170801	PREDNISONE 20 MG TABLET	12	14.00	0.17	0.07747	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	1	5.00	0.11	0.07398	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	1	5.00	0.11	0.07398	26%-50% Above	Yes	No
60219170805	PREDNISONE 20 MG TABLET	1	5.00	0.15	0.07398	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	1	5.00	0.21	0.07398	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	1	7.00	0.18	0.07398	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	1	10.00	0.11	0.07398	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07398	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	2	5.00	0.11	0.07099	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	2	5.00	0.20	0.07099	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	2	6.00	0.27	0.07099	200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	2	7.00	0.11	0.07099	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	2	10.00	0.18	0.07099	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	3	3.00	0.24	0.07142	200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	5.00	0.11	0.07142	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	6.00	0.11	0.07142	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	7.00	0.11	0.07142	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	10.00	0.16	0.07142	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	10.00	0.18	0.07142	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	12.00	0.11	0.07142	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	3	15.00	0.11	0.07142	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	5.00	0.11	0.07110	51%-75% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	7.00	0.11	0.07110	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	9.00	0.19	0.07110	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	10.00	0.11	0.07110	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	4	10.00	0.15	0.07110	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	3.00	0.23	0.07747	101%-200% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	5.00	0.11	0.07747	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	7.00	0.11	0.07747	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	8.00	0.11	0.07747	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	10.00	0.11	0.07747	26%-50% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	10.00	0.14	0.07747	76%-100% Above	No	No
60219170805	PREDNISONE 20 MG TABLET	12	20.00	0.11	0.07747	26%-50% Above	No	No
60219174903	ATROPINE 1% EYE DROPS	3	5.00	3.73	6.24910	26%-50% Below	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	1	30.00	1.44	0.11004	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	1	30.00	3.19	0.11004	200% Above	Yes	No
60219175203	SILDENAFIL 50 MG TABLET	2	30.00	1.44	0.10686	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
60219175203	SILDENAFIL 50 MG TABLET	3	30.00	1.44	0.10655	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	1	6.00	2.48	0.13585	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	2	6.00	2.48	0.13398	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	3	30.00	1.32	0.13339	200% Above	Yes	No
60219175303	SILDENAFIL 100 MG TABLET	4	20.00	1.32	0.13333	200% Above	Yes	No
60219204301	DEXAMETHASONE 4 MG TABLET	1	3.00	0.40	0.23017	51%-75% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	1	5.00	0.29	0.23017	10%-25% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	1	5.00	0.67	0.23017	101%-200% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	1	6.00	0.21	0.23017	10%-25% Below	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	2	4.00	0.26	0.21002	10%-25% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	2	5.00	0.23	0.21002	10%-25% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	2	6.00	0.29	0.21002	26%-50% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	3	5.00	0.23	0.19556	10%-25% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	3	5.00	0.29	0.19556	26%-50% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	12	3.00	0.30	0.23242	26%-50% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	12	4.00	0.42	0.23242	76%-100% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	12	5.00	0.30	0.23242	26%-50% Above	No	No
60219204301	DEXAMETHASONE 4 MG TABLET	12	5.00	0.41	0.23242	76%-100% Above	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	2	10.00	0.19	0.30555	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	2	12.00	0.19	0.30555	26%-50% Below	No	No
60219205601	DEXAMETHASONE 2 MG TABLET	3	10.00	0.19	0.29745	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	20.00	0.11	0.02390	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	30.00	0.03	0.02390	26%-50% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	30.00	0.05	0.02390	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	60.00	0.02	0.02390	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
60219234801	TRAMADOL HCL 50 MG TABLET	1	60.00	0.05	0.02390	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	60.00	0.11	0.02390	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	90.00	0.11	0.02390	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	1	120.00	0.02	0.02390	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	5.00	0.05	0.02387	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	12.00	0.05	0.02387	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	15.00	0.05	0.02387	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	20.00	0.05	0.02387	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	24.00	0.04	0.02387	51%-75% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	30.00	0.03	0.02387	26%-50% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	30.00	0.05	0.02387	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	60.00	0.05	0.02387	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	90.00	0.05	0.02387	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	2	120.00	0.02	0.02387	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	5.00	0.10	0.02392	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	12.00	0.05	0.02392	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	24.00	0.03	0.02392	10%-25% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	60.00	0.05	0.02392	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	90.00	0.05	0.02392	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	180.00	0.01	0.02392	51%-75% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	3	240.00	0.05	0.02392	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	40.00	0.03	0.02408	10%-25% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	4	60.00	0.02	0.02408	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	12	30.00	0.05	0.02368	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	12	30.00	0.11	0.02368	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 818

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.05	0.02368	101%-200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	12	60.00	0.11	0.02368	200% Above	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	12	120.00	0.02	0.02368	26%-50% Below	No	No
60219234801	TRAMADOL HCL 50 MG TABLET	12	240.00	0.11	0.02368	200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	1	90.00	0.05	0.02390	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	2	15.00	0.01	0.02387	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	2	20.00	0.01	0.02387	26%-50% Below	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	2	20.00	0.05	0.02387	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	2	21.00	0.05	0.02387	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	3	14.00	0.05	0.02392	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	3	21.00	0.05	0.02392	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	3	28.00	0.05	0.02392	101%-200% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	3	30.00	0.03	0.02392	26%-50% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	3	30.00	0.03	0.02392	26%-50% Above	No	No
60219234805	TRAMADOL HCL 50 MG TABLET	12	90.00	0.05	0.02368	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	1	8.00	0.11	0.02390	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	16.00	0.05	0.02387	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	20.00	0.03	0.02387	10%-25% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	30.00	0.05	0.02387	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	2	70.00	0.05	0.02387	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	14.00	0.05	0.02392	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	15.00	0.03	0.02392	26%-50% Above	Yes	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	15.00	0.05	0.02392	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	3	70.00	0.05	0.02392	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	12.00	0.05	0.02408	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 819

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.05	0.02408	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	70.00	0.05	0.02408	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	4	240.00	0.05	0.02408	101%-200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	12.00	0.11	0.02368	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	70.00	0.11	0.02368	200% Above	No	No
60219234807	TRAMADOL HCL 50 MG TABLET	12	240.00	0.05	0.02368	101%-200% Above	No	No
60219395501	FOSFOMYCIN 3 GM SACHET	2	1.00	20.28	35.89322	26%-50% Below	No	No
60219395501	FOSFOMYCIN 3 GM SACHET	3	1.00	20.28	34.74483	26%-50% Below	No	No
60219552205	FENOFIBRATE 160 MG TABLET	3	17.00	0.15	0.11352	26%-50% Above	No	No
60219552205	FENOFIBRATE 160 MG TABLET	4	30.00	0.15	0.12586	10%-25% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	1	30.00	0.15	0.09070	51%-75% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	1	90.00	0.17	0.09070	76%-100% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	2	30.00	0.01	0.10093	76%-100% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	2	30.00	0.15	0.10093	26%-50% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	2	90.00	0.15	0.10093	26%-50% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	30.00	0.01	0.11352	76%-100% Below	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	90.00	0.15	0.11352	26%-50% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	3	90.00	0.70	0.11352	200% Above	No	No
60219552209	FENOFIBRATE 160 MG TABLET	12	90.00	0.35	0.08918	200% Above	No	No
60258015001	SF 5000 PLUS CRE 1.1%	1	51.00	0.10	.		No	No
60258015001	SF 5000 PLUS CRE 1.1%	3	51.00	0.14	.		No	No
60258015001	SF 5000 PLUS CRE 1.1%	12	51.00	0.10	.		No	No
60258019601	PRENATAL 19 TAB	1	30.00	1.36	.		No	No
60429002790	ATENOLOL TAB 25MG	3	90.00	0.05	.		No	No
60429038001	METHIMAZOLE TAB 5MG	3	180.00	0.09	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 820

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60429092705	BENZONATATE CAP 100MG	1	90.00	0.14	.		No	No
60432046608	DEXAMETHASON ELX 0.5/5ML	12	70.00	0.05	.		No	No
60505001506	DILT XR 180 MG CAPSULE	3	30.00	0.23	0.44741	26%-50% Below	Yes	No
60505001506	DILT XR 180 MG CAPSULE	4	90.00	0.24	0.39662	26%-50% Below	Yes	No
60505001606	DILT XR 240 MG CAPSULE	2	30.00	0.33	0.52809	26%-50% Below	No	No
60505001606	DILT XR 240 MG CAPSULE	2	90.00	0.27	0.52809	26%-50% Below	No	No
60505001606	DILT XR 240 MG CAPSULE	3	90.00	0.21	0.50900	51%-75% Below	Yes	No
60505001606	DILT XR 240 MG CAPSULE	3	90.00	0.26	0.50900	26%-50% Below	No	No
60505001606	DILT XR 240 MG CAPSULE	4	30.00	0.33	0.52240	26%-50% Below	No	No
60505003306	PENTOXIFYLLINE ER 400 MG TAB	3	50.00	0.13	0.24462	26%-50% Below	No	No
60505003901	ETODOLAC 200 MG CAPSULE	1	60.00	0.25	0.31780	10%-25% Below	Yes	No
60505003901	ETODOLAC 200 MG CAPSULE	2	60.00	0.25	0.29256	10%-25% Below	Yes	No
60505003901	ETODOLAC 200 MG CAPSULE	3	90.00	0.42	0.31421	26%-50% Above	Yes	No
60505004001	ETODOLAC 300 MG CAPSULE	2	90.00	0.42	0.32116	26%-50% Above	Yes	No
60505008000	SOTALOL 80 MG TABLET	2	180.00	0.08	0.06883	10%-25% Above	No	No
60505009300	DOXAZOSIN MESYLATE 1 MG TAB	1	90.00	0.33	0.08556	200% Above	Yes	No
60505009400	DOXAZOSIN MESYLATE 2 MG TAB	4	5.00	0.62	0.06909	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	1	30.00	0.31	0.09736	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	1	60.00	0.08	0.09736	10%-25% Below	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	0.14	0.09555	26%-50% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	0.33	0.09555	200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	3	90.00	0.17	0.09753	51%-75% Above	Yes	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	3	90.00	0.27	0.09753	101%-200% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	4	90.00	0.14	0.09323	26%-50% Above	No	No
60505009500	DOXAZOSIN MESYLATE 4 MG TAB	12	90.00	0.27	0.09271	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 821

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	1	30.00	0.14	0.09736	26%-50% Above	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	2	90.00	0.14	0.09555	26%-50% Above	No	No
60505009501	DOXAZOSIN MESYLATE 4 MG TAB	3	30.00	0.14	0.09753	26%-50% Above	No	No
60505009600	DOXAZOSIN MESYLATE 8 MG TAB	1	90.00	0.33	0.10418	200% Above	Yes	No
60505009701	PAROXETINE HCL 10 MG TABLET	12	30.00	0.09	0.07080	26%-50% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	1	60.00	0.14	0.03580	200% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	2	60.00	0.06	0.03561	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	3	60.00	0.06	0.03594	51%-75% Above	No	No
60505014100	GLIPIZIDE 5 MG TABLET	4	60.00	0.06	0.03604	51%-75% Above	No	No
60505014101	GLIPIZIDE 5 MG TABLET	2	180.00	0.02	0.03561	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	1	60.00	0.02	0.03580	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	1	60.00	0.06	0.03580	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	1	180.00	0.02	0.03580	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	2	60.00	0.06	0.03561	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	3	60.00	0.06	0.03594	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	3	180.00	0.02	0.03594	26%-50% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	3	180.00	0.06	0.03594	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	3	270.00	0.01	0.03594	51%-75% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	4	60.00	0.03	0.03604	10%-25% Below	No	No
60505014102	GLIPIZIDE 5 MG TABLET	12	60.00	0.06	0.03598	51%-75% Above	No	No
60505014102	GLIPIZIDE 5 MG TABLET	12	180.00	0.02	0.03598	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	1	60.00	0.03	0.04735	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	2	60.00	0.03	0.04700	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	3	60.00	0.03	0.04633	26%-50% Below	No	No
60505014201	GLIPIZIDE 10 MG TABLET	12	60.00	0.03	0.04758	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 822

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505014201	GLIPIZIDE 10 MG TABLET	12	60.00	0.15	0.04758	200% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	1	30.00	0.04	0.04735	10%-25% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	1	30.00	0.07	0.04735	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	1	60.00	0.15	0.04735	200% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	2	60.00	0.06	0.04700	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	2	90.00	0.02	0.04700	51%-75% Below	No	No
60505014202	GLIPIZIDE 10 MG TABLET	2	180.00	0.06	0.04700	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	3	60.00	0.06	0.04633	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	3	360.00	0.06	0.04633	26%-50% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	12	60.00	0.15	0.04758	200% Above	No	No
60505014202	GLIPIZIDE 10 MG TABLET	12	180.00	0.07	0.04758	26%-50% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.26	0.05157	200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	1	60.00	0.26	0.05157	200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.12	0.05079	101%-200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	No	No
60505014601	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.12	0.05055	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	1	60.00	0.25	0.09699	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	3	7.00	0.39	0.09527	200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	3	60.00	0.25	0.09527	101%-200% Above	No	No
60505015801	BUPROPION HCL 75 MG TABLET	4	180.00	0.21	0.09708	101%-200% Above	No	No
60505016401	FLUVOXAMINE MALEATE 25 MG TAB	1	90.00	0.23	0.19472	10%-25% Above	Yes	No
60505016501	FLUVOXAMINE MALEATE 50 MG TAB	2	135.00	0.18	0.21537	10%-25% Below	Yes	No
60505016501	FLUVOXAMINE MALEATE 50 MG TAB	2	180.00	0.17	0.21537	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	1	90.00	0.13	0.26427	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 823

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	1	180.00	0.21	0.26427	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	2	90.00	0.21	0.25876	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	2	180.00	0.13	0.25876	26%-50% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	4	90.00	0.22	0.24770	10%-25% Below	Yes	No
60505016601	FLUVOXAMINE MALEATE 100 MG TAB	12	90.00	0.22	0.27106	10%-25% Below	Yes	No
60505016805	PRAVASTATIN SODIUM 10 MG TAB	1	90.00	0.14	0.06419	101%-200% Above	No	No
60505016805	PRAVASTATIN SODIUM 10 MG TAB	2	90.00	0.14	0.06181	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	1	90.00	0.01	0.06419	76%-100% Below	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	2	90.00	0.14	0.06181	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	3	30.00	0.14	0.05998	101%-200% Above	No	No
60505016809	PRAVASTATIN SODIUM 10 MG TAB	3	90.00	0.03	0.05998	26%-50% Below	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	1	30.00	0.28	0.06660	200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.13	0.06423	76%-100% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.13	0.06423	76%-100% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	3	30.00	0.13	0.06243	101%-200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.13	0.06243	101%-200% Above	No	No
60505016907	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.13	0.06243	101%-200% Above	Yes	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.13	0.06117	101%-200% Above	No	No
60505016909	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.28	0.06728	200% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.14	0.08684	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.14	0.08589	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.05	0.08466	26%-50% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.14	0.08439	51%-75% Above	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	0.00	0.08711	76%-100% Below	No	No
60505017007	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	0.14	0.08711	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
60505017007	PRAVASTATIN SODIUM 40 MG TAB	12	180.00	0.32	0.08711	200% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	1	30.00	0.32	0.08684	200% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.05	0.08684	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	2	30.00	0.14	0.08589	51%-75% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.14	0.08589	51%-75% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	3	30.00	0.14	0.08466	51%-75% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.05	0.08466	26%-50% Below	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.14	0.08466	51%-75% Above	No	No
60505017009	PRAVASTATIN SODIUM 40 MG TAB	4	30.00	0.14	0.08439	51%-75% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	1	120.00	0.13	0.11572	10%-25% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	2	120.00	0.13	0.11714	10%-25% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	2	180.00	0.13	0.11714	10%-25% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	12	60.00	0.25	0.11709	101%-200% Above	No	No
60505018300	CARBAMAZEPINE 200 MG TABLET	12	120.00	0.30	0.11709	101%-200% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	1	90.00	0.12	0.07039	76%-100% Above	No	No
60505024701	MIRTAZAPINE 15 MG TABLET	2	30.00	0.09	0.06878	26%-50% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	1	30.00	0.28	0.07039	200% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	1	90.00	0.12	0.07039	76%-100% Above	No	No
60505024708	MIRTAZAPINE 15 MG TABLET	3	30.00	0.09	0.06757	26%-50% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	1	90.00	0.26	0.03244	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	2	30.00	0.11	0.03221	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	3	21.00	0.11	0.03084	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	3	30.00	0.11	0.03084	200% Above	No	No
60505025103	TIZANIDINE HCL 2 MG TABLET	4	30.00	0.11	0.03075	200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.09	0.03313	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 825

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505025202	TIZANIDINE HCL 4 MG TABLET	1	45.00	0.19	0.03313	200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.03	0.03313	10%-25% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.19	0.03313	200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.09	0.03313	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.02	0.03285	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.03	0.03285	10%-25% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.09	0.03285	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.03	0.03285	10%-25% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.09	0.03285	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.09	0.03285	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	21.00	0.09	0.03285	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.02	0.03285	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.09	0.03285	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	45.00	0.09	0.03285	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.03	0.03285	10%-25% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.09	0.03285	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.02	0.03342	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.09	0.03289	101%-200% Above	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	60.00	0.02	0.03289	26%-50% Below	No	No
60505025202	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.09	0.03289	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.09	0.03285	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.09	0.03285	101%-200% Above	No	No
60505025203	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.09	0.03342	101%-200% Above	No	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	1	90.00	0.19	0.36716	26%-50% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	2	90.00	0.19	0.35688	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 826

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	3	30.00	0.27	0.36035	10%-25% Below	Yes	No
60505025801	DESMOPRESSIN ACETATE 0.2 MG TB	3	90.00	0.19	0.36035	26%-50% Below	Yes	No
60505036301	OFLOXACIN 0.3% EAR DROPS	1	5.00	7.69	1.24947	200% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	5.00	0.79	1.50704	26%-50% Below	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	5.00	2.42	1.50704	51%-75% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	5.00	2.48	1.50704	51%-75% Above	No	No
60505056000	OFLOXACIN 0.3% EYE DROPS	1	5.00	2.60	1.50704	51%-75% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	2	5.00	0.79	1.40615	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	3	10.00	0.71	1.34893	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	3	10.00	0.77	1.34893	26%-50% Below	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	4	5.00	2.24	1.30038	51%-75% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	4	5.00	2.30	1.30038	76%-100% Above	Yes	No
60505056000	OFLOXACIN 0.3% EYE DROPS	12	5.00	0.87	1.59126	26%-50% Below	No	No
60505056001	OFLOXACIN 0.3% EYE DROPS	1	10.00	1.64	1.18025	26%-50% Above	Yes	No
60505056001	OFLOXACIN 0.3% EYE DROPS	2	10.00	0.71	1.15544	26%-50% Below	No	No
60505058204	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	5.67	1.77440	200% Above	No	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	1	5.00	7.20	14.76655	51%-75% Below	Yes	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	2	5.00	7.20	14.68601	26%-50% Below	Yes	No
60505081301	BUTORPHANOL 10 MG/ML SPRAY	12	5.00	6.55	15.35677	51%-75% Below	Yes	No
60505082601	IPRATROPIUM 0.03% SPRAY	1	30.00	0.50	0.43403	10%-25% Above	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	4	30.00	0.46	0.39871	10%-25% Above	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	12	30.00	0.49	0.44900	10%-25% Above	No	No
60505082601	IPRATROPIUM 0.03% SPRAY	12	30.00	0.50	0.44900	10%-25% Above	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	1	15.00	1.33	0.89074	26%-50% Above	No	No
60505082701	IPRATROPIUM 0.06% SPRAY	2	15.00	1.19	0.87112	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 827

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	15.00	0.56	0.85238	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.20	0.44506	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	0.28	0.44506	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.31	0.44506	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.31	0.44506	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.51	0.44506	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.54	0.44506	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.54	0.44506	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.56	0.44506	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.56	0.44506	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.58	0.44506	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.60	0.44506	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.62	0.44506	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.44506	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.44506	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.44506	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.64	0.44506	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.73	0.44506	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.95	0.44506	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	32.00	0.28	0.44506	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	48.00	0.28	0.44506	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	1	48.00	0.51	0.44506	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	1.00	0.86	0.44570	76%-100% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.20	0.44570	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 828

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	16.00	0.28	0.44570	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.31	0.44570	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.51	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.54	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.54	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.56	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.56	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.58	0.44570	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.60	0.44570	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.63	0.44570	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.95	0.44570	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	0.28	0.44570	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	2	48.00	0.56	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.20	0.44734	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.28	0.44734	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.28	0.44734	26%-50% Below	Yes	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.31	0.44734	26%-50% Below	Yes	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.31	0.44734	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.51	0.44734	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.53	0.44734	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.54	0.44734	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.54	0.44734	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.54	0.44734	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.56	0.44734	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.58	0.44734	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 829

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.58	0.44734	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.44734	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.62	0.44734	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.63	0.44734	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.63	0.44734	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.95	0.44734	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.28	0.44734	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.28	0.44734	26%-50% Below	Yes	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	3	48.00	0.62	0.44734	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.28	0.44570	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.54	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.54	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.56	0.44570	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.62	0.46261	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.95	0.44570	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	5	16.00	0.33	0.46006	26%-50% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.01	0.44993	76%-100% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.22	0.44993	51%-75% Below	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.28	0.44993	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	0.44993	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.54	0.44993	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.54	0.44993	10%-25% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.58	0.44993	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.62	0.44993	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 830

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	16.00	0.63	0.44993	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.64	0.44993	26%-50% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.69	0.44993	51%-75% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.95	0.44993	101%-200% Above	No	No
60505082901	FLUTICASONE PROP 50 MCG SPRAY	12	48.00	0.28	0.44993	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	1	17.00	0.93	1.76133	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	1	17.00	2.13	1.76133	10%-25% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	1	17.00	4.94	1.76133	101%-200% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	2	17.00	0.29	1.67762	76%-100% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	2	17.00	2.13	1.67762	26%-50% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	3	17.00	0.97	1.63895	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	3	17.00	2.13	1.63895	26%-50% Above	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	12	17.00	0.98	1.76603	26%-50% Below	No	No
60505083001	MOMETASONE FUROATE 50 MCG SPRY	12	17.00	2.22	1.76603	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.17	0.28673	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.17	0.28673	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.33	0.28673	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.37	0.28673	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.17	0.28999	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.33	0.28999	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.33	0.28999	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.50	0.28999	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.89	0.28999	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.91	0.28999	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.16	0.28631	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 831

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.17	0.28631	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.17	0.28631	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.33	0.28631	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.50	0.28631	51%-75% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.91	0.28631	200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	3	90.00	0.17	0.28631	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.17	0.28406	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.33	0.29366	10%-25% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.17	0.28591	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.20	0.28591	26%-50% Below	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.37	0.28591	26%-50% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.67	0.28591	101%-200% Above	No	No
60505083305	AZELASTINE 0.1% (137 MCG) SPRY	12	90.00	0.17	0.28591	26%-50% Below	No	No
60505084505	OLOPATADINE 665 MCG NASAL SPRY	2	30.50	0.49	0.85681	26%-50% Below	No	No
60505084505	OLOPATADINE 665 MCG NASAL SPRY	3	30.50	0.49	0.88310	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	0.33	2.64905	76%-100% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	1	23.00	0.43	2.64905	76%-100% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	2	23.00	0.65	2.47956	51%-75% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	2	23.00	1.57	2.47956	26%-50% Below	No	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	12	23.00	1.50	2.69944	26%-50% Below	Yes	No
60505095303	AZELASTIN-FLUTIC 137-50 MCG SPR	12	23.00	1.65	2.69944	26%-50% Below	No	No
60505100301	KETOROLAC 0.5% OPTH SOLUTION	1	5.00	0.98	1.52264	26%-50% Below	No	No
60505100301	KETOROLAC 0.5% OPTH SOLUTION	2	5.00	1.00	1.47487	26%-50% Below	No	No
60505100302	KETOROLAC 0.5% OPTH SOLUTION	12	10.00	0.98	1.27090	10%-25% Below	No	No
60505131803	PAROXETINE CR 37.5 MG TABLET	1	180.00	0.73	0.50685	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 832

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505132001	MIDODRINE HCL 2.5 MG TABLET	1	60.00	0.29	0.07204	200% Above	No	No
60505132001	MIDODRINE HCL 2.5 MG TABLET	12	60.00	0.45	0.07180	200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	1	30.00	0.35	0.15772	101%-200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	1	30.00	0.81	0.15772	200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	2	30.00	0.02	0.15259	76%-100% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	2	30.00	0.35	0.15259	101%-200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	3	30.00	0.35	0.14982	101%-200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	3	90.00	0.02	0.14982	76%-100% Below	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	4	90.00	0.35	0.14898	101%-200% Above	No	No
60505132305	PRAVASTATIN SODIUM 80 MG TAB	12	90.00	0.42	0.16031	101%-200% Above	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	1	30.00	0.81	0.15772	200% Above	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	2	30.00	0.35	0.15259	101%-200% Above	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	2	90.00	0.35	0.15259	101%-200% Above	No	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	2	90.00	0.35	0.15259	101%-200% Above	Yes	No
60505132309	PRAVASTATIN SODIUM 80 MG TAB	3	90.00	0.35	0.14982	101%-200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	1	30.00	0.18	0.02577	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	76%-100% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	1	90.00	0.41	0.02577	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	2	30.00	0.18	0.02543	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	3	30.00	0.18	0.02524	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	30.00	0.18	0.02483	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
60505257808	ATORVASTATIN 10 MG TABLET	4	90.00	0.01	0.02483	51%-75% Below	No	No
60505257808	ATORVASTATIN 10 MG TABLET	4	90.00	0.18	0.02483	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	12	30.00	0.18	0.02546	200% Above	No	No
60505257808	ATORVASTATIN 10 MG TABLET	12	30.00	0.41	0.02546	200% Above	No	No
60505257809	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	Yes	No
60505257809	ATORVASTATIN 10 MG TABLET	1	90.00	0.41	0.02577	200% Above	Yes	No
60505257809	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	Yes	No
60505257809	ATORVASTATIN 10 MG TABLET	12	30.00	0.01	0.02546	76%-100% Below	Yes	No
60505257908	ATORVASTATIN 20 MG TABLET	1	30.00	0.27	0.03048	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	90.00	0.02	0.02927	26%-50% Below	No	No
60505257908	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	30.00	0.27	0.02872	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	30.00	0.27	0.03072	200% Above	No	No
60505257908	ATORVASTATIN 20 MG TABLET	12	90.00	0.01	0.03072	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	1	30.00	0.27	0.03048	200% Above	No	No
60505257909	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 834

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505257909	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	Yes	No
60505257909	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	4	90.00	0.01	0.02872	51%-75% Below	No	No
60505257909	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	30.00	0.12	0.04141	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	30.00	0.15	0.04141	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	30.00	0.26	0.04141	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	90.00	0.16	0.04141	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	30.00	0.15	0.04031	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	30.00	0.15	0.03932	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	3	90.00	0.15	0.03932	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	30.00	0.26	0.04222	200% Above	No	No
60505258008	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	No	No
60505258009	ATORVASTATIN 40 MG TABLET	2	90.00	0.13	0.04031	200% Above	Yes	No
60505264907	TIZANIDINE HCL 4 MG CAPSULE	12	30.00	0.50	0.09192	200% Above	No	No
60505265401	TRAZODONE 100 MG TABLET	3	5.00	0.17	0.05082	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 835

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.14	0.09680	26%-50% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.19	0.09680	76%-100% Above	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.08	0.09680	10%-25% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.19	0.09680	76%-100% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.08	0.09299	10%-25% Below	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.12	0.09299	26%-50% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.14	0.09299	26%-50% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.08	0.09622	10%-25% Below	No	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.14	0.09622	26%-50% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	45.00	0.08	0.09622	10%-25% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	45.00	0.11	0.09622	10%-25% Above	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.08	0.09622	10%-25% Below	Yes	No
60505265601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.08	0.09559	10%-25% Below	Yes	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.01	0.09680	76%-100% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	30.00	0.08	0.09680	10%-25% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	2	30.00	0.08	0.09299	10%-25% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.01	0.09622	76%-100% Below	No	No
60505265605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	30.00	0.01	0.09559	76%-100% Below	No	No
60505265901	TRAZODONE 300 MG TABLET	1	90.00	1.77	0.55952	200% Above	Yes	No
60505265901	TRAZODONE 300 MG TABLET	4	30.00	0.76	0.52926	26%-50% Above	Yes	No
60505267108	ATORVASTATIN 80 MG TABLET	3	90.00	0.02	0.07148	51%-75% Below	No	No
60505267108	ATORVASTATIN 80 MG TABLET	3	90.00	0.17	0.07148	101%-200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	1	90.00	0.28	0.07209	200% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	Yes	No
60505267109	ATORVASTATIN 80 MG TABLET	3	90.00	0.15	0.07148	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 836

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505267109	ATORVASTATIN 80 MG TABLET	4	60.00	0.13	0.07075	76%-100% Above	No	No
60505267109	ATORVASTATIN 80 MG TABLET	12	90.00	0.13	0.07261	51%-75% Above	No	No
60505279500	IBANDRONATE SODIUM 150 MG TAB	2	1.00	4.90	2.84047	51%-75% Above	No	No
60505309702	RISEDRONATE SODIUM 150 MG TAB	4	3.00	26.36	16.53315	51%-75% Above	Yes	No
60505327503	OLANZAPINE ODT 5 MG TABLET	1	90.00	0.41	0.31796	26%-50% Above	No	No
60505327503	OLANZAPINE ODT 5 MG TABLET	3	30.00	0.02	0.31097	76%-100% Below	No	No
60505348903	AMLODIPINE-ATORVAST 10-40 MG	1	30.00	0.88	1.47960	26%-50% Below	No	No
60505348903	AMLODIPINE-ATORVAST 10-40 MG	2	30.00	0.88	1.53921	26%-50% Below	No	No
60505361405	VARENICLINE 1 MG TABLET	1	60.00	0.22	0.43344	26%-50% Below	Yes	No
60505361405	VARENICLINE 1 MG TABLET	1	60.00	2.47	0.43344	200% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	2	60.00	0.22	0.42775	26%-50% Below	Yes	No
60505361405	VARENICLINE 1 MG TABLET	3	60.00	0.21	0.41266	26%-50% Below	Yes	No
60505361405	VARENICLINE 1 MG TABLET	3	60.00	0.22	0.41266	26%-50% Below	Yes	No
60505361405	VARENICLINE 1 MG TABLET	3	60.00	2.47	0.41266	200% Above	Yes	No
60505361405	VARENICLINE 1 MG TABLET	3	190.00	0.22	0.41266	26%-50% Below	Yes	No
60505361405	VARENICLINE 1 MG TABLET	4	60.00	2.47	0.41109	200% Above	Yes	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	1	30.00	0.33	0.17337	76%-100% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	1	30.00	0.50	0.17337	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	2	30.00	0.33	0.15840	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	2	30.00	0.50	0.15840	200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	3	30.00	0.17	0.14634	10%-25% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	3	30.00	0.33	0.14634	101%-200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	3	30.00	0.50	0.14634	200% Above	No	No
60505392701	GUANFACINE HCL ER 1 MG TABLET	12	30.00	0.52	0.17528	101%-200% Above	No	No
60505392801	GUANFACINE HCL ER 2 MG TABLET	2	30.00	0.17	0.20561	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
60505392901	GUANFACINE HCL ER 3 MG TABLET	3	30.00	0.25	0.18823	26%-50% Above	No	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	4	30.00	0.31	0.18291	51%-75% Above	No	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	4	90.00	0.22	0.17640	10%-25% Above	No	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	8	30.00	0.15	0.18606	10%-25% Below	No	No
60505392901	GUANFACINE HCL ER 3 MG TABLET	9	30.00	0.15	0.18001	10%-25% Below	No	No
60505434806	DABIGATRAN ETEXILATE 150 MG CP	1	60.00	2.50	0.90124	101%-200% Above	Yes	No
60505434806	DABIGATRAN ETEXILATE 150 MG CP	2	60.00	2.50	0.84458	101%-200% Above	Yes	No
60505434806	DABIGATRAN ETEXILATE 150 MG CP	3	60.00	2.50	0.88299	101%-200% Above	Yes	No
60505434806	DABIGATRAN ETEXILATE 150 MG CP	4	60.00	2.50	0.87050	101%-200% Above	Yes	No
60505434806	DABIGATRAN ETEXILATE 150 MG CP	4	180.00	2.50	0.87050	101%-200% Above	Yes	No
60505437203	VILAZODONE HCL 10 MG TABLET	2	15.00	0.50	0.98673	26%-50% Below	Yes	No
60505437203	VILAZODONE HCL 10 MG TABLET	2	90.00	1.67	0.98673	51%-75% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	1	90.00	0.45	0.86246	26%-50% Below	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	2	30.00	2.05	0.84615	101%-200% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	3	90.00	2.05	0.85838	101%-200% Above	Yes	No
60505437303	VILAZODONE HCL 20 MG TABLET	12	30.00	2.14	0.90083	101%-200% Above	No	No
60505437303	VILAZODONE HCL 20 MG TABLET	12	90.00	2.14	0.90083	101%-200% Above	No	No
60505437303	VILAZODONE HCL 20 MG TABLET	12	90.00	2.14	0.90083	101%-200% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	1	30.00	0.12	1.23187	76%-100% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	1	90.00	0.34	1.23187	51%-75% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	2	30.00	0.12	1.19921	76%-100% Below	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	2	30.00	1.98	1.19921	51%-75% Above	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	2	90.00	1.98	1.19921	51%-75% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	3	30.00	1.98	1.20572	51%-75% Above	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	3	90.00	0.07	1.20572	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
60505437403	VILAZODONE HCL 40 MG TABLET	3	90.00	1.98	1.20572	51%-75% Above	Yes	No
60505437403	VILAZODONE HCL 40 MG TABLET	4	30.00	1.98	1.19168	51%-75% Above	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	12	30.00	4.60	1.21682	200% Above	No	No
60505437403	VILAZODONE HCL 40 MG TABLET	12	90.00	2.07	1.21682	51%-75% Above	Yes	No
60505464203	PRASUGREL 5 MG TABLET	1	90.00	5.75	0.30012	200% Above	Yes	No
60505464203	PRASUGREL 5 MG TABLET	12	90.00	5.75	0.33787	200% Above	Yes	No
60505464303	PRASUGREL 10 MG TABLET	4	30.00	0.88	0.30613	101%-200% Above	No	No
60505473901	LISDEXAMFETAMINE 10 MG CAPSULE	3	30.00	0.50	3.07541	76%-100% Below	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	0.50	2.64750	76%-100% Below	No	No
60505474001	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	0.50	2.55885	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	8.00	3.18381	101%-200% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	0.33	2.98082	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	0.50	2.98082	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	8.00	2.98082	101%-200% Above	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	0.50	2.95842	76%-100% Below	No	No
60505474101	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	8.00	2.95842	101%-200% Above	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	0.50	3.21897	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	7.00	3.21897	101%-200% Above	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	8.00	3.21897	101%-200% Above	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.39	3.09944	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.50	3.09944	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	8.00	3.09944	101%-200% Above	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	11.32	3.09944	200% Above	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	0.33	3.06463	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	0.50	3.06463	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 839

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	8.00	3.06463	101%-200% Above	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	0.50	2.93842	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	0.00	3.18407	76%-100% Below	No	No
60505474201	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	0.50	3.18407	76%-100% Below	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	0.50	2.82863	76%-100% Below	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	8.00	2.82863	101%-200% Above	No	No
60505474301	LISDEXAMFETAMINE 50 MG CAPSULE	3	90.00	8.00	2.82863	101%-200% Above	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	0.22	2.95753	76%-100% Below	No	No
60505474401	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	0.22	2.92947	76%-100% Below	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	8.00	2.96601	101%-200% Above	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	8.00	2.85019	101%-200% Above	No	No
60505474501	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	8.00	2.88011	101%-200% Above	No	No
60505485603	PRASUGREL 10 MG TABLET	2	90.00	0.88	0.29300	200% Above	No	No
60505485603	PRASUGREL 10 MG TABLET	3	90.00	0.88	0.30717	101%-200% Above	No	No
60505485603	PRASUGREL 10 MG TABLET	3	90.00	0.88	0.30717	101%-200% Above	Yes	No
60505485603	PRASUGREL TAB 10MG	1	30.00	0.50	.		No	No
60505614804	CEFTRIAXONE 1 GM VIAL	1	3.00	1.06	1.36330	10%-25% Below	No	No
60505625101	DEXAMETHASONE 1 MG TABLET	1	1.00	0.09	0.17960	26%-50% Below	No	No
60505625101	DEXAMETHASONE 1 MG TABLET	1	10.00	0.12	0.17960	26%-50% Below	No	No
60505625101	DEXAMETHASONE 1 MG TABLET	2	1.00	0.52	0.16551	200% Above	No	No
60505625101	DEXAMETHASONE 1 MG TABLET	2	20.00	0.09	0.16551	26%-50% Below	No	No
60505625101	DEXAMETHASONE 1 MG TABLET	3	1.00	0.09	0.15088	26%-50% Below	No	No
60505625101	DEXAMETHASONE 1 MG TABLET	3	6.00	0.19	0.15088	10%-25% Above	No	No
60505625301	DEXAMETHASONE 2 MG TABLET	1	10.00	0.19	0.33489	26%-50% Below	No	No
60505625401	DEXAMETHASONE 4 MG TABLET	2	10.00	0.17	0.21002	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 840

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60687039583	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	0.03	0.06480	26%-50% Below	No	No
60687039583	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	0.03	0.06542	26%-50% Below	No	No
60687039583	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.06542	26%-50% Below	No	No
60687040583	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	4	90.00	0.04	0.08768	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	1	5.00	2.00	4.40310	51%-75% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	1	5.00	2.39	4.40310	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	5.00	2.39	4.58107	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	5.00	2.39	4.58107	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	2	10.00	2.18	4.58107	51%-75% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	3	5.00	2.18	4.76676	51%-75% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	3	5.00	2.39	4.76676	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	3	5.00	2.39	4.76676	26%-50% Below	Yes	No
60758011905	PREDNISOLONE AC 1% EYE DROP	3	5.00	4.16	4.76676	10%-25% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	3	10.00	2.39	4.76676	26%-50% Below	No	No
60758011905	PREDNISOLONE AC 1% EYE DROP	12	5.00	2.54	4.37668	26%-50% Below	No	No
60758011910	PREDNISOLONE AC 1% EYE DROP	1	10.00	2.17	4.31489	26%-50% Below	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	2	10.00	2.17	4.39582	26%-50% Below	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	2	10.00	2.38	4.39582	26%-50% Below	No	No
60758011910	PREDNISOLONE AC 1% EYE DROP	3	10.00	2.38	4.46814	26%-50% Below	Yes	No
60758011910	PREDNISOLONE AC 1% EYE DROP	4	10.00	2.38	4.69591	26%-50% Below	Yes	No
60758077305	KETOROLAC 0.4% OPTH SOLUTION	1	5.00	6.71	12.83256	26%-50% Below	No	No
60758077305	KETOROLAC 0.4% OPTH SOLUTION	1	5.00	6.80	12.83256	26%-50% Below	No	No
60758077305	KETOROLAC 0.4% OPTH SOLUTION	2	5.00	6.80	12.74450	26%-50% Below	No	No
60758077305	KETOROLAC 0.4% OPTH SOLUTION	3	5.00	6.83	12.75788	26%-50% Below	No	No
60758088005	FLUOROMETHOLONE 0.1% EYE DROP	1	5.00	6.45	13.33632	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 841

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
60793085001	LEVOXYL 25 MCG TABLET	3	90.00	0.35	0.75272	51%-75% Below	No	No
60793085201	LEVOXYL 75 MCG TABLET	1	30.00	0.44	0.94404	51%-75% Below	No	No
60793085201	LEVOXYL 75 MCG TABLET	4	30.00	0.44	0.94404	51%-75% Below	No	No
60793085501	LEVOXYL 112 MCG TABLET	2	90.00	0.26	1.11753	76%-100% Below	No	No
60846080301	UNITHROID 75 MCG TABLET	1	90.00	0.90	4.18755	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	2	30.00	0.90	4.19520	76%-100% Below	No	No
60846080301	UNITHROID 75 MCG TABLET	2	90.00	0.39	4.19520	76%-100% Below	Yes	No
60846080301	UNITHROID 75 MCG TABLET	3	90.00	0.39	4.19599	76%-100% Below	Yes	No
60846080401	UNITHROID 88 MCG TABLET	2	90.00	0.90	4.19694	76%-100% Below	No	No
60846080401	UNITHROID 88 MCG TABLET	3	90.00	0.17	4.19721	76%-100% Below	Yes	No
60846080501	UNITHROID 100 MCG TABLET	3	30.00	0.36	4.20578	76%-100% Below	No	No
60846080501	UNITHROID 100 MCG TABLET	4	30.00	0.36	4.20605	76%-100% Below	No	No
61314001405	DICLOFENAC 0.1% EYE DROPS	3	5.00	1.13	1.84353	26%-50% Below	No	No
61314001910	DORZOLAMIDE HCL 2% EYE DROPS	1	10.00	0.59	0.92544	26%-50% Below	No	No
61314001910	DORZOLAMIDE HCL 2% EYE DROPS	3	10.00	0.59	0.89699	26%-50% Below	No	No
61314001910	DORZOLAMIDE HCL 2% EYE DROPS	12	10.00	0.52	0.92887	26%-50% Below	No	No
61314004475	TRIFLURIDINE 1% EYE DROPS	4	7.50	18.62	22.83301	10%-25% Below	Yes	No
61314012605	KETOROLAC 0.5% OPTH SOLUTION	3	5.00	0.98	1.41020	26%-50% Below	Yes	No
61314014315	BRIMONIDINE 0.2% EYE DROP	2	15.00	0.71	0.54016	26%-50% Above	No	No
61314014315	BRIMONIDINE 0.2% EYE DROP	4	15.00	0.71	0.49795	26%-50% Above	No	No
61314020415	PILOCARPINE 2% EYE DROPS	3	15.00	1.64	3.50212	51%-75% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	1	5.00	0.71	1.08940	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	2	5.00	0.78	1.08004	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	2	5.00	0.81	1.08004	10%-25% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	3	5.00	0.71	1.06995	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 842

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	4	10.00	0.76	1.05708	26%-50% Below	No	No
61314022705	TIMOLOL MALEATE 0.5% EYE DROPS	12	5.00	0.74	1.09686	26%-50% Below	No	No
61314022710	TIMOLOL MALEATE 0.5% EYE DROPS	2	10.00	0.62	0.78185	10%-25% Below	No	No
61314023710	CROMOLYN 4% EYE DROPS	3	10.00	0.50	0.57385	10%-25% Below	No	No
61314023710	CROMOLYN 4% EYE DROPS	12	10.00	0.50	0.59500	10%-25% Below	No	No
61314030802	AZELASTINE HCL 0.05% DROPS	1	6.00	2.50	0.93596	101%-200% Above	No	No
61314030802	AZELASTINE HCL 0.05% DROPS	3	6.00	1.24	0.88305	26%-50% Above	No	No
61314039603	CYCLOPENTOLATE 1% EYE DROPS	2	15.00	1.54	0.92014	51%-75% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	1	2.50	2.18	1.80942	10%-25% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	1	2.50	5.05	1.80942	101%-200% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	2	2.50	2.18	1.73562	10%-25% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	3	2.50	2.18	1.68152	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	4	2.50	2.18	1.59983	26%-50% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	7	10.00	2.02	1.79453	10%-25% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	2.50	2.27	1.83376	10%-25% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	2.50	5.05	1.83376	101%-200% Above	No	No
61314054701	LATANOPROST 0.005% EYE DROPS	12	7.50	2.27	1.83376	10%-25% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	1	10.00	0.69	0.47321	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	1	10.00	0.82	0.47321	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.65	0.46396	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	2	10.00	0.76	0.46396	51%-75% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.29	0.45883	26%-50% Below	Yes	No
61314062810	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.35	0.45883	10%-25% Below	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.59	0.45883	26%-50% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.35	0.45326	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 843

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314062810	POLYMYXIN B-TMP EYE DROPS	4	10.00	0.50	0.45326	10%-25% Above	No	No
61314062810	POLYMYXIN B-TMP EYE DROPS	12	10.00	0.81	0.47554	51%-75% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	0.96	1.72919	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	1	5.00	2.64	1.72919	51%-75% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	0.95	1.67431	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	0.96	1.67431	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	1.98	1.67431	10%-25% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	2	10.00	0.96	1.67431	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	0.95	1.62906	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	1.00	1.62906	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	3	5.00	2.61	1.62906	51%-75% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	0.20	1.62050	76%-100% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	0.95	1.62050	26%-50% Below	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	4	5.00	2.43	1.62050	26%-50% Above	No	No
61314063006	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	1.13	1.74206	26%-50% Below	No	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	3	3.50	1.21	2.68467	51%-75% Below	Yes	No
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTM	12	3.50	1.26	2.89657	51%-75% Below	Yes	No
61314063305	GENTAMICIN 0.3% EYE DROP	4	5.00	0.81	0.73537	10%-25% Above	Yes	No
61314063305	GENTAMICIN 0.3% EYE DROP	12	5.00	1.89	0.71269	101%-200% Above	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	1	15.00	3.91	4.40310	10%-25% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	2	5.00	2.39	4.58107	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	2	10.00	2.39	4.58107	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	3	5.00	2.54	4.76676	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	3	15.00	2.39	4.76676	26%-50% Below	No	No
61314063705	PREDNISOLONE AC 1% EYE DROP	12	5.00	2.54	4.37668	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 844

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61314063710	PREDNISOLONE AC 1% EYE DROP	1	10.00	2.38	4.31489	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	2	10.00	2.38	4.39582	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	3	10.00	2.38	4.46814	26%-50% Below	No	No
61314063710	PREDNISOLONE AC 1% EYE DROP	12	10.00	2.54	4.32634	26%-50% Below	No	No
61314064175	NEOMYCIN-POLY-HC EYE DROPS	4	7.50	14.22	19.16881	10%-25% Below	No	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	1	5.00	1.37	1.07524	26%-50% Above	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	4	5.00	1.65	1.00244	51%-75% Above	Yes	No
61314064305	TOBRAMYCIN 0.3% EYE DROP	12	5.00	1.37	1.07686	26%-50% Above	Yes	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	10.00	2.08	4.02936	26%-50% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	3	10.00	2.08	4.03566	26%-50% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	4	10.00	0.50	4.01090	76%-100% Below	No	No
61314064511	NEOMYCIN-POLYMYXIN-HC EAR SUSP	11	10.00	2.68	4.16355	26%-50% Below	No	No
61314064710	TOBRAMYCIN-DEXAMETH OPTH SUSP	1	5.00	9.30	4.28294	101%-200% Above	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	2	5.00	1.05	1.59542	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	3	5.00	1.05	1.59953	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	4	5.00	1.05	1.62304	26%-50% Below	No	No
61314065605	CIPROFLOXACIN 0.3% EYE DROP	12	5.00	1.00	1.67443	26%-50% Below	No	No
61314066505	APRACLOnidine HCL 0.5% DROPS	1	5.00	5.47	10.92207	26%-50% Below	No	No
61442010210	DICLOFENAC SOD DR 50 MG TAB	1	60.00	0.26	0.07969	200% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	1	30.00	0.13	0.07677	51%-75% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.22	0.07677	101%-200% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	2	90.00	0.10	0.07144	26%-50% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	3	30.00	0.13	0.06933	76%-100% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.13	0.06933	76%-100% Above	No	No
61442010301	DICLOFENAC SOD DR 75 MG TAB	12	20.00	0.13	0.07801	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 845

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61442010310	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.10	0.07677	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.22	0.07677	101%-200% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.17	0.07144	101%-200% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.10	0.06933	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
61442010310	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.22	0.07801	101%-200% Above	No	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.10	0.07677	26%-50% Above	Yes	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	2	20.00	0.15	0.07144	101%-200% Above	Yes	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.04	0.07144	26%-50% Below	Yes	No
61442010360	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	No	No
61442012201	FAMOTIDINE 40 MG TABLET	2	90.00	0.13	0.05125	101%-200% Above	No	No
61442012710	MELOXICAM 15 MG TABLET	1	30.00	0.06	0.02016	101%-200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	1	30.00	0.14	0.04156	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	1	30.00	0.33	0.04156	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	2	30.00	0.14	0.03931	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	3	30.00	0.14	0.03761	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	4	30.00	0.14	0.03680	200% Above	No	No
61442014110	LOVASTATIN 10 MG TABLET	12	30.00	0.15	0.04278	200% Above	No	No
61442022305	CIPROFLOXACIN HCL 500 MG TAB	2	20.00	0.25	0.12374	101%-200% Above	No	No
61442022601	DICLOFENAC SOD DR 50 MG TAB	2	90.00	0.04	0.07271	26%-50% Below	No	No
61442022601	DICLOFENAC SOD DR 50 MG TAB	3	21.00	0.20	0.07036	101%-200% Above	Yes	No
61442022760	DICLOFENAC SOD DR 75 MG TAB	3	20.00	0.13	0.06933	76%-100% Above	Yes	No
61442022760	DICLOFENAC SOD DR 75 MG TAB	4	20.00	0.10	0.06651	26%-50% Above	Yes	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	1	4.00	2.49	3.31612	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 846

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
61703035038	METHOTREXATE 50 MG/2 ML VIAL	2	4.00	2.49	3.34872	10%-25% Below	No	No
61703035038	METHOTREXATE 50 MG/2 ML VIAL	12	4.00	2.44	3.25981	10%-25% Below	No	No
61874011530	VRAYLAR 1.5 MG CAPSULE	3	30.00	26.98	50.96495	26%-50% Below	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	1	30.00	3.75	0.63890	200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	1	60.00	1.62	0.63890	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	2	30.00	1.62	0.62452	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	3	60.00	1.62	0.62418	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	4	60.00	1.62	0.62983	101%-200% Above	No	No
62037073401	METHYLPHENIDATE ER 27 MG TAB	12	30.00	5.59	0.64894	200% Above	No	No
62135062610	DOXYCYCLINE HYCLATE 100 MG TAB	1	20.00	0.75	0.11892	200% Above	No	No
62175026232	NIFEDIPINE ER 90 MG TABLET	1	30.00	0.29	0.23852	10%-25% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	1	30.00	0.13	0.23192	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	1	30.00	0.30	0.23192	26%-50% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	1	30.00	0.35	0.23192	26%-50% Above	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	2	30.00	0.13	0.21259	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	3	30.00	0.13	0.21503	26%-50% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	3	90.00	0.10	0.21503	51%-75% Below	No	No
62175030232	RABEPRAZOLE SOD DR 20 MG TAB	12	30.00	0.13	0.24186	26%-50% Below	No	No
62175031137	METHYLPHENIDATE ER 27 MG TAB	1	30.00	3.64	0.63890	200% Above	No	No
62175047032	PAROXETINE ER 12.5 MG TABLET	1	30.00	0.21	0.44614	51%-75% Below	Yes	No
62175047032	PAROXETINE ER 12.5 MG TABLET	2	30.00	0.21	0.49048	51%-75% Below	Yes	No
62175047032	PAROXETINE ER 12.5 MG TABLET	12	30.00	0.21	0.44551	51%-75% Below	Yes	No
62332000191	FAMOTIDINE 20 MG TABLET	1	60.00	0.04	0.02947	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	1	60.00	0.08	0.02947	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	2	8.00	0.01	0.03015	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 847

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332000191	FAMOTIDINE 20 MG TABLET	2	30.00	0.04	0.03015	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03015	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	2	60.00	0.08	0.03015	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	14.00	0.08	0.03030	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	60.00	0.03	0.03030	10%-25% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	60.00	0.03	0.03030	10%-25% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	60.00	0.04	0.03030	26%-50% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	3	60.00	0.08	0.03030	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	4	60.00	0.08	0.03099	101%-200% Above	No	No
62332000191	FAMOTIDINE 20 MG TABLET	12	14.00	0.06	0.02948	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	1	90.00	0.11	0.05196	101%-200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	1	90.00	0.25	0.05196	200% Above	No	No
62332000231	FAMOTIDINE 40 MG TABLET	3	90.00	0.10	0.05137	101%-200% Above	Yes	No
62332000231	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	No	No
62332000271	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	1	30.00	0.13	0.05196	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	1	30.00	0.25	0.05196	200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	2	30.00	0.11	0.05125	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	2	90.00	0.10	0.05125	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	2	180.00	0.11	0.05125	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05137	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05137	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05137	101%-200% Above	No	No
62332000291	FAMOTIDINE 40 MG TABLET	12	90.00	0.10	0.05202	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 848

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332001031	VENLAFAXINE HCL 50 MG TABLET	12	30.00	0.18	0.08142	101%-200% Above	No	No
62332001771	METRONIDAZOLE 500 MG TABLET	3	20.00	0.16	0.10236	51%-75% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.11	0.05977	76%-100% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.16	0.05977	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.18	0.05977	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.24	0.05977	200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.11	0.05698	76%-100% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.16	0.05698	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.05698	76%-100% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.16	0.05698	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.11	0.05426	76%-100% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.16	0.05426	200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.15	0.05426	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.11	0.05279	101%-200% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.11	0.06210	51%-75% Above	No	No
62332002431	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.17	0.06210	101%-200% Above	No	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.01	0.02130	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.12	0.02130	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.27	0.02130	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	60.00	0.27	0.02130	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.01	0.02130	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.05	0.02130	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02130	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.12	0.02130	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.27	0.02130	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 849

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.01	0.02075	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.09	0.02075	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.12	0.02075	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	60.00	0.12	0.02075	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.05	0.02075	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.05	0.02075	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.07	0.02102	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.09	0.02102	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.12	0.02102	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	60.00	0.12	0.02102	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.01	0.02102	51%-75% Below	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.05	0.02102	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.02102	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.02102	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.12	0.02102	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.07	0.02106	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.12	0.02106	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.05	0.02106	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.07	0.02106	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.12	0.02106	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.12	0.02247	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.05	0.02247	101%-200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.12	0.02247	200% Above	Yes	No
62332002791	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.27	0.02247	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 850

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.08	0.03146	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.02	0.03146	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03146	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03146	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03146	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03146	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03146	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.11	0.03146	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.25	0.03146	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	1	135.00	0.07	0.03146	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.11	0.03181	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03181	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03181	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03181	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03181	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.11	0.03181	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	2	180.00	0.11	0.03181	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.02	0.03302	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03302	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03302	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03302	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03302	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03302	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.11	0.03302	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.18	0.03302	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 851

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.11	0.03343	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.05	0.03343	51%-75% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.07	0.03343	76%-100% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.07	0.03343	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.08	0.03343	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.11	0.03343	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	4	180.00	0.11	0.03343	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.08	0.03109	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.11	0.03109	200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.02	0.03109	51%-75% Below	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.09	0.03109	101%-200% Above	Yes	No
62332002891	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.11	0.03109	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.12	0.04195	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.28	0.04195	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.09	0.04195	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.13	0.04195	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.14	0.04195	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.28	0.04195	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.12	0.04114	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.02	0.04114	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.08	0.04114	76%-100% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.04114	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 852

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.11	0.04114	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.04114	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.02	0.04254	51%-75% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.04254	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.04254	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.12	0.04254	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.13	0.04315	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.11	0.04315	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.13	0.04315	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.14	0.04315	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.12	0.04249	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.13	0.04249	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.15	0.04249	200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.02	0.04249	26%-50% Below	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.11	0.04249	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.11	0.04249	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.12	0.04249	101%-200% Above	Yes	No
62332002991	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.13	0.04249	101%-200% Above	Yes	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	2	30.00	0.11	0.04684	101%-200% Above	No	No
62332003031	ROPINIROLE HCL 0.25 MG TABLET	12	90.00	0.03	0.04732	26%-50% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	1	90.00	0.23	0.04459	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
62332003131	ROPINIROLE HCL 0.5 MG TABLET	2	30.00	0.10	0.04323	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	3	90.00	0.02	0.04261	26%-50% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	3	90.00	0.10	0.04261	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	3	180.00	0.02	0.04261	26%-50% Below	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	4	90.00	0.10	0.04330	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	12	14.00	0.10	0.04538	101%-200% Above	No	No
62332003131	ROPINIROLE HCL 0.5 MG TABLET	12	180.00	0.02	0.04538	26%-50% Below	No	No
62332003231	ROPINIROLE HCL 1 MG TABLET	3	60.00	0.11	0.05220	101%-200% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	2	30.00	0.13	0.06753	76%-100% Above	No	No
62332003331	ROPINIROLE HCL 2 MG TABLET	3	90.00	0.13	0.06722	76%-100% Above	No	No
62332003431	ROPINIROLE HCL 3 MG TABLET	12	180.00	0.21	0.07989	101%-200% Above	No	No
62332003531	ROPINIROLE HCL 4 MG TABLET	1	90.00	0.33	0.08225	200% Above	No	No
62332003531	ROPINIROLE HCL 4 MG TABLET	2	180.00	0.03	0.08363	51%-75% Below	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	1	60.00	0.08	0.02947	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	1	180.00	0.08	0.02947	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	1	270.00	0.06	0.02947	76%-100% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	3	60.00	0.08	0.02924	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	3	270.00	0.08	0.02924	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	12	14.00	0.08	0.03008	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	12	60.00	0.08	0.03008	101%-200% Above	No	No
62332003731	LAMOTRIGINE 25 MG TABLET	12	60.00	0.17	0.03008	200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	1	60.00	0.09	0.04550	76%-100% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	2	30.00	0.09	0.04411	101%-200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	2	210.00	0.09	0.04411	101%-200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	3	30.00	0.09	0.04414	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 854

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332003831	LAMOTRIGINE 100 MG TABLET	3	180.00	0.09	0.04414	101%-200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	3	210.00	0.09	0.04414	101%-200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	4	30.00	0.09	0.04454	101%-200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	12	60.00	0.20	0.04582	200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	12	180.00	0.20	0.04582	200% Above	No	No
62332003831	LAMOTRIGINE 100 MG TABLET	12	210.00	0.20	0.04582	200% Above	No	No
62332003960	LAMOTRIGINE 150 MG TABLET	3	90.00	0.09	0.06504	26%-50% Above	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	1	60.00	0.39	0.08016	200% Above	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	1	240.00	0.18	0.08016	101%-200% Above	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	2	60.00	0.18	0.08077	101%-200% Above	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	3	60.00	0.18	0.08161	101%-200% Above	No	No
62332004060	LAMOTRIGINE 200 MG TABLET	4	60.00	0.18	0.08328	101%-200% Above	No	No
62332004590	VALSARTAN 80 MG TABLET	2	90.00	0.18	0.11553	51%-75% Above	No	No
62332004890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.12	0.07615	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.04	0.02526	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	1	50.00	0.10	0.02526	200% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	1	180.00	0.10	0.02526	200% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.04	0.02516	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	2	50.00	0.04	0.02516	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.04	0.02514	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	4	180.00	0.04	0.02473	51%-75% Above	No	No
62332005471	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.04	0.02535	76%-100% Above	No	No
62332005491	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.10	0.02526	200% Above	No	No
62332005491	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.04	0.02516	51%-75% Above	No	No
62332005491	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.04	0.02514	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 855

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332005491	CLONIDINE HCL 0.1 MG TABLET	4	30.00	0.04	0.02473	51%-75% Above	No	No
62332005491	CLONIDINE HCL 0.1 MG TABLET	12	20.00	0.03	0.02535	10%-25% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	1	120.00	0.15	0.03482	200% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	2	120.00	0.06	0.03486	76%-100% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	3	120.00	0.06	0.03467	76%-100% Above	No	No
62332005571	CLONIDINE HCL 0.2 MG TABLET	4	120.00	0.06	0.03411	76%-100% Above	No	No
62332005591	CLONIDINE HCL 0.2 MG TABLET	2	180.00	0.01	0.03486	51%-75% Below	No	No
62332005671	CLONIDINE HCL 0.3 MG TABLET	3	90.00	0.03	0.03895	26%-50% Below	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	1	30.00	0.19	0.12187	51%-75% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	1	30.00	0.45	0.12187	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	1	90.00	0.45	0.12187	200% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	2	30.00	0.19	0.11010	51%-75% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	3	30.00	0.19	0.11024	51%-75% Above	No	No
62332008531	FENOFIBRATE 134 MG CAPSULE	12	30.00	0.33	0.12074	101%-200% Above	No	No
62332009531	LAMOTRIGINE 5 MG DISPER TABLET	2	60.00	0.08	0.15995	26%-50% Below	No	No
62332009531	LAMOTRIGINE 5 MG DISPER TABLET	3	60.00	0.08	0.15327	26%-50% Below	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	1	30.00	0.47	0.11900	200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	1	30.00	1.04	0.11900	200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	1	90.00	1.04	0.11900	200% Above	No	No
62332009730	ARIPIPRAZOLE 2 MG TABLET	2	30.00	0.47	0.11214	200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	1	30.00	0.47	0.11900	200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	3	30.00	0.47	0.11188	200% Above	No	No
62332009731	ARIPIPRAZOLE 2 MG TABLET	12	30.00	0.47	0.12458	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	1	30.00	0.56	0.09862	200% Above	No	No
62332009830	ARIPIPRAZOLE 5 MG TABLET	1	30.00	1.24	0.09862	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 856

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332009830	ARIPIRAZOLE 5 MG TABLET	1	60.00	0.56	0.09862	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	2	30.00	0.56	0.09783	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	2	90.00	0.56	0.09783	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.50	0.09769	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.56	0.09769	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	4	30.00	0.56	0.09968	200% Above	No	No
62332009830	ARIPIRAZOLE 5 MG TABLET	12	30.00	0.56	0.09861	200% Above	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	2	30.00	0.56	0.09783	200% Above	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.56	0.09769	200% Above	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	3	45.00	0.56	0.09769	200% Above	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	3	90.00	0.56	0.09769	200% Above	No	No
62332009831	ARIPIRAZOLE 5 MG TABLET	12	30.00	0.56	0.09861	200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	1	30.00	0.50	0.11229	200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	2	30.00	0.50	0.10668	200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.50	0.10313	200% Above	No	No
62332009930	ARIPIRAZOLE 10 MG TABLET	3	30.00	0.52	0.10313	200% Above	No	No
62332010030	ARIPIRAZOLE 15 MG TABLET	1	30.00	0.33	0.13010	101%-200% Above	No	No
62332010030	ARIPIRAZOLE 15 MG TABLET	2	45.00	0.52	0.13058	200% Above	No	No
62332010030	ARIPIRAZOLE 15 MG TABLET	2	90.00	0.33	0.13058	101%-200% Above	No	No
62332010030	ARIPIRAZOLE 15 MG TABLET	4	30.00	0.33	0.13412	101%-200% Above	No	No
62332010030	ARIPIRAZOLE 15 MG TABLET	12	30.00	0.52	0.13711	200% Above	No	No
62332010031	ARIPIRAZOLE 15 MG TABLET	3	15.00	0.52	0.13167	200% Above	No	No
62332010130	ARIPIRAZOLE 20 MG TABLET	1	90.00	0.82	0.17401	200% Above	No	No
62332010130	ARIPIRAZOLE 20 MG TABLET	4	90.00	0.82	0.17419	200% Above	No	No
62332010131	ARIPIRAZOLE 20 MG TABLET	1	30.00	1.83	0.17401	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 857

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332010131	ARIPIRAZOLE 20 MG TABLET	2	30.00	0.82	0.16987	200% Above	No	No
62332010131	ARIPIRAZOLE 20 MG TABLET	3	30.00	0.82	0.16757	200% Above	No	No
62332010131	ARIPIRAZOLE 20 MG TABLET	4	30.00	0.82	0.17419	200% Above	No	No
62332011231	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.03	0.01747	51%-75% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	1	30.00	0.05	0.01773	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.05	0.01773	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.05	0.01773	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.11	0.01773	200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	2	15.00	0.05	0.01747	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	2	30.00	0.05	0.01747	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.05	0.01747	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.02	0.01747	10%-25% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.05	0.01747	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.05	0.01712	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.05	0.01712	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.02	0.01712	10%-25% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.05	0.01712	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.05	0.01714	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	12	30.00	0.05	0.01767	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.05	0.01767	101%-200% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.02	0.01767	10%-25% Above	No	No
62332011291	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.05	0.01767	101%-200% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	1	90.00	0.10	0.01987	200% Above	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	4	60.00	0.02	0.01928	10%-25% Below	No	No
62332011331	METOPROLOL TARTRATE 50 MG TAB	12	180.00	0.02	0.01983	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 858

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332011391	METOPROLOL TARTRATE 50 MG TAB	1	30.00	0.10	0.01987	200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.10	0.01987	200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.10	0.01987	200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	2	30.00	0.04	0.02000	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.04	0.02000	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	2	90.00	0.04	0.02000	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	30.00	0.04	0.01939	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	60.00	0.04	0.01939	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	3	180.00	0.04	0.01939	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	4	30.00	0.04	0.01928	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	4	60.00	0.04	0.01928	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	4	180.00	0.04	0.01928	101%-200% Above	No	No
62332011391	METOPROLOL TARTRATE 50 MG TAB	12	30.00	0.05	0.01983	101%-200% Above	No	No
62332011431	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.06	0.02624	101%-200% Above	No	No
62332011431	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.15	0.02624	200% Above	No	No
62332011831	BUPROPION HCL 75 MG TABLET	1	30.00	0.17	0.09699	51%-75% Above	No	No
62332011831	BUPROPION HCL 75 MG TABLET	1	30.00	0.35	0.09699	200% Above	No	No
62332011831	BUPROPION HCL 75 MG TABLET	2	30.00	0.17	0.09511	51%-75% Above	No	No
62332011831	BUPROPION HCL 75 MG TABLET	3	60.00	0.28	0.09527	101%-200% Above	No	No
62332012690	PREGABALIN 300 MG CAPSULE	2	60.00	0.04	0.06689	26%-50% Below	No	No
62332012690	PREGABALIN 300 MG CAPSULE	3	60.00	0.04	0.06533	26%-50% Below	No	No
62332012690	PREGABALIN 300 MG CAPSULE	4	60.00	0.04	0.06604	26%-50% Below	No	No
62332014060	CELECOXIB 50 MG CAPSULE	2	60.00	0.08	0.10373	10%-25% Below	No	No
62332014131	CELECOXIB 100 MG CAPSULE	1	30.00	0.16	0.07283	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	1	60.00	0.16	0.07283	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 859

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.25	0.07283	200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	1	60.00	0.37	0.07283	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	1	90.00	0.16	0.07283	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	2	60.00	0.16	0.07148	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	2	180.00	0.16	0.07148	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	3	30.00	0.67	0.07113	200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	3	40.00	0.12	0.07113	51%-75% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	3	60.00	0.16	0.07113	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	3	60.00	0.17	0.07113	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	3	180.00	0.16	0.07113	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	4	60.00	0.16	0.07308	101%-200% Above	Yes	No
62332014131	CELECOXIB 100 MG CAPSULE	4	180.00	0.16	0.07308	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	12	30.00	0.16	0.07408	101%-200% Above	No	No
62332014131	CELECOXIB 100 MG CAPSULE	12	180.00	0.37	0.07408	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	1	60.00	0.37	0.07283	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	2	30.00	0.16	0.07148	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	2	60.00	0.16	0.07148	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	2	60.00	0.25	0.07148	200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	3	30.00	0.16	0.07113	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	3	60.00	0.16	0.07113	101%-200% Above	No	No
62332014171	CELECOXIB 100 MG CAPSULE	3	60.00	0.25	0.07113	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	6.00	1.38	0.08664	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	21.00	0.95	0.08664	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.23	0.08664	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.23	0.08664	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	1	60.00	0.23	0.08664	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	60.00	0.25	0.08664	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	1	60.00	0.50	0.08664	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	90.00	0.23	0.08664	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	1	90.00	0.50	0.08664	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	7.00	0.23	0.08517	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	28.00	0.23	0.08517	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.23	0.08517	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.23	0.08517	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.08517	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.50	0.08517	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	30.00	0.50	0.08517	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.23	0.08517	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.23	0.08517	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	60.00	0.33	0.08517	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	90.00	0.23	0.08517	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	90.00	0.23	0.08517	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	2	90.00	0.50	0.08517	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	2	180.00	0.23	0.08517	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.16	0.08423	76%-100% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 861

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.33	0.08423	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.50	0.08423	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	30.00	0.50	0.08423	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.17	0.08423	76%-100% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.23	0.08423	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	60.00	0.25	0.08423	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	3	90.00	0.23	0.08423	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	90.00	0.33	0.08423	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	3	180.00	0.23	0.08423	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	4	30.00	0.23	0.08460	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	4	30.00	0.50	0.08460	200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	60.00	0.23	0.08460	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	4	60.00	0.25	0.08460	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	4	90.00	0.50	0.08460	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	30.00	0.23	0.08642	101%-200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	30.00	0.23	0.08642	101%-200% Above	Yes	No
62332014231	CELECOXIB 200 MG CAPSULE	12	60.00	0.50	0.08642	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	90.00	0.99	0.08642	200% Above	No	No
62332014231	CELECOXIB 200 MG CAPSULE	12	180.00	0.23	0.08642	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	1	30.00	0.23	0.08664	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	1	30.00	1.58	0.08664	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	2	30.00	0.23	0.08517	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 862

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332014271	CELECOXIB 200 MG CAPSULE	2	30.00	0.33	0.08517	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	2	180.00	0.23	0.08517	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	3	7.00	0.23	0.08423	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	3	30.00	0.33	0.08423	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	3	30.00	0.50	0.08423	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	3	90.00	0.23	0.08423	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	4	30.00	0.33	0.08460	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	4	30.00	0.50	0.08460	200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	12	30.00	0.23	0.08642	101%-200% Above	No	No
62332014271	CELECOXIB 200 MG CAPSULE	12	30.00	0.50	0.08642	200% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.81	0.16869	200% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.35	0.16694	101%-200% Above	No	No
62332014930	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.44	0.16694	101%-200% Above	No	No
62332014990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.33	0.16915	76%-100% Above	No	No
62332014990	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.33	0.16890	76%-100% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	30.00	0.45	0.22131	101%-200% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	30.00	1.04	0.22131	200% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	90.00	0.45	0.22131	101%-200% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	30.00	0.17	0.21487	10%-25% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	30.00	0.45	0.21487	101%-200% Above	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	0.17	0.21819	10%-25% Below	No	No
62332015030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	12	30.00	0.52	0.22526	101%-200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	30.00	1.04	0.22131	200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	45.00	0.45	0.22131	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 863

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	90.00	0.45	0.21819	101%-200% Above	No	No
62332015090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	12	30.00	0.47	0.22526	101%-200% Above	No	No
62332015130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	30.00	0.02	0.21095	76%-100% Below	No	No
62332015130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	30.00	0.43	0.21095	101%-200% Above	No	No
62332015130	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	12	30.00	1.01	0.20845	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	1	30.00	3.15	0.20161	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	2	30.00	1.36	0.20279	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	3	30.00	1.36	0.20598	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	3	90.00	1.36	0.20598	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	4	30.00	1.36	0.21615	200% Above	No	No
62332019030	FEBUXOSTAT 40 MG TABLET	12	90.00	1.42	0.21875	200% Above	No	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	1	30.00	0.28	0.45265	26%-50% Below	No	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	2	90.00	0.33	0.44314	10%-25% Below	No	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	3	30.00	0.28	0.43871	26%-50% Below	No	No
62332020590	AMLODIPINE-VALSARTAN 5-160 MG	12	30.00	0.62	0.46137	26%-50% Above	No	No
62332020790	AMLODIPINE-VALSARTAN 5-320 MG	12	90.00	0.59	0.53289	10%-25% Above	No	No
62332020830	AMLODIPINE-VALSARTAN 10-320 MG	2	90.00	0.25	0.64493	51%-75% Below	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	1	30.00	0.33	0.24681	26%-50% Above	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	1	90.00	0.42	0.24681	51%-75% Above	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	2	30.00	0.33	0.24099	26%-50% Above	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	3	30.00	0.33	0.23992	26%-50% Above	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	3	60.00	0.03	0.23992	76%-100% Below	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	4	90.00	0.42	0.23474	76%-100% Above	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	12	30.00	1.04	0.23651	200% Above	No	No
62332021230	AMLODIPINE-OLMESARTAN 5-20 MG	12	90.00	1.04	0.23651	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
62332021430	AMLODIPINE-OLMESARTAN 10-20 MG	1	90.00	0.62	0.33026	76%-100% Above	No	No
62332021530	AMLODIPINE-OLMESARTAN 10-40 MG	1	30.00	1.06	0.35265	200% Above	No	No
62332021590	AMLODIPINE-OLMESARTAN 10-40 MG	3	90.00	1.06	0.35285	200% Above	No	No
62332023230	VILAZODONE HCL 10 MG TABLET	3	30.00	0.54	0.98637	26%-50% Below	No	No
62332023330	VILAZODONE HCL 20 MG TABLET	3	90.00	2.05	0.85838	101%-200% Above	No	No
62332023330	VILAZODONE HCL 20 MG TABLET	4	30.00	0.50	0.85825	26%-50% Below	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	1	90.00	4.60	1.23187	200% Above	No	No
62332023430	VILAZODONE HCL 40 MG TABLET	3	30.00	1.98	1.20572	51%-75% Above	No	No
62332024231	FLUOXETINE HCL 10 MG TABLET	2	90.00	0.21	0.07075	101%-200% Above	No	No
62332024490	FENOFIBRIC ACID DR 45 MG CAP	2	90.00	0.23	0.15823	26%-50% Above	Yes	No
62332024590	FENOFIBRIC ACID DR 135 MG CAP	1	90.00	1.24	0.25403	200% Above	No	No
62332025050	DOXYCYCLINE MONO 100 MG CAP	2	14.00	0.19	0.23018	10%-25% Below	No	No
62332025118	AZITHROMYCIN 250 MG TABLET	12	6.00	0.55	0.31612	51%-75% Above	Yes	No
62332025130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	No	No
62332025130	AZITHROMYCIN 250 MG TABLET	3	6.00	0.65	0.28827	101%-200% Above	No	No
62332025209	AZITHROMYCIN 500 MG TABLET	2	3.00	0.83	0.60817	26%-50% Above	Yes	No
62332025230	AZITHROMYCIN 500 MG TABLET	1	2.00	2.68	0.61802	200% Above	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	1	5.00	2.67	0.61802	200% Above	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	2	5.00	1.15	0.60817	76%-100% Above	No	No
62332025230	AZITHROMYCIN 500 MG TABLET	12	3.00	1.20	0.60967	76%-100% Above	Yes	No
62332038031	TEMAZEPAM 15 MG CAPSULE	1	31.00	0.32	0.07676	200% Above	Yes	No
62332038031	TEMAZEPAM 15 MG CAPSULE	2	31.00	0.14	0.07793	76%-100% Above	Yes	No
62332038031	TEMAZEPAM 15 MG CAPSULE	3	31.00	0.14	0.07903	51%-75% Above	Yes	No
62332038031	TEMAZEPAM 15 MG CAPSULE	12	30.00	0.04	0.07576	26%-50% Below	Yes	No
62332038031	TEMAZEPAM 15 MG CAPSULE	12	30.00	0.14	0.07576	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 865

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332038231	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.41	0.09101	200% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.04	0.08993	26%-50% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.18	0.08993	76%-100% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.04	0.09099	51%-75% Below	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	3	30.00	0.18	0.09099	76%-100% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.18	0.09224	76%-100% Above	Yes	No
62332038231	TEMAZEPAM 30 MG CAPSULE	12	30.00	0.41	0.09262	200% Above	Yes	No
62332038690	MODAFINIL 200 MG TABLET	1	30.00	0.50	0.38700	26%-50% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	1	30.00	0.68	0.38700	51%-75% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	2	30.00	0.50	0.36766	26%-50% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	3	30.00	0.31	0.35253	10%-25% Below	No	No
62332038690	MODAFINIL 200 MG TABLET	3	30.00	0.50	0.35253	26%-50% Above	No	No
62332038690	MODAFINIL 200 MG TABLET	4	90.00	0.50	0.35069	26%-50% Above	No	No
62332039031	NITROFURANTOIN MCR 50 MG CAP	2	90.00	0.18	0.15597	10%-25% Above	No	No
62332039031	NITROFURANTOIN MCR 50 MG CAP	4	90.00	0.18	0.14106	26%-50% Above	No	No
62332039131	NITROFURANTOIN MCR 100 MG CAP	1	10.00	0.86	0.23861	200% Above	No	No
62332040231	NADOLOL 20 MG TABLET	1	180.00	0.06	0.19048	51%-75% Below	No	No
62332040431	NADOLOL 80 MG TABLET	1	30.00	0.50	0.26956	76%-100% Above	No	No
62332040431	NADOLOL 80 MG TABLET	2	30.00	0.50	0.28704	51%-75% Above	No	No
62332040431	NADOLOL 80 MG TABLET	3	30.00	0.50	0.29459	51%-75% Above	No	No
62332040431	NADOLOL 80 MG TABLET	3	60.00	0.17	0.29459	26%-50% Below	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.18	0.91339	26%-50% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.28	0.91339	26%-50% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.86	0.91339	101%-200% Above	No	No
62332041510	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.93	0.91545	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 866

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332048650	CLOBETASOL 0.05% SOLUTION	1	50.00	1.06	0.12394	200% Above	No	No
62332048650	CLOBETASOL 0.05% SOLUTION	3	50.00	0.46	0.11959	200% Above	No	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	1	12.00	1.24	0.08829	200% Above	Yes	No
62332049241	TIZANIDINE HCL 4 MG CAPSULE	2	30.00	0.50	0.08462	200% Above	No	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	3	30.00	0.57	0.13354	200% Above	Yes	No
62332049341	TIZANIDINE HCL 6 MG CAPSULE	12	15.00	0.59	0.12627	200% Above	Yes	No
62332049430	LURASIDONE HCL 20 MG TABLET	3	30.00	3.18	0.14272	200% Above	No	No
62332049530	LURASIDONE HCL 40 MG TABLET	1	30.00	3.19	0.25551	200% Above	No	No
62332049530	LURASIDONE HCL 40 MG TABLET	3	30.00	3.19	0.22554	200% Above	No	No
62332049530	LURASIDONE HCL 40 MG TABLET	12	30.00	3.33	0.26295	200% Above	No	No
62332049730	LURASIDONE HCL 80 MG TABLET	12	7.00	2.13	0.39350	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	5.67	1.82235	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	13.16	1.82235	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	5.67	1.81223	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	8.09	1.81223	200% Above	No	No
62332050503	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	5.67	1.77440	200% Above	No	No
62332050606	AZELASTINE HCL 0.05% DROPS	1	6.00	2.87	0.93596	200% Above	Yes	No
62332050606	AZELASTINE HCL 0.05% DROPS	1	18.00	1.24	0.93596	26%-50% Above	Yes	No
62332050606	AZELASTINE HCL 0.05% DROPS	2	6.00	1.24	0.90809	26%-50% Above	Yes	No
62332050606	AZELASTINE HCL 0.05% DROPS	3	6.00	1.24	0.88305	26%-50% Above	Yes	No
62332050725	BIMATOPROST 0.03% EYE DROPS	1	2.50	16.56	7.83762	101%-200% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	1	15.00	0.67	0.17875	200% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	2	15.00	1.06	0.18413	200% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	2	30.00	0.33	0.18413	76%-100% Above	No	No
62332054715	CLOBETASOL 0.05% CREAM	3	15.00	0.67	0.18005	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 867

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332054760	CLOBETASOL 0.05% CREAM	1	60.00	1.06	0.11344	200% Above	No	No
62332054804	CLOBETASOL 0.05% SHAMPOO	2	118.00	0.38	0.20148	76%-100% Above	Yes	No
62332054945	ADAPALENE 0.3% GEL	1	45.00	0.33	0.49589	26%-50% Below	No	No
62332055310	DORZOLAMIDE-TIMOLOL EYE DROPS	1	20.00	0.52	0.94363	26%-50% Below	Yes	No
62332055310	DORZOLAMIDE-TIMOLOL EYE DROPS	3	20.00	0.52	0.94345	26%-50% Below	Yes	No
62332055310	DORZOLAMIDE-TIMOLOL EYE DROPS	12	30.00	0.48	0.94083	26%-50% Below	Yes	No
62332055645	SACUBITRIL-VALSARTAN 24-26 MG	1	60.00	1.44	0.78515	76%-100% Above	No	No
62332055760	SACUBITRIL-VALSARTAN 49-51 MG	1	60.00	0.92	0.78537	10%-25% Above	No	No
62332055760	SACUBITRIL-VALSARTAN 49-51 MG	2	60.00	0.92	0.66011	26%-50% Above	No	No
62332058231	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.15	0.23948	26%-50% Below	Yes	No
62332058515	NYSTATIN-TRIAMCINOLONE OINTMENT	2	30.00	0.69	0.35379	76%-100% Above	No	No
62332058631	AMANTADINE 100 MG TABLET	1	30.00	0.91	0.36430	101%-200% Above	No	No
62332058631	AMANTADINE 100 MG TABLET	12	30.00	0.50	0.36164	26%-50% Above	No	No
62332060125	KETOROLAC 60 MG/2 ML VIAL	1	12.00	1.00	0.45602	101%-200% Above	No	No
62332060331	BISOPROLOL FUMARATE 5 MG TAB	1	90.00	0.21	0.17808	10%-25% Above	No	No
62332066245	ADAPALENE-BNZZYL PEROX 0.3-2.5%	1	45.00	0.37	0.62427	26%-50% Below	No	No
62332066245	ADAPALENE-BNZZYL PEROX 0.3-2.5%	1	45.00	0.46	0.62427	26%-50% Below	No	No
62332066360	DAPSONE 7.5% GEL PUMP	12	60.00	0.63	0.99643	26%-50% Below	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	1	65.00	0.45	0.16393	101%-200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	1	90.00	0.19	0.16393	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	1	96.00	0.19	0.16393	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	1	96.00	0.45	0.16393	101%-200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	2	40.00	0.50	0.16022	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	3	39.00	0.19	0.15848	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	3	72.00	0.19	0.15848	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 868

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	40.00	0.50	0.16046	200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	4	72.00	0.19	0.16046	10%-25% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	12	36.00	0.45	0.15807	101%-200% Above	Yes	No
62332073031	METHOTREXATE 2.5 MG TABLET	12	96.00	0.20	0.15807	26%-50% Above	Yes	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	1	30.00	0.38	0.17337	101%-200% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	1	30.00	0.50	0.17337	101%-200% Above	Yes	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	3	30.00	0.17	0.14634	10%-25% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	3	90.00	0.22	0.14634	51%-75% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	4	30.00	0.17	0.14061	10%-25% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	4	90.00	0.32	0.14061	101%-200% Above	No	No
62332074531	GUANFACINE HCL ER 1 MG TABLET	12	90.00	0.22	0.17528	26%-50% Above	No	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	1	30.00	0.19	0.21524	10%-25% Below	No	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	1	30.00	0.19	0.21524	10%-25% Below	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	1	30.00	0.41	0.21524	76%-100% Above	No	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	1	30.00	0.41	0.21524	76%-100% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	2	30.00	0.50	0.20561	101%-200% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	3	30.00	0.50	0.19426	101%-200% Above	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	12	30.00	0.19	0.21663	10%-25% Below	Yes	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	12	30.00	0.41	0.21663	76%-100% Above	No	No
62332074631	GUANFACINE HCL ER 2 MG TABLET	12	30.00	0.50	0.21663	101%-200% Above	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	1	30.00	0.34	0.20197	51%-75% Above	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	2	30.00	0.15	0.19165	10%-25% Below	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	3	30.00	0.15	0.17975	10%-25% Below	Yes	No
62332074731	GUANFACINE HCL ER 3 MG TABLET	12	90.00	0.42	0.19848	101%-200% Above	Yes	No
62332074831	GUANFACINE HCL ER 4 MG TABLET	3	30.00	0.50	0.17352	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 869

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62332076430	AMLODIPINE-ATORVAST 10-40 MG	3	30.00	0.76	1.51552	26%-50% Below	No	No
62332080720	TRETINOIN 0.1% CREAM	3	20.00	0.83	1.05963	10%-25% Below	Yes	No
62332080720	TRETINOIN 0.1% CREAM	12	20.00	0.71	1.06196	26%-50% Below	Yes	No
62332080745	TRETINOIN 0.1% CREAM	1	45.00	1.93	0.92407	101%-200% Above	Yes	No
62332080745	TRETINOIN 0.1% CREAM	2	45.00	0.70	0.91668	10%-25% Below	Yes	No
62332080745	TRETINOIN 0.1% CREAM	3	45.00	0.70	0.90870	10%-25% Below	Yes	No
62332080745	TRETINOIN 0.1% CREAM	3	90.00	0.46	0.90870	26%-50% Below	Yes	No
62332080920	TRETINOIN 0.025% CREAM	3	20.00	0.71	0.87441	10%-25% Below	Yes	No
62332080945	TRETINOIN 0.025% CREAM	3	45.00	0.33	0.79702	51%-75% Below	Yes	No
62332080945	TRETINOIN 0.025% CREAM	3	45.00	0.71	0.79702	10%-25% Below	Yes	No
62541040610	PANCREAZE CAP 37000	1	300.00	15.78	.		No	No
62541040610	PANCREAZE CAP 37000	3	300.00	15.78	.		No	No
62542000530	AMPHETAMINE ER 3.1 MG ODT	3	30.00	8.08	16.30573	26%-50% Below	Yes	No
62542000530	AMPHETAMINE ODT 3.1MG ER	1	30.00	8.08	.		Yes	No
62559014901	METHYLTES/EE TAB 2.5-1.25	1	90.00	2.74	.		No	No
62559014901	METHYLTES/EE TAB 2.5-1.25	12	30.00	2.69	.		Yes	No
62559014901	METHYLTES/EE TAB 2.5-1.25	12	60.00	2.69	.		Yes	No
62559015001	METHYLTES/EE TAB 1.25.625	2	30.00	0.79	.		Yes	No
62559015001	METHYLTES/EE TAB 1.25.625	3	30.00	0.79	.		Yes	No
62559015001	METHYLTES/EE TAB 1.25.625	4	30.00	0.79	.		Yes	No
62559023001	PROPAFENONE HCL 150 MG TABLET	3	30.00	0.09	0.10942	10%-25% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	1	90.00	0.27	0.61348	51%-75% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	2	21.00	0.29	0.57554	26%-50% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	2	60.00	0.27	0.57554	51%-75% Below	No	No
62559025501	ACEBUTOLOL 200 MG CAPSULE	2	60.00	0.28	0.57554	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 870

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559025501	ACEBUTOLOL 200 MG CAPSULE	3	180.00	0.28	0.55580	26%-50% Below	No	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	1	30.00	0.50	1.02673	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	1	60.00	2.35	1.02673	101%-200% Above	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	2	10.00	0.50	1.00932	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	2	30.00	0.50	1.00932	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	3	30.00	0.50	0.94669	26%-50% Below	Yes	No
62559026530	TRANEXAMIC ACID 650 MG TABLET	12	15.00	0.62	1.02155	26%-50% Below	Yes	No
62559026616	VALPROIC ACID 250 MG/5 ML SOLN	1	600.00	0.02	0.03378	51%-75% Below	No	No
62559026616	VALPROIC ACID 250 MG/5 ML SOLN	12	600.00	0.02	0.03328	26%-50% Below	No	No
62559027630	NEBIVOLOL 5 MG TABLET	1	90.00	0.31	0.10936	101%-200% Above	No	No
62559028860	FLUOCINOLONE 0.01% CREAM	2	60.00	1.07	1.33591	10%-25% Below	Yes	No
62559038001	FLECAINIDE ACETATE 50 MG TAB	12	60.00	0.28	0.11617	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	1	60.00	0.52	0.17905	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	1	180.00	0.52	0.17905	101%-200% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	2	60.00	0.23	0.17938	26%-50% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	3	60.00	0.23	0.18012	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	3	180.00	0.23	0.18012	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	4	60.00	0.23	0.18626	10%-25% Above	No	No
62559038101	FLECAINIDE ACETATE 100 MG TAB	12	180.00	0.24	0.18352	26%-50% Above	No	No
62559039020	VANCOMYCIN HCL 125 MG CAPSULE	12	40.00	0.52	1.42066	51%-75% Below	No	No
62559039150	VANCOMYCIN HCL 250 MG CAPSULE	3	40.00	1.04	2.53101	51%-75% Below	Yes	No
62559039150	VANCOMYCIN HCL 250 MG CAPSULE	3	40.00	1.05	2.53101	51%-75% Below	Yes	No
62559039150	VANCOMYCIN HCL 250 MG CAPSULE	4	40.00	1.05	2.53828	51%-75% Below	Yes	No
62559039512	COLESTIPOL HCL 1 GM TABLET	1	60.00	0.36	0.66839	26%-50% Below	No	No
62559039512	COLESTIPOL HCL 1 GM TABLET	2	60.00	0.36	0.65896	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 871

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559039512	COLESTIPOL HCL 1 GM TABLET	3	60.00	0.25	0.66757	51%-75% Below	No	No
62559039512	COLESTIPOL HCL 1 GM TABLET	3	60.00	0.36	0.66757	26%-50% Below	No	No
62559039512	COLESTIPOL HCL 1 GM TABLET	12	60.00	0.37	0.67433	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.15	0.24056	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.03	0.23204	76%-100% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.15	0.22531	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.15	0.22531	26%-50% Below	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	0.35	0.23564	26%-50% Above	No	No
62559041701	BENAZEPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.16	0.23564	26%-50% Below	No	No
62559042101	HYOSCYAMINE SULF 0.125 MG TAB	12	20.00	0.25	0.19513	10%-25% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	1	18.00	0.70	0.20556	200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	1	30.00	0.69	0.20556	200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	2	30.00	0.16	0.20186	10%-25% Below	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	2	60.00	0.48	0.20186	101%-200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	3	15.00	0.33	0.20853	51%-75% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	3	30.00	0.48	0.20853	101%-200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	3	270.00	0.48	0.20853	101%-200% Above	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	4	30.00	0.16	0.20451	10%-25% Below	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	12	30.00	0.16	0.21063	10%-25% Below	Yes	No
62559042401	HYOSCYAMINE 0.125 MG TAB SL	12	30.00	0.48	0.21063	101%-200% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	1	30.00	0.32	0.25086	26%-50% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	1	30.00	0.75	0.25086	101%-200% Above	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	2	30.00	0.13	0.24185	26%-50% Below	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	2	30.00	0.14	0.24185	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	2	30.00	0.15	0.24185	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 872

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.32	0.24185	26%-50% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	2	60.00	0.32	0.24185	26%-50% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	3	30.00	0.14	0.23664	26%-50% Below	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	3	30.00	0.32	0.23664	26%-50% Above	No	No
62559043130	HYDROCORTISONE 2.5% CREAM	12	30.00	0.34	0.26074	26%-50% Above	Yes	No
62559043130	HYDROCORTISONE 2.5% CREAM	12	30.00	0.56	0.26074	101%-200% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	2	30.00	0.22	0.10337	101%-200% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	3	30.00	0.23	0.10474	101%-200% Above	No	No
62559051001	INDAPAMIDE 1.25 MG TABLET	3	90.00	0.01	0.10474	76%-100% Below	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	1	90.00	0.33	0.11954	101%-200% Above	Yes	No
62559051101	INDAPAMIDE 2.5 MG TABLET	3	90.00	0.14	0.11796	10%-25% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	4	30.00	0.14	0.11608	10%-25% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	12	14.00	0.15	0.11880	26%-50% Above	No	No
62559051101	INDAPAMIDE 2.5 MG TABLET	12	90.00	0.05	0.11880	51%-75% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	118.00	0.03	0.04253	10%-25% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	180.00	0.05	0.04253	10%-25% Above	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	300.00	0.03	0.04253	26%-50% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	100.00	0.03	0.03933	26%-50% Below	No	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	120.00	0.03	0.03933	26%-50% Below	Yes	No
62559075816	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.04	0.04377	10%-25% Below	Yes	No
62559082001	MEXILETINE 150 MG CAPSULE	1	30.00	0.50	0.24498	101%-200% Above	No	No
62559082001	MEXILETINE 150 MG CAPSULE	2	30.00	0.50	0.24085	101%-200% Above	No	No
62559082001	MEXILETINE 150 MG CAPSULE	3	30.00	0.50	0.25385	76%-100% Above	No	No
62559098130	RISPERIDONE 1 MG/ML SOLUTION	3	30.00	0.17	0.49703	51%-75% Below	No	No
62559099212	FLUCONAZOLE 150 MG TABLET	2	1.00	1.56	0.49006	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 873

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62559099212	FLUCONAZOLE 150 MG TABLET	2	2.00	1.24	0.49006	101%-200% Above	No	No
62559099330	FLUCONAZOLE 200 MG TABLET	3	3.00	0.93	0.43495	101%-200% Above	No	No
62559099330	FLUCONAZOLE 200 MG TABLET	3	4.00	0.93	0.43495	101%-200% Above	No	No
62559099330	FLUCONAZOLE 200 MG TABLET	4	11.00	0.93	0.42204	101%-200% Above	No	No
62756024064	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.26	0.15835	51%-75% Above	No	No
62756035664	ONDANSETRON ODT 8 MG TABLET	2	12.00	0.12	0.16841	26%-50% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	4.31	8.68153	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	6.33	8.68153	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	14.69	8.68153	51%-75% Above	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	1	7.50	14.69	8.68153	51%-75% Above	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	1	15.00	4.31	8.68153	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	4.31	8.44583	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	13.45	8.44583	51%-75% Above	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	4.31	8.30836	26%-50% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	4.57	8.30836	26%-50% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	4.77	8.30836	26%-50% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	6.33	8.30836	10%-25% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	3	7.50	13.45	8.30836	51%-75% Above	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	3.16	7.77983	51%-75% Below	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	6.33	7.77983	10%-25% Below	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	13.45	7.77983	51%-75% Above	No	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	4	7.50	13.45	7.77983	51%-75% Above	Yes	No
62756042790	CIPROFLOX-DEXAMETH OTIC SUSP	12	7.50	7.02	8.61573	10%-25% Below	Yes	No
62756058988	LIOTHYRONINE SOD 5 MCG TAB	4	90.00	0.14	0.21610	26%-50% Below	No	No
62756079713	DIVALPROEX SOD DR 250 MG TAB	1	180.00	0.04	0.09108	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 874

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
62756079713	DIVALPROEX SOD DR 250 MG TAB	2	180.00	0.04	0.08578	51%-75% Below	No	No
62756079713	DIVALPROEX SOD DR 250 MG TAB	3	180.00	0.04	0.08629	51%-75% Below	No	No
62756079713	DIVALPROEX SOD DR 250 MG TAB	4	180.00	0.04	0.08669	51%-75% Below	No	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	45.00	0.56	0.69990	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	58.00	0.56	0.69990	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	1	90.00	0.56	0.69990	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	10.00	0.56	0.68042	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	45.00	0.56	0.68042	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	2	90.00	0.56	0.68042	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	45.00	0.56	0.66164	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	58.00	0.56	0.66164	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	3	90.00	0.56	0.66164	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	20.00	0.56	0.66808	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	45.00	0.56	0.66808	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	4	57.00	0.56	0.66808	10%-25% Below	Yes	No
62756097083	BUPRENORPHINE-NALOXONE 8-2 MG SL TABLET	12	58.00	0.56	0.71913	10%-25% Below	Yes	No
63000051968	GUARDIAN 4 MIS SENSOR	2	5.00	124.84	.		Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	1	7.00	0.12	0.13336	10%-25% Below	Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.05	0.13336	51%-75% Below	Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.28	0.13336	101%-200% Above	Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	3	180.00	0.05	0.13337	51%-75% Below	Yes	No
63304007601	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.12	0.13386	10%-25% Below	Yes	No
63304009001	POTASSIUM CL ER 10 MEQ CAPSULE	3	6.00	0.11	0.13077	10%-25% Below	No	No
63304017513	MESALAMINE DR 1.2 GM TABLET	2	60.00	0.48	0.86822	26%-50% Below	No	No
63304017513	MESALAMINE DR 1.2 GM TABLET	3	60.00	0.48	0.89053	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 875

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
63304045001	MORPHINE SULF ER 15 MG TABLET	2	60.00	0.12	0.27826	51%-75% Below	No	No
63304045001	MORPHINE SULF ER 15 MG TABLET	4	60.00	0.15	0.30120	26%-50% Below	No	No
63304045930	ONDANSETRON TAB 8MG	1	18.00	0.54	.		No	No
63304045930	ONDANSETRON TAB 8MG	3	18.00	0.24	.		No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	1	21.00	0.38	0.18306	101%-200% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	21.00	0.23	0.17934	26%-50% Above	Yes	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	2	30.00	0.24	0.17934	26%-50% Above	No	No
63304069301	CLINDAMYCIN HCL 300 MG CAPSULE	3	14.00	0.26	0.17912	26%-50% Above	No	No
63304077201	LORAZEPAM 0.5 MG TABLET	12	90.00	0.05	0.04198	10%-25% Above	No	No
63304082790	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	No	No
63304082790	ATORVASTATIN 10 MG TABLET	3	30.00	0.18	0.02524	200% Above	No	No
63304082790	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	No	No
63304082890	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
63304082990	ATORVASTATIN 40 MG TABLET	1	30.00	0.26	0.04141	200% Above	No	No
63304082990	ATORVASTATIN TAB 40MG	3	90.00	0.12	.		No	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.21	0.13795	51%-75% Above	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.24	0.13795	51%-75% Above	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	1	120.00	0.10	0.13795	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	2	7.00	0.10	0.13587	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	2	10.00	0.25	0.13587	76%-100% Above	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	0.10	0.13587	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	2	60.00	0.17	0.13587	10%-25% Above	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	2	120.00	0.10	0.13587	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.10	0.13661	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.21	0.13661	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 876

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
63304098701	POTASSIUM CL ER 20 MEQ TABLET	3	120.00	0.10	0.13661	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.10	0.13796	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	4	120.00	0.10	0.13796	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	0.07	0.14169	26%-50% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	0.11	0.14169	10%-25% Below	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	0.18	0.14169	26%-50% Above	Yes	No
63304098701	POTASSIUM CL ER 20 MEQ TABLET	12	120.00	0.08	0.14169	26%-50% Below	Yes	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.17	1.57560	26%-50% Above	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	0.93	1.57560	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	2.17	1.57560	26%-50% Above	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	2.17	1.57560	26%-50% Above	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	1	5.00	0.93	1.57560	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	1	6.00	2.17	1.57560	26%-50% Above	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.93	1.52535	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	2	6.00	0.93	1.52535	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.93	1.50210	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.93	1.50210	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.94	1.50210	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	0.93	1.50210	26%-50% Below	No	No
63323004401	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	0.98	1.58765	26%-50% Below	No	No
63824005632	MUCINEX DM TAB 30-600ER	3	20.00	2.34	.		No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.02	0.15230	76%-100% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.09	0.15230	26%-50% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.07	0.13725	51%-75% Below	No	No
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.07	0.12364	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 877

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380011601	SOD SUL-POTASS SUL-MAG SUL SOL	12	354.00	0.12	0.15860	26%-50% Below	No	No
64380015701	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	15.00	0.08	0.13099	26%-50% Below	No	No
64380015701	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	15.00	0.05	0.13882	51%-75% Below	No	No
64380016101	VALGANCICLOVIR 450 MG TABLET	1	360.00	1.08	2.00001	26%-50% Below	Yes	No
64380018001	DOXYCYCLINE MONO 100 MG CAP	1	14.00	0.19	0.23295	10%-25% Below	No	No
64380018001	DOXYCYCLINE MONO 100 MG CAP	12	20.00	0.19	0.23968	10%-25% Below	No	No
64380019701	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 5-160-12.5 MG TAB	1	90.00	2.84	6.89616	51%-75% Below	Yes	No
64380019701	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 5-160-12.5 MG TAB	12	30.00	2.93	6.74423	51%-75% Below	Yes	No
64380019801	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 5-160-25 MG TAB	3	90.00	2.98	6.15412	51%-75% Below	Yes	No
64380019901	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-160-12.5 MG TAB	4	90.00	7.60	6.51954	10%-25% Above	Yes	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	1	30.00	7.86	9.95744	10%-25% Below	No	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	1	90.00	7.86	9.95744	10%-25% Below	Yes	No
64380020101	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE 10-320-25 MG TAB	2	90.00	0.62	9.06688	76%-100% Below	No	No
64380020301	DOXEPIN HCL 3 MG TABLET	12	90.00	0.42	2.06413	76%-100% Below	No	No
64380020401	DOXEPIN HCL 6 MG TABLET	2	30.00	2.00	1.70827	10%-25% Above	No	No
64380020401	DOXEPIN HCL 6 MG TABLET	2	90.00	0.83	1.70827	51%-75% Below	Yes	No
64380021201	METHIMAZOLE 5 MG TABLET	1	30.00	0.11	0.07588	26%-50% Above	No	No
64380021201	METHIMAZOLE 5 MG TABLET	1	60.00	0.09	0.07588	10%-25% Above	No	No
64380021301	METHIMAZOLE 10 MG TABLET	3	90.00	0.06	0.11671	51%-75% Below	No	No
64380021301	METHIMAZOLE 10 MG TABLET	12	30.00	0.15	0.12494	10%-25% Above	Yes	No
64380025901	OXYCODONE HCL (IR) 5 MG TABLET	4	12.00	0.10	0.08756	10%-25% Above	No	No
64380026001	OXYCODONE HCL (IR) 10 MG TAB	3	30.00	0.07	0.16488	51%-75% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	10.00	0.12	0.23381	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.11	0.23381	51%-75% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	13.00	0.13	0.23381	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 878

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.00	0.11	0.23381	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	1	24.00	0.11	0.23381	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	10.00	0.12	0.21773	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	10.00	0.15	0.21773	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.11	0.21773	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.12	0.21773	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	15.00	0.11	0.21773	26%-50% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	15.00	0.11	0.21773	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	15.00	0.11	0.21773	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	15.00	0.12	0.21773	26%-50% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	2	20.00	0.10	0.21773	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	8.00	0.11	0.21243	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	8.00	0.15	0.21243	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	10.00	0.12	0.21243	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	10.00	0.13	0.21243	26%-50% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	20.00	0.11	0.21243	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	3	30.00	0.10	0.21243	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	4	10.00	0.13	0.20903	26%-50% Below	No	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	4	12.00	0.11	0.20903	26%-50% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	12	12.00	0.11	0.24887	51%-75% Below	Yes	No
64380044601	ACETAMINOPHEN-COD #3 TABLET	12	16.00	0.11	0.24887	51%-75% Below	Yes	No
64380044701	ACETAMINOPHEN-COD #4 TABLET	1	33.00	0.15	0.44732	51%-75% Below	No	No
64380044701	ACETAMINOPHEN-COD #4 TABLET	3	15.00	0.15	0.40780	51%-75% Below	Yes	No
64380047501	ATOMOXETINE HCL 40 MG CAPSULE	11	60.00	0.34	0.60760	26%-50% Below	No	No
64380047601	ATOMOXETINE HCL 60 MG CAPSULE	3	45.00	1.82	0.52543	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 879

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380047701	ATOMOXETINE HCL 80 MG CAPSULE	1	30.00	4.43	0.52948	200% Above	No	No
64380047701	ATOMOXETINE HCL 80 MG CAPSULE	2	30.00	1.91	0.53033	200% Above	No	No
64380047701	ATOMOXETINE HCL 80 MG CAPSULE	3	30.00	1.91	0.54988	200% Above	No	No
64380071206	BENZONATATE 100 MG CAPSULE	2	30.00	0.15	0.06993	101%-200% Above	No	No
64380071206	BENZONATATE 100 MG CAPSULE	3	30.00	0.15	0.07097	101%-200% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	1	20.00	0.33	0.07212	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	21.00	0.17	0.07212	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	21.00	0.33	0.07212	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.20	0.07212	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	30.00	0.33	0.07212	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	1	90.00	0.33	0.07212	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	15.00	0.15	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	15.00	0.25	0.06993	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	20.00	0.15	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	21.00	0.17	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	21.00	0.19	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	21.00	0.20	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	21.00	0.22	0.06993	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.15	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.15	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.16	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.17	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	2	30.00	0.20	0.06993	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	14.00	0.18	0.07097	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	15.00	0.19	0.07097	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 880

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	20.00	0.15	0.07097	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	21.00	0.15	0.07097	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	21.00	0.17	0.07097	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	30.00	0.15	0.07097	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	3	30.00	0.16	0.07097	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	15.00	0.15	0.07006	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	21.00	0.15	0.07006	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	21.00	0.19	0.07006	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	4	21.00	0.20	0.07006	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	10.00	0.15	0.07319	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	10.00	0.23	0.07319	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	14.00	0.15	0.07319	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	15.00	0.15	0.07319	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	15.00	0.18	0.07319	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	21.00	0.33	0.07319	200% Above	No	No
64380071207	BENZONATATE 100 MG CAPSULE	12	21.00	0.33	0.07319	200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	0.15	0.07319	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	0.16	0.07319	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	0.17	0.07319	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	30.00	0.20	0.07319	101%-200% Above	Yes	No
64380071207	BENZONATATE 100 MG CAPSULE	12	40.00	0.15	0.07319	101%-200% Above	Yes	No
64380071306	BENZONATATE 200 MG CAPSULE	2	20.00	0.28	0.10310	101%-200% Above	No	No
64380071306	BENZONATATE 200 MG CAPSULE	2	20.00	0.36	0.10310	200% Above	No	No
64380071306	BENZONATATE 200 MG CAPSULE	2	21.00	0.17	0.10310	51%-75% Above	No	No
64380071307	BENZONATATE 200 MG CAPSULE	1	15.00	0.17	0.10448	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 881

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.00	0.17	0.10448	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	20.00	0.25	0.10448	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	20.00	0.28	0.10448	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	20.00	0.37	0.10448	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	21.00	0.32	0.10448	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	21.00	0.37	0.10448	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.16	0.10448	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.17	0.10448	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.23	0.10448	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.27	0.10448	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.28	0.10448	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.31	0.10448	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	30.00	0.37	0.10448	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	1	90.00	0.05	0.10448	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	15.00	0.17	0.10310	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	15.00	0.28	0.10310	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	18.00	0.17	0.10310	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	20.00	0.17	0.10310	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	21.00	0.06	0.10310	26%-50% Below	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	21.00	0.27	0.10310	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.16	0.10310	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.17	0.10310	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.23	0.10310	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.27	0.10310	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.29	0.10310	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 882

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380071307	BENZONATATE 200 MG CAPSULE	2	30.00	0.31	0.10310	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	42.00	0.27	0.10310	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	2	90.00	0.17	0.10310	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	14.00	0.17	0.10651	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	18.00	0.17	0.10651	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	20.00	0.17	0.10651	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	21.00	0.17	0.10651	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	21.00	0.27	0.10651	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.17	0.10651	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.23	0.10651	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.27	0.10651	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.32	0.10651	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	30.00	0.33	0.10651	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	3	42.00	0.27	0.10651	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	9.00	0.17	0.10646	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	15.00	0.28	0.10646	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	4	30.00	0.17	0.10646	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	15.00	0.17	0.10611	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	15.00	0.28	0.10611	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	20.00	0.17	0.10611	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	20.00	0.25	0.10611	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	20.00	0.37	0.10611	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	20.00	0.38	0.10611	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	21.00	0.27	0.10611	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.16	0.10611	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 883

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.17	0.10611	51%-75% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.27	0.10611	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.32	0.10611	101%-200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	30.00	0.37	0.10611	200% Above	Yes	No
64380071307	BENZONATATE 200 MG CAPSULE	12	45.00	0.37	0.10611	200% Above	Yes	No
64380072406	CALCITRIOL 0.5 MCG CAPSULE	3	90.00	0.50	0.24196	101%-200% Above	No	No
64380072702	GABAPENTIN 600 MG TABLET	2	60.00	0.03	0.06838	51%-75% Below	No	No
64380072702	GABAPENTIN 600 MG TABLET	3	60.00	0.03	0.06908	51%-75% Below	No	No
64380072702	GABAPENTIN 600 MG TABLET	12	60.00	0.03	0.06871	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	1.00	0.67	0.10940	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.29	0.10940	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	6.00	0.29	0.10940	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	8.00	0.29	0.10940	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.29	0.10940	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.68	0.10940	200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	3.00	0.29	0.11263	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.14	0.11263	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.14	0.11263	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.29	0.11263	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	2	14.00	0.06	0.11263	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	2.00	0.23	0.11551	76%-100% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.07	0.11551	26%-50% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.29	0.11551	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.29	0.11551	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.29	0.11551	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 884

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.29	0.11551	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.14	0.11845	10%-25% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.29	0.11845	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	4	14.00	0.06	0.11845	51%-75% Below	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.21	0.11451	76%-100% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.30	0.11451	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.30	0.11451	101%-200% Above	No	No
64380073706	VITAMIN D2 1.25 MG(50,000 UNIT)	12	14.00	0.05	0.11451	51%-75% Below	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	1	90.00	0.05	0.02206	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	2	60.00	0.05	0.02161	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.05	0.02161	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	3	90.00	0.05	0.02165	101%-200% Above	No	No
64380074108	BUSPIRONE HCL 5 MG TABLET	12	90.00	0.13	0.02211	200% Above	No	No
64380074207	BUSPIRONE HCL 10 MG TABLET	1	60.00	0.05	0.02956	51%-75% Above	No	No
64380074207	BUSPIRONE HCL 10 MG TABLET	2	60.00	0.05	0.02925	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	1	90.00	0.05	0.02956	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.05	0.02956	51%-75% Above	No	No
64380074208	BUSPIRONE HCL 10 MG TABLET	2	90.00	0.05	0.02925	51%-75% Above	No	No
64380074705	PRAMIPEXOLE 0.25 MG TABLET	12	30.00	0.02	0.04733	51%-75% Below	Yes	No
64380075005	PRAMIPEXOLE 1 MG TABLET	12	30.00	0.03	0.06150	51%-75% Below	Yes	No
64380075302	GABAPENTIN 100 MG CAPSULE	2	270.00	0.05	0.02124	101%-200% Above	No	No
64380075302	GABAPENTIN 100 MG CAPSULE	3	60.00	0.02	0.02112	10%-25% Below	No	No
64380075302	GABAPENTIN 100 MG CAPSULE	3	90.00	0.02	0.02112	10%-25% Below	No	No
64380075302	GABAPENTIN 100 MG CAPSULE	3	90.00	0.05	0.02112	101%-200% Above	No	No
64380075302	GABAPENTIN 100 MG CAPSULE	4	90.00	0.02	0.02107	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 885

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64380076006	ACARBOSE 100 MG TABLET	3	270.00	0.06	0.23331	76%-100% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	1	4000.00	0.00	0.00437	26%-50% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	1	4000.00	0.00	0.00437	10%-25% Above	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	2	4000.00	0.00	0.00444	26%-50% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	2	4000.00	0.00	0.00444	10%-25% Below	No	No
64380076621	PEG-3350 AND ELECTROLYTES SOLN	4	4000.00	0.00	0.00465	26%-50% Below	No	No
64380076921	PEG 3350-ELECTROLYTE SOLUTION	3	4000.00	0.00	0.00587	51%-75% Below	Yes	No
64380078206	PREDNISONE 1 MG TABLET	1	90.00	0.11	0.04258	101%-200% Above	Yes	No
64380078206	PREDNISONE 1 MG TABLET	3	270.00	0.05	0.04119	10%-25% Above	Yes	No
64380078306	PREDNISONE 5 MG TABLET	2	5.00	0.06	0.03751	51%-75% Above	No	No
64380078306	PREDNISONE 5 MG TABLET	2	21.00	0.06	0.03751	51%-75% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	1	10.00	0.15	0.03767	200% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	3	28.00	0.06	0.03745	51%-75% Above	No	No
64380078308	PREDNISONE 5 MG TABLET	3	60.00	0.06	0.03745	51%-75% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	1	10.00	0.18	0.05909	200% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	1	60.00	0.14	0.05909	101%-200% Above	No	No
64380078407	PREDNISONE 10 MG TABLET	3	60.00	0.08	0.05793	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	5.00	0.22	0.05909	200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	8.00	0.12	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.12	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.13	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.13	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.13	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.14	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	10.00	0.18	0.05909	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 886

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	14.00	0.12	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	14.00	0.12	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	20.00	0.12	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	25.00	0.10	0.05909	51%-75% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	40.00	0.12	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	1	48.00	0.12	0.05909	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	8.00	0.08	0.05836	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	10.00	0.08	0.05836	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	10.00	0.14	0.05836	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	12.00	0.08	0.05836	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	14.00	0.08	0.05836	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	14.00	0.12	0.05836	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	21.00	0.08	0.05836	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	24.00	0.08	0.05836	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	2	30.00	0.08	0.05836	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	5.00	0.08	0.05793	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	9.00	0.08	0.05793	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.13	0.05793	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	10.00	0.14	0.05793	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	12.00	0.08	0.05793	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	14.00	0.08	0.05793	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	14.00	0.12	0.05793	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	15.00	0.11	0.05793	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	20.00	0.08	0.05793	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	3	28.00	0.08	0.05793	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 887

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.08	0.05793	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	5.00	0.18	0.05943	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	10.00	0.13	0.05943	101%-200% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	14.00	0.12	0.05943	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	21.00	0.09	0.05943	26%-50% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	21.00	0.11	0.05943	76%-100% Above	No	No
64380078408	PREDNISONE 10 MG TABLET	12	22.00	0.11	0.05943	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	3.00	0.11	0.07398	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	5.00	0.15	0.07398	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	5.00	0.21	0.07398	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.11	0.07398	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.16	0.07398	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.17	0.07398	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	10.00	0.17	0.07398	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	14.00	0.15	0.07398	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	15.00	0.15	0.07398	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	1	20.00	0.11	0.07398	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	5.00	0.11	0.07099	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	6.00	0.11	0.07099	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	6.00	0.22	0.07099	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	9.00	0.17	0.07099	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07099	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	10.00	0.17	0.07099	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 888

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	10.00	0.19	0.07099	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	21.00	0.15	0.07099	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	2	21.00	0.15	0.07099	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	5.00	0.11	0.07142	51%-75% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	5.00	0.21	0.07142	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	5.00	0.27	0.07142	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	7.00	0.20	0.07142	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	9.00	0.11	0.07142	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	13.00	0.15	0.07142	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	20.00	0.11	0.07142	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	3	23.00	0.14	0.07142	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	4	10.00	0.11	0.07110	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	4	10.00	0.16	0.07110	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	4	10.00	0.17	0.07110	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	4	10.00	0.22	0.07110	200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	5.00	0.14	0.07747	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	5.00	0.22	0.07747	101%-200% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	8.00	0.15	0.07747	76%-100% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	10.00	0.11	0.07747	26%-50% Above	No	No
64380078507	PREDNISONE 20 MG TABLET	12	10.00	0.14	0.07747	76%-100% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	1	5.00	0.21	0.07398	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	1	10.00	0.18	0.07398	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	2	11.00	0.11	0.07099	51%-75% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 889

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	10.00	0.16	0.07142	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	12	10.00	0.16	0.07747	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	12	15.00	0.17	0.07747	101%-200% Above	No	No
64380078508	PREDNISONE 20 MG TABLET	12	30.00	0.13	0.07747	51%-75% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.32	0.11873	101%-200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	0.14	0.11604	10%-25% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	0.14	0.11604	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	2	60.00	0.33	0.11604	101%-200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	45.00	0.33	0.11183	101%-200% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	0.14	0.11183	10%-25% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	0.14	0.11183	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	3	90.00	0.14	0.11183	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	4	60.00	0.14	0.11222	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	4	180.00	0.14	0.11222	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	4	270.00	0.14	0.11222	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	0.14	0.12123	10%-25% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	0.32	0.12123	101%-200% Above	No	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	12	60.00	0.32	0.12123	101%-200% Above	Yes	No
64380078706	BUSPIRONE HCL 7.5 MG TABLET	12	90.00	0.14	0.12123	10%-25% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.50	0.90366	26%-50% Below	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.00	0.90366	10%-25% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.18	0.90366	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.50	0.90366	51%-75% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	3.20	0.90366	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 890

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1.28	0.88849	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.18	0.90290	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.28	0.90290	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.47	0.90290	51%-75% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.78	0.90290	76%-100% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.18	0.91339	26%-50% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.39	0.91339	51%-75% Above	No	No
64380079901	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.86	0.91339	101%-200% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	1	21.00	0.04	0.05494	10%-25% Below	No	No
64380080707	IBUPROFEN 800 MG TABLET	1	21.00	0.06	0.05494	10%-25% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	1	30.00	0.16	0.05494	101%-200% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	1	90.00	0.07	0.05494	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	1	90.00	0.16	0.05494	101%-200% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	2	12.00	0.07	0.05494	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	2	16.00	0.07	0.05494	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	2	21.00	0.03	0.05494	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	10%-25% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	2	30.00	0.07	0.05494	26%-50% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	10.00	0.07	0.05563	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	16.00	0.04	0.05563	10%-25% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	3	28.00	0.07	0.05563	10%-25% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 891

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.07	0.05563	10%-25% Above	No	No
64380080707	IBUPROFEN 800 MG TABLET	4	60.00	0.03	0.05689	26%-50% Below	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	12	30.00	0.07	0.05617	26%-50% Above	Yes	No
64380080707	IBUPROFEN 800 MG TABLET	12	90.00	0.16	0.05617	101%-200% Above	No	No
64380080806	IBUPROFEN 600 MG TABLET	2	20.00	0.09	0.04306	101%-200% Above	No	No
64380080807	IBUPROFEN 600 MG TABLET	2	20.00	0.09	0.04306	101%-200% Above	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	3	30.00	0.03	0.04285	26%-50% Below	Yes	No
64380080807	IBUPROFEN 600 MG TABLET	12	30.00	0.07	0.04602	51%-75% Above	No	No
64380080907	IBUPROFEN 400 MG TABLET	3	42.00	0.07	0.04002	76%-100% Above	No	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	2	120.00	0.08	0.13532	26%-50% Below	No	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	2	180.00	0.25	0.13532	76%-100% Above	No	No
64380083406	ACETAZOLAMIDE 250 MG TABLET	4	30.00	0.36	0.13921	101%-200% Above	No	No
64380083506	PREDNISONE 2.5 MG TABLET	3	30.00	0.05	0.07234	26%-50% Below	No	No
64380083506	PREDNISONE 2.5 MG TABLET	3	30.00	0.05	0.07234	26%-50% Below	Yes	No
64380087267	SEVELAMER CARBONATE 800 MG TAB	2	630.00	0.07	0.20740	51%-75% Below	No	No
64380088404	CINACALCET HCL 60 MG TABLET	2	30.00	11.47	0.70297	200% Above	No	No
64380090206	FLUOXETINE HCL 10 MG TABLET	1	30.00	0.50	0.06982	200% Above	Yes	No
64380090206	FLUOXETINE HCL 10 MG TABLET	1	135.00	0.48	0.06982	200% Above	Yes	No
64380090206	FLUOXETINE HCL 10 MG TABLET	2	30.00	0.50	0.07075	200% Above	Yes	No
64380090306	FLUOXETINE HCL 20 MG TABLET	1	30.00	1.18	0.08964	200% Above	Yes	No
64380090306	FLUOXETINE HCL 20 MG TABLET	2	30.00	0.50	0.09637	200% Above	Yes	No
64380092201	DOXYCYCLINE MONO 100 MG CAP	2	14.00	0.19	0.23018	10%-25% Below	No	No
64380092201	DOXYCYCLINE MONO 100 MG CAP	3	14.00	0.30	0.23184	26%-50% Above	No	No
64380094906	PREDNISONE 50 MG TABLET	1	3.00	0.33	0.18036	76%-100% Above	No	No
64380094906	PREDNISONE 50 MG TABLET	1	5.00	0.15	0.18036	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 892

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	PREDNISONE 50 MG TABLET	1	5.00	0.22	0.18036	10%-25% Above	Yes	No
64380094906	PREDNISONE 50 MG TABLET	1	7.00	0.13	0.18036	26%-50% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	2	5.00	0.15	0.17614	10%-25% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	2	5.00	0.20	0.17614	10%-25% Above	No	No
64380094906	PREDNISONE 50 MG TABLET	2	7.00	0.10	0.17614	26%-50% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	3	5.00	0.15	0.18009	10%-25% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	12	5.00	0.15	0.19808	10%-25% Below	Yes	No
64380094906	PREDNISONE 50 MG TABLET	12	5.00	0.17	0.19808	10%-25% Below	Yes	No
64380097025	HYDROCORTISONE 5 MG TABLET	1	270.00	0.21	0.14608	26%-50% Above	Yes	No
64380097025	HYDROCORTISONE 5 MG TABLET	2	100.00	0.10	0.14502	26%-50% Below	Yes	No
64380097025	HYDROCORTISONE 5 MG TABLET	3	100.00	0.10	0.14559	26%-50% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	1	75.00	0.12	0.20337	26%-50% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	2	75.00	0.11	0.19248	26%-50% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	3	200.00	0.11	0.19268	26%-50% Below	Yes	No
64380097106	HYDROCORTISONE 10 MG TABLET	4	75.00	0.11	0.19741	26%-50% Below	Yes	No
64764030020	ENTYVIO INJ 300MG	1	1.00	9176.68	.		No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	30.00	0.18	0.25954	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	1	60.00	0.14	0.25954	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	30.00	0.18	0.24545	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	60.00	0.18	0.24545	26%-50% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	75.00	0.11	0.24545	51%-75% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	2	90.00	0.11	0.24545	51%-75% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.18	0.23861	10%-25% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	3	30.00	0.18	0.23861	10%-25% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	30.00	0.19	0.23910	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 893

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.21	0.23910	10%-25% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	4	75.00	0.11	0.23910	51%-75% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	12	30.00	0.11	0.25349	51%-75% Below	No	No
64850050001	DEXTROAMP-AMPHETAMINE 5 MG TAB	12	30.00	0.18	0.25349	26%-50% Below	No	No
64850050101	DEXTROAMP-AMPHETAM 7.5 MG TAB	3	30.00	0.11	0.29921	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.11	0.25130	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.11	0.25130	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.16	0.25130	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.18	0.25130	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.21	0.25130	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	30.00	0.21	0.25130	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.11	0.25130	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.11	0.25130	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	60.00	0.18	0.25130	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	90.00	0.11	0.25130	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	1	120.00	0.11	0.25130	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.11	0.24258	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.11	0.24258	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.16	0.24258	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.18	0.24258	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	30.00	0.21	0.24258	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.01	0.24258	76%-100% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.11	0.24258	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.18	0.24258	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.19	0.24258	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	60.00	0.20	0.24258	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	90.00	0.11	0.24258	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	90.00	0.11	0.24258	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	2	90.00	0.20	0.24258	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.11	0.24340	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.11	0.24340	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.16	0.24340	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.16	0.24340	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.18	0.24340	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	30.00	0.21	0.24340	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	42.00	0.18	0.24340	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.01	0.24340	76%-100% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.11	0.24340	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.11	0.24340	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.17	0.24340	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.18	0.24340	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	60.00	0.19	0.24340	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.11	0.24340	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	90.00	0.11	0.24340	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	3	120.00	0.11	0.24340	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.11	0.23643	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	30.00	0.16	0.23643	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.11	0.23643	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.11	0.23643	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	4	60.00	0.19	0.23643	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 895

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.11	0.23643	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.10	0.24917	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.12	0.24917	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.16	0.24917	26%-50% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.18	0.24917	26%-50% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.21	0.24917	10%-25% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	30.00	0.21	0.24917	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.12	0.24917	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	60.00	0.19	0.24917	10%-25% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	90.00	0.11	0.24917	51%-75% Below	No	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	90.00	0.12	0.24917	51%-75% Below	Yes	No
64850050201	DEXTROAMP-AMPHETAMIN 10 MG TAB	12	120.00	0.12	0.24917	51%-75% Below	No	No
64850050301	DEXTROAMP-AMPHETAM 12.5 MG TAB	1	30.00	0.16	0.31415	26%-50% Below	Yes	No
64850050301	DEXTROAMP-AMPHETAM 12.5 MG TAB	3	30.00	0.16	0.31607	26%-50% Below	Yes	No
64850050301	DEXTROAMP-AMPHETAM 12.5 MG TAB	12	30.00	0.16	0.33350	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	30.00	0.18	0.29359	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	42.00	0.18	0.29359	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.11	0.29359	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.11	0.29359	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.17	0.29359	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	60.00	0.25	0.29359	10%-25% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	1	90.00	0.11	0.29359	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	30.00	0.11	0.27345	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	30.00	0.21	0.27345	10%-25% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.14	0.27345	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 896

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	60.00	0.17	0.27345	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.17	0.27345	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.17	0.27345	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	2	60.00	0.18	0.27345	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	30.00	0.18	0.26594	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	30.00	0.21	0.26594	10%-25% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.11	0.26594	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.14	0.26594	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.17	0.26594	26%-50% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	60.00	0.17	0.26594	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	3	90.00	0.11	0.26594	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	30.00	0.11	0.24786	51%-75% Below	Yes	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	30.00	0.21	0.24786	10%-25% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.11	0.24786	51%-75% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	4	60.00	0.17	0.24786	26%-50% Below	No	No
64850050401	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	60.00	0.17	0.27525	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.16	0.31944	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.16	0.31944	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.19	0.31944	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.26	0.31944	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.26	0.31944	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	30.00	0.46	0.31944	26%-50% Above	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	45.00	0.18	0.31944	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.10	0.31944	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.10	0.31944	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 897

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.11	0.31944	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.11	0.31944	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.15	0.31944	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.17	0.31944	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.19	0.31944	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.26	0.31944	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.26	0.31944	10%-25% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	75.00	0.17	0.31944	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	90.00	0.26	0.31944	10%-25% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	120.00	0.11	0.31944	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.11	0.30691	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.16	0.30691	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.16	0.30691	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	30.00	0.18	0.30691	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	45.00	0.11	0.30691	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	45.00	0.18	0.30691	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.10	0.30691	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.11	0.30691	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.11	0.30691	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.15	0.30691	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.30691	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.17	0.30691	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	60.00	0.19	0.30691	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	75.00	0.17	0.30691	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	2	90.00	0.11	0.30691	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 898

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	180.00	0.17	0.30691	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.11	0.30965	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.16	0.30965	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.16	0.30965	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.18	0.30965	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.19	0.30965	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	30.00	0.22	0.30965	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	45.00	0.15	0.30965	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	45.00	0.18	0.30965	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	45.00	0.18	0.30965	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	58.00	0.09	0.30965	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.10	0.30965	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.10	0.30965	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.11	0.30965	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.11	0.30965	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.17	0.30965	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.18	0.30965	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.18	0.30965	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.19	0.30965	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	60.00	0.22	0.30965	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	90.00	0.11	0.30965	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	180.00	0.11	0.30965	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	3	180.00	0.17	0.30965	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.08	0.30747	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.11	0.30747	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 899

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	60.00	0.11	0.30747	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.15	0.30747	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.18	0.30747	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	4	60.00	0.19	0.30747	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	45.00	0.18	0.32297	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.00	0.32297	76%-100% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.12	0.32297	51%-75% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.12	0.32297	51%-75% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.19	0.32297	26%-50% Below	No	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.19	0.32297	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.22	0.32297	26%-50% Below	Yes	No
64850050501	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	90.00	0.17	0.32297	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	30.00	0.25	0.31528	10%-25% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.16	0.31166	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.17	0.31364	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	30.00	0.17	0.31158	26%-50% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	4	60.00	0.02	0.31158	76%-100% Below	No	No
64850050601	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	0.01	0.31244	76%-100% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	1	10.00	1.00	0.52050	76%-100% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	3.50	0.52050	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	4.96	0.52050	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	0.33	0.51448	26%-50% Below	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	3.50	0.51448	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	4.94	0.51448	200% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	10	30.00	0.25	0.48608	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 900

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	0.67	0.51111	26%-50% Above	No	No
64850051101	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	3.50	0.51111	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.33	0.56168	26%-50% Below	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.50	0.56168	10%-25% Below	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	0.67	0.56168	10%-25% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	3.50	0.56168	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.67	0.55482	10%-25% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.33	0.54976	26%-50% Below	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	0.67	0.54976	10%-25% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	3.50	0.54976	200% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	0.67	0.53884	10%-25% Above	No	No
64850051201	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	3.43	0.53884	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	10.00	3.50	0.61634	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.33	0.61634	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.33	0.61634	26%-50% Below	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.61634	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.61634	10%-25% Below	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.50	0.61634	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	3.50	0.61634	200% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.50	0.60523	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.67	0.60523	10%-25% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.50	0.60523	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	3.50	0.60523	200% Above	Yes	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.61911	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	0.50	0.61911	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	3.50	0.61911	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.33	0.61069	26%-50% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.50	0.61069	10%-25% Below	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	3.50	0.61069	200% Above	No	No
64850051301	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.33	0.61941	26%-50% Below	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	3	60.00	3.50	0.52848	200% Above	No	No
64850051401	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	3.43	0.51221	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	0.67	0.48532	26%-50% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	3.50	0.48532	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	4.94	0.48532	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.33	0.48569	26%-50% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.67	0.48569	26%-50% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.50	0.48569	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	3.50	0.48569	200% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	2	90.00	0.22	0.48569	51%-75% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.17	0.52822	51%-75% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.33	0.52822	26%-50% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	0.67	0.52822	26%-50% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	3.50	0.52822	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.33	0.55958	26%-50% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	8	30.00	0.20	0.58953	51%-75% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	9	30.00	0.20	0.55540	51%-75% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	10	30.00	0.20	0.49385	51%-75% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	11	30.00	0.20	0.47412	51%-75% Below	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	0.67	0.46213	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	3.43	0.46213	200% Above	No	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	3.43	0.46213	200% Above	Yes	No
64850051501	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	3.50	0.46213	200% Above	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	7.78	3.17460	101%-200% Above	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	1	60.00	0.38	3.17460	76%-100% Below	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	7.78	2.83330	101%-200% Above	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	7.78	2.64750	101%-200% Above	No	No
64850055101	LISDEXAMFETAMINE 20 MG CAPSULE	12	30.00	7.78	3.28728	101%-200% Above	No	No
64850055201	LISDEXAMFETAMINE 30 MG CAPSULE	1	21.00	7.78	3.18381	101%-200% Above	No	No
64850055201	LISDEXAMFETAMINE 30 MG CAPSULE	3	21.00	7.78	2.95842	101%-200% Above	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	7.78	3.21897	101%-200% Above	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	7.78	3.09944	101%-200% Above	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	7.78	3.06463	101%-200% Above	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	7.78	2.93842	101%-200% Above	No	No
64850055301	LISDEXAMFETAMINE 40 MG CAPSULE	12	30.00	7.65	3.18407	101%-200% Above	No	No
64850055401	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	7.78	2.97592	101%-200% Above	No	No
64850055401	LISDEXAMFETAMINE 50 MG CAPSULE	3	30.00	7.78	2.82863	101%-200% Above	No	No
64850055401	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	7.78	2.79284	101%-200% Above	No	No
64850055401	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	2.17	3.10267	26%-50% Below	No	No
64850055501	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	7.78	2.92947	101%-200% Above	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	1.66	2.96601	26%-50% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	1.66	2.85019	26%-50% Below	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	3.34	2.88011	10%-25% Above	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	7.78	2.88011	101%-200% Above	No	No
64850055601	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	1.79	3.13242	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 903

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64850062101	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	25.00	0.05	0.11869	51%-75% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	1	42.00	0.11	0.23381	51%-75% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.11	0.21773	26%-50% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	2	15.00	0.12	0.21773	26%-50% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	2	24.00	0.11	0.21773	26%-50% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	2	42.00	0.11	0.21773	26%-50% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	3	5.00	0.11	0.21243	26%-50% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	3	5.00	0.18	0.21243	10%-25% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	3	9.00	0.09	0.26399	51%-75% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	12	16.00	0.12	0.24887	51%-75% Below	No	No
64850064201	ACETAMINOPHEN-COD #3 TABLET	12	28.00	0.10	0.24887	51%-75% Below	No	No
64850064301	ACETAMINOPHEN-COD #4 TABLET	1	120.00	0.15	0.44732	51%-75% Below	No	No
64850064301	ACETAMINOPHEN-COD #4 TABLET	2	120.00	0.15	0.42856	51%-75% Below	No	No
64850064301	ACETAMINOPHEN-COD #4 TABLET	3	120.00	0.15	0.40780	51%-75% Below	No	No
64850064301	ACETAMINOPHEN-COD #4 TABLET	12	120.00	0.15	0.43404	51%-75% Below	No	No
64896008412	ZOMIG 5 MG NASAL SPRAY	12	6.00	10.66	101.48678	76%-100% Below	No	No
64950026810	CLEMASTINE FUM 2.68 MG TABLET	2	10.00	2.52	3.34925	10%-25% Below	Yes	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	3	45.00	0.10	0.24887	51%-75% Below	No	No
64950034316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	12	180.00	0.13	0.23304	26%-50% Below	No	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	2	120.00	0.08	0.09800	10%-25% Below	No	No
64950037147	HYDROCODONE-HOMATROPINE SOLN	10	120.00	0.04	0.09233	51%-75% Below	No	No
64950037316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	4	60.00	0.12	0.23268	26%-50% Below	Yes	No
64950037316	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION	12	180.00	0.13	0.23304	26%-50% Below	No	No
64950038114	CIPROFLOXACIN 0.2% OTIC SOLN	4	14.00	3.81	6.80548	26%-50% Below	No	No
64980020501	LITHIUM CARBONATE ER 300 MG TB	1	120.00	0.08	0.20786	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 904

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	1	30.00	0.53	0.09297	200% Above	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	3	30.00	0.33	0.08944	200% Above	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	3	90.00	0.23	0.08944	101%-200% Above	Yes	No
64980020901	OXYBUTYNIN CL ER 5 MG TABLET	12	90.00	0.24	0.09281	101%-200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	2	30.00	0.25	0.10443	101%-200% Above	No	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	2	90.00	0.25	0.10443	101%-200% Above	Yes	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	3	5.00	0.75	0.10111	200% Above	No	No
64980021001	OXYBUTYNIN CL ER 10 MG TABLET	12	30.00	0.50	0.10696	200% Above	Yes	No
64980026401	METHIMAZOLE 5 MG TABLET	2	30.00	0.11	0.07432	26%-50% Above	Yes	No
64980026501	METHIMAZOLE 10 MG TABLET	2	60.00	0.08	0.11632	26%-50% Below	Yes	No
64980026501	METHIMAZOLE 10 MG TABLET	3	60.00	0.08	0.11671	26%-50% Below	Yes	No
64980026501	METHIMAZOLE 10 MG TABLET	3	90.00	0.15	0.11671	10%-25% Above	No	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	3	90.00	0.09	0.10411	10%-25% Below	No	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	4	90.00	0.09	0.10252	10%-25% Below	Yes	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	12	90.00	0.09	0.10768	10%-25% Below	No	No
64980027903	GLIPIZIDE ER 2.5 MG TABLET	12	90.00	0.15	0.10768	26%-50% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	1	180.00	0.12	0.07780	26%-50% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	3	90.00	0.04	0.07610	51%-75% Below	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	3	90.00	0.09	0.07610	10%-25% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	3	90.00	0.12	0.07610	51%-75% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	12	90.00	0.12	0.07822	26%-50% Above	Yes	No
64980028001	GLIPIZIDE ER 5 MG TABLET	12	90.00	0.21	0.07822	101%-200% Above	Yes	No
64980028005	GLIPIZIDE ER 5 MG TABLET	2	90.00	0.09	0.07643	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	3	180.00	0.09	0.07610	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	4	30.00	0.09	0.07525	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 905

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
64980028005	GLIPIZIDE ER 5 MG TABLET	12	30.00	0.09	0.07822	10%-25% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	12	30.00	0.14	0.07822	76%-100% Above	No	No
64980028005	GLIPIZIDE ER 5 MG TABLET	12	90.00	0.09	0.07822	10%-25% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	1	90.00	0.20	0.13242	51%-75% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	1	90.00	0.25	0.13242	76%-100% Above	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	1	90.00	0.25	0.13242	76%-100% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	1	180.00	0.24	0.13242	76%-100% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	2	180.00	0.11	0.13369	10%-25% Below	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	2	180.00	0.21	0.13369	51%-75% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	3	30.00	0.11	0.13252	10%-25% Below	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	3	90.00	0.15	0.13252	10%-25% Above	Yes	No
64980028101	GLIPIZIDE ER 10 MG TABLET	3	180.00	0.11	0.13252	10%-25% Below	No	No
64980028101	GLIPIZIDE ER 10 MG TABLET	12	180.00	0.11	0.13139	10%-25% Below	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	1	90.00	0.25	0.13242	76%-100% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	3	90.00	0.11	0.13252	10%-25% Below	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	3	180.00	0.11	0.13252	10%-25% Below	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	12	60.00	0.25	0.13139	76%-100% Above	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	12	120.00	0.11	0.13139	10%-25% Below	No	No
64980028105	GLIPIZIDE ER 10 MG TABLET	12	180.00	0.07	0.13139	26%-50% Below	No	No
64980032005	TRIAMCINOLONE 0.1% PASTE	1	5.00	4.33	2.91526	26%-50% Above	No	No
64980032005	TRIAMCINOLONE 0.1% PASTE	1	15.00	1.87	2.91526	26%-50% Below	No	No
64980032005	TRIAMCINOLONE 0.1% PASTE	2	5.00	1.87	2.78949	26%-50% Below	No	No
64980032005	TRIAMCINOLONE 0.1% PASTE	12	5.00	1.60	2.95965	26%-50% Below	No	No
64980033004	FLUOCINOLONE 0.01% SCALP OIL	1	118.28	0.63	0.16198	200% Above	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	1	118.28	0.20	0.17077	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64980033104	FLUOCINOLONE 0.01% BODY OIL	2	118.28	0.04	0.16929	51%-75% Below	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	2	118.28	0.20	0.16929	10%-25% Above	No	No
64980033104	FLUOCINOLONE 0.01% BODY OIL	3	118.28	0.13	0.17059	10%-25% Below	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.51	0.25711	76%-100% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	1	12.00	1.58	0.25711	200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.50	0.25171	76%-100% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.71	0.25171	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.71	0.25209	101%-200% Above	No	No
64980034214	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.71	0.25681	101%-200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	2	60.00	0.21	0.53121	51%-75% Below	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	1.78	0.50707	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	3	60.00	0.21	0.50707	51%-75% Below	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	4	90.00	1.78	0.49646	200% Above	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	10	30.00	0.26	0.61390	51%-75% Below	No	No
64980037603	ATOMOXETINE HCL 40 MG CAPSULE	12	30.00	1.86	0.58121	200% Above	No	No
64980041209	PREGABALIN 75 MG CAPSULE	1	30.00	0.31	0.05263	200% Above	No	No
64980041210	PREGABALIN 75 MG CAPSULE	2	60.00	0.31	0.05130	200% Above	No	No
64980041210	PREGABALIN 75 MG CAPSULE	3	30.00	0.31	0.05119	200% Above	No	No
64980041210	PREGABALIN 75 MG CAPSULE	3	60.00	0.31	0.05119	200% Above	No	No
64980041210	PREGABALIN 75 MG CAPSULE	12	60.00	0.68	0.05723	200% Above	No	No
64980041409	PREGABALIN 150 MG CAPSULE	3	60.00	0.32	0.05143	200% Above	No	No
64980041410	PREGABALIN 150 MG CAPSULE	2	180.00	0.32	0.05194	200% Above	No	No
64980041410	PREGABALIN 150 MG CAPSULE	3	90.00	0.32	0.05143	200% Above	No	No
64980041410	PREGABALIN 150 MG CAPSULE	4	90.00	0.32	0.05143	200% Above	No	No
64980041509	PREGABALIN 200 MG CAPSULE	2	60.00	0.04	0.05928	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64980041509	PREGABALIN 200 MG CAPSULE	3	60.00	0.04	0.05912	26%-50% Below	No	No
64980041509	PREGABALIN 200 MG CAPSULE	12	60.00	0.04	0.06142	26%-50% Below	No	No
64980042712	TINIDAZOLE 500 MG TABLET	1	5.00	3.00	2.35517	26%-50% Above	No	No
64980042712	TINIDAZOLE 500 MG TABLET	3	10.00	1.10	2.19340	26%-50% Below	No	No
64980043110	OXYBUTYNIN 5 MG TABLET	1	60.00	0.25	0.04548	200% Above	No	No
64980043110	OXYBUTYNIN 5 MG TABLET	4	60.00	0.25	0.04836	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	1	90.00	0.11	0.02603	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	2	60.00	0.11	0.02542	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	2	90.00	0.11	0.02542	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	3	90.00	0.11	0.02524	200% Above	No	No
64980043810	ATENOLOL 50 MG TABLET	12	90.00	0.11	0.02627	200% Above	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	1	300.00	0.02	0.04227	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	2	90.00	0.02	0.04148	51%-75% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	3	180.00	0.02	0.04083	26%-50% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	12	90.00	0.02	0.04191	51%-75% Below	No	No
64980050448	CYPROHEPTADINE 2 MG/5 ML SYRUP	12	210.00	0.05	0.04191	10%-25% Above	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	1	237.00	0.07	0.10905	26%-50% Below	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	2	500.00	0.06	0.10750	26%-50% Below	No	No
64980050924	DEXAMETHASONE 0.5 MG/5 ML ELX	12	100.00	0.05	0.10965	51%-75% Below	No	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	1	300.00	0.11	0.16217	26%-50% Below	No	No
64980051110	CLINDAMYCIN (PEDI) 75 MG/5 ML	3	300.00	0.07	0.13875	26%-50% Below	Yes	No
64980051305	TIMOLOL MALEATE 0.25% EYE DROP	1	10.00	0.33	0.66710	51%-75% Below	Yes	No
64980051305	TIMOLOL MALEATE 0.25% EYE DROP	3	10.00	0.33	0.63584	26%-50% Below	Yes	No
64980051401	TIMOLOL MALEATE 0.5% EYE DROPS	3	10.00	0.63	0.76203	10%-25% Below	Yes	No
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	1	15.00	1.65	1.08940	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64980051405	TIMOLOL MALEATE 0.5% EYE DROPS	3	15.00	0.71	1.06995	26%-50% Below	No	No
64980051415	TIMOLOL MALEATE 0.5% EYE DROPS	2	15.00	0.56	0.81625	26%-50% Below	Yes	No
64980051501	OFLOXACIN 0.3% EYE DROPS	2	10.00	1.81	1.15544	51%-75% Above	No	No
64980051505	OFLOXACIN 0.3% EYE DROPS	3	5.00	0.76	1.34893	26%-50% Below	No	No
64980056201	FUROSEMIDE 20 MG TABLET	1	30.00	0.08	0.02781	101%-200% Above	No	No
64980056201	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02698	10%-25% Above	No	No
64980056201	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02703	10%-25% Above	No	No
64980056201	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02696	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	7.00	0.03	0.02781	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	9.00	0.03	0.02781	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	30.00	0.03	0.02781	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	30.00	0.03	0.02781	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	30.00	0.04	0.02781	26%-50% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	30.00	0.08	0.02781	101%-200% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	1	60.00	0.03	0.02781	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	90.00	0.02	0.02781	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	90.00	0.02	0.02781	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	90.00	0.02	0.02781	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	1	180.00	0.02	0.02781	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	12.00	0.05	0.02698	51%-75% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	14.00	0.03	0.02698	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	20.00	0.03	0.02698	26%-50% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02698	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02698	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	30.00	0.04	0.02698	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64980056210	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02698	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02698	26%-50% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	90.00	0.03	0.02698	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	90.00	0.03	0.02698	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	180.00	0.02	0.02698	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	2	180.00	0.03	0.02698	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	2	210.00	0.03	0.02698	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02703	10%-25% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02703	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02703	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	90.00	0.02	0.02703	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	3	90.00	0.02	0.02703	10%-25% Below	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	3	90.00	0.03	0.02703	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	4	2.00	0.04	0.02696	26%-50% Above	No	No
64980056210	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02696	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	4	90.00	0.03	0.02696	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	12	7.00	0.07	0.02808	101%-200% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	12	30.00	0.03	0.02808	10%-25% Above	Yes	No
64980056210	FUROSEMIDE 20 MG TABLET	12	60.00	0.02	0.02808	26%-50% Below	No	No
64980056210	FUROSEMIDE 20 MG TABLET	12	90.00	0.04	0.02808	10%-25% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	1	30.00	0.04	0.03232	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	1	60.00	0.04	0.03232	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	1	90.00	0.03	0.03232	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	1	90.00	0.04	0.03232	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	1	90.00	0.04	0.03232	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64980056310	FUROSEMIDE 40 MG TABLET	1	180.00	0.09	0.03232	101%-200% Above	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	2	60.00	0.04	0.03174	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	2	90.00	0.02	0.03174	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	2	180.00	0.03	0.03174	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	2	180.00	0.03	0.03174	10%-25% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	3	5.00	0.02	0.03163	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	60.00	0.04	0.03163	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	0.02	0.03163	26%-50% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	0.02	0.03163	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	0.03	0.03163	10%-25% Below	No	No
64980056310	FUROSEMIDE 40 MG TABLET	3	90.00	0.04	0.03163	10%-25% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	4	30.00	0.04	0.03167	26%-50% Above	No	No
64980056310	FUROSEMIDE 40 MG TABLET	12	90.00	0.02	0.03258	26%-50% Below	Yes	No
64980056310	FUROSEMIDE 40 MG TABLET	12	90.00	0.04	0.03258	10%-25% Above	No	No
64980058103	VENLAFAXINE HCL ER 225 MG TAB	2	90.00	1.82	0.49667	200% Above	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	1	900.00	0.01	0.01276	26%-50% Below	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	3	240.00	0.01	0.01293	26%-50% Below	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	3	1350.00	0.01	0.01293	26%-50% Below	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	4	473.00	0.01	0.01301	26%-50% Below	No	No
64980059248	LACTULOSE 10 GM/15 ML SOLUTION	12	900.00	0.00	0.01287	76%-100% Below	No	No
64980060512	LEVETIRACETAM 500 MG TABLET	2	60.00	0.11	0.07658	26%-50% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	2	180.00	0.11	0.07658	26%-50% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	2	180.00	0.11	0.07658	26%-50% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	3	60.00	0.11	0.07693	26%-50% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	3	270.00	0.07	0.07693	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64980060512	LEVETIRACETAM 500 MG TABLET	3	360.00	0.11	0.07693	26%-50% Above	Yes	No
64980060512	LEVETIRACETAM 500 MG TABLET	12	60.00	0.03	0.07682	51%-75% Below	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	1	90.00	0.09	0.11345	10%-25% Below	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	1	120.00	0.09	0.11345	10%-25% Below	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	2	60.00	0.19	0.11417	51%-75% Above	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	2	360.00	0.09	0.11417	10%-25% Below	Yes	No
64980060612	LEVETIRACETAM 750 MG TABLET	3	60.00	0.19	0.11512	51%-75% Above	Yes	No
64980060650	LEVETIRACETAM 750 MG TABLET	12	60.00	0.19	0.11422	51%-75% Above	No	No
64980060706	LEVETIRACETAM 1,000 MG TABLET	2	180.00	0.07	0.16061	51%-75% Below	Yes	No
64980060706	LEVETIRACETAM 1,000 MG TABLET	2	180.00	0.12	0.16061	10%-25% Below	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	1	10.00	0.09	0.02390	200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	1	15.00	0.04	0.02390	51%-75% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	1	30.00	0.03	0.02390	26%-50% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	1	120.00	0.11	0.02390	200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	2	5.00	0.05	0.02387	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	2	7.00	0.07	0.02387	200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	2	20.00	0.03	0.02387	26%-50% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	2	25.00	0.05	0.02387	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	2	30.00	0.03	0.02387	10%-25% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	2	120.00	0.05	0.02387	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	2	180.00	0.05	0.02387	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	3	4.00	0.05	0.02392	76%-100% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	3	6.00	0.05	0.02392	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	3	9.00	0.06	0.02392	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	3	30.00	0.03	0.02392	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64980061450	TRAMADOL HCL 50 MG TABLET	3	30.00	0.05	0.02392	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	3	120.00	0.05	0.02392	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	3	180.00	0.05	0.02392	101%-200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	4	5.00	0.16	0.02408	200% Above	No	No
64980061450	TRAMADOL HCL 50 MG TABLET	12	180.00	0.11	0.02368	200% Above	No	No
64980063401	BENZONATATE 100 MG CAPSULE	1	30.00	0.15	0.07212	101%-200% Above	No	No
64980063501	BENZONATATE 200 MG CAPSULE	3	30.00	0.17	0.10651	51%-75% Above	No	No
64980063501	BENZONATATE 200 MG CAPSULE	3	42.00	0.17	0.10651	51%-75% Above	No	No
64980063501	BENZONATATE 200 MG CAPSULE	12	30.00	0.17	0.10611	51%-75% Above	No	No
64980064203	ALBUTEROL 2.5 MG/0.5 ML SOL	2	15.00	0.25	0.48093	26%-50% Below	Yes	No
64980065910	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.09	0.03285	101%-200% Above	No	No
64980065910	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.03	0.03285	10%-25% Below	No	No
64980067201	TRAZODONE 50 MG TABLET	2	90.00	0.05	0.03401	51%-75% Above	No	No
64980067201	TRAZODONE 50 MG TABLET	3	90.00	0.08	0.03351	101%-200% Above	No	No
64980067250	TRAZODONE 50 MG TABLET	3	60.00	0.08	0.03351	101%-200% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	1	30.00	0.21	0.05198	200% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	2	30.00	0.09	0.05068	76%-100% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	2	90.00	0.09	0.05068	76%-100% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05082	76%-100% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	76%-100% Above	No	No
64980067301	TRAZODONE 100 MG TABLET	12	30.00	0.21	0.05459	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03603	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.25	0.03603	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.25	0.03603	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.09	0.03603	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03603	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03549	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.08	0.03549	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03549	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03549	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03540	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.12	0.03540	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.11	0.03540	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	3	180.00	0.11	0.03540	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.10	0.03540	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.12	0.03540	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.00	0.03598	76%-100% Below	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.10	0.03598	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.10	0.03598	101%-200% Above	No	No
64980067710	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.11	0.03598	200% Above	No	No
64980068810	ENALAPRIL MALEATE 20 MG TAB	1	180.00	0.14	0.09997	26%-50% Above	Yes	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	1	30.00	0.38	3.17460	76%-100% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	2	30.00	0.38	2.83330	76%-100% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	3	30.00	0.38	2.64750	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	4	30.00	0.38	2.55885	76%-100% Below	No	No
65162002309	LISDEXAMFETAMINE 20 MG CAPSULE	12	15.00	1.89	3.28728	26%-50% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	0.50	3.18381	76%-100% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	0.50	2.98082	76%-100% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	1.88	2.98082	26%-50% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	2	30.00	6.84	2.98082	101%-200% Above	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	3	30.00	0.50	2.95842	76%-100% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	3	90.00	0.38	2.95842	76%-100% Below	No	No
65162002409	LISDEXAMFETAMINE 30 MG CAPSULE	4	30.00	0.50	3.04859	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	0.50	3.21897	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	1	30.00	8.00	3.21897	101%-200% Above	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	0.50	3.09944	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	7.65	3.09944	101%-200% Above	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	0.39	3.06463	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	0.50	3.06463	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	3	30.00	0.67	3.06463	76%-100% Below	No	No
65162002509	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	7.65	2.93842	101%-200% Above	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	1	30.00	0.67	2.97592	76%-100% Below	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	1	90.00	0.33	2.97592	76%-100% Below	No	No
65162002609	LISDEXAMFETAMINE 50 MG CAPSULE	2	30.00	0.67	2.90963	76%-100% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	0.50	3.03236	76%-100% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	0.67	3.03236	76%-100% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	1	30.00	8.00	3.03236	101%-200% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	0.50	2.95753	76%-100% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	2	30.00	8.00	2.95753	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	0.50	2.92947	76%-100% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	6.89	2.92947	101%-200% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	8.00	2.92947	101%-200% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	0.50	2.94866	76%-100% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	4	30.00	6.89	2.94866	101%-200% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	1.82	3.17339	26%-50% Below	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	7.86	3.17339	101%-200% Above	No	No
65162002709	LISDEXAMFETAMINE 60 MG CAPSULE	12	30.00	8.00	3.17339	101%-200% Above	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	8.00	2.96601	101%-200% Above	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	1	90.00	0.50	2.96601	76%-100% Below	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	6.59	2.85019	101%-200% Above	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	3	30.00	6.59	2.88011	101%-200% Above	No	No
65162002809	LISDEXAMFETAMINE 70 MG CAPSULE	4	30.00	6.59	2.93212	101%-200% Above	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.13	0.23381	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	1	12.00	0.13	0.23381	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	1	15.00	0.12	0.23381	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	1	20.00	0.11	0.23381	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	1	30.00	0.11	0.23381	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	7.00	0.16	0.21773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	8.00	0.11	0.21773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	20.00	0.11	0.21773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	60.00	0.11	0.21773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	90.00	0.11	0.21773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	2	120.00	0.11	0.21773	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	12.00	0.11	0.21243	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	20.00	0.11	0.21243	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	21.00	0.11	0.21243	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	28.00	0.11	0.21243	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	60.00	0.08	0.21243	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	60.00	0.11	0.21243	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	90.00	0.11	0.21243	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	3	120.00	0.11	0.21243	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	10.00	0.11	0.20903	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	10.00	0.15	0.20903	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	4	60.00	0.11	0.20903	26%-50% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	12	10.00	0.11	0.24887	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	12	12.00	0.11	0.24887	51%-75% Below	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	12	12.00	0.33	0.24887	26%-50% Above	No	No
65162003310	ACETAMINOPHEN-COD #3 TABLET	12	30.00	0.11	0.24887	51%-75% Below	No	No
65162003416	OMEGA-3 ETHYL ESTERS 1 GM CAP	12	60.00	0.55	0.16697	200% Above	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	1	10.00	0.07	0.09038	10%-25% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	2	10.00	0.07	0.08871	10%-25% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	2	20.00	0.05	0.08871	26%-50% Below	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	3	20.00	0.10	0.08770	10%-25% Above	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	3	40.00	0.10	0.08770	10%-25% Above	No	No
65162004710	OXYCODONE HCL (IR) 5 MG TABLET	12	20.00	0.10	0.09081	10%-25% Above	No	No
65162005703	RALOXIFENE HCL 60 MG TABLET	1	90.00	0.31	0.25721	10%-25% Above	Yes	No
65162005703	RALOXIFENE HCL 60 MG TABLET	12	30.00	0.71	0.25772	101%-200% Above	Yes	No
65162010110	GABAPENTIN 100 MG CAPSULE	2	30.00	0.05	0.02124	101%-200% Above	No	No
65162010111	GABAPENTIN 100 MG CAPSULE	1	180.00	0.01	0.02137	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162010111	GABAPENTIN 100 MG CAPSULE	4	90.00	0.01	0.02107	51%-75% Below	Yes	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	30.00	0.05	0.02137	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	30.00	0.12	0.02137	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	60.00	0.01	0.02137	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	60.00	0.05	0.02137	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	90.00	0.01	0.02137	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	90.00	0.05	0.02137	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	90.00	0.12	0.02137	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	120.00	0.12	0.02137	200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	1	180.00	0.05	0.02137	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	30.00	0.05	0.02124	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	42.00	0.05	0.02124	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	60.00	0.01	0.02124	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	60.00	0.05	0.02124	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	90.00	0.01	0.02124	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	90.00	0.05	0.02124	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	120.00	0.05	0.02124	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	126.00	0.01	0.02124	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	2	180.00	0.05	0.02124	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	30.00	0.05	0.02112	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	42.00	0.05	0.02112	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	60.00	0.01	0.02112	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	60.00	0.05	0.02112	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	90.00	0.01	0.02112	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	90.00	0.05	0.02112	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162010150	GABAPENTIN 100 MG CAPSULE	3	120.00	0.05	0.02112	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	126.00	0.01	0.02112	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	3	180.00	0.05	0.02112	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	30.00	0.05	0.02107	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	42.00	0.05	0.02107	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	4	60.00	0.01	0.02107	51%-75% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	21.00	0.03	0.02119	10%-25% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	30.00	0.06	0.02119	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	60.00	0.06	0.02119	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	90.00	0.06	0.02119	101%-200% Above	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	126.00	0.01	0.02119	26%-50% Below	No	No
65162010150	GABAPENTIN 100 MG CAPSULE	12	180.00	0.06	0.02119	101%-200% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	2	90.00	0.03	0.03342	10%-25% Below	Yes	No
65162010211	GABAPENTIN 300 MG CAPSULE	2	90.00	0.06	0.03342	76%-100% Above	No	No
65162010211	GABAPENTIN 300 MG CAPSULE	3	90.00	0.03	0.03282	10%-25% Below	Yes	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	30.00	0.06	0.03415	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	30.00	0.14	0.03415	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	60.00	0.06	0.03415	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	60.00	0.14	0.03415	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	90.00	0.01	0.03415	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	90.00	0.14	0.03415	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	120.00	0.14	0.03415	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162010250	GABAPENTIN 300 MG CAPSULE	1	180.00	0.06	0.03415	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	1	270.00	0.14	0.03415	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	30.00	0.06	0.03342	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	60.00	0.06	0.03342	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	90.00	0.01	0.03342	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	90.00	0.06	0.03342	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	180.00	0.06	0.03342	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	2	360.00	0.06	0.03342	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	20.00	0.04	0.03282	26%-50% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	30.00	0.06	0.03282	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	60.00	0.06	0.03282	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	0.02	0.03282	26%-50% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	0.04	0.03282	10%-25% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	180.00	0.06	0.03282	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	3	270.00	0.03	0.03282	10%-25% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	60.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	4	90.00	0.06	0.03246	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	30.00	0.06	0.03399	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	30.00	0.14	0.03399	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	60.00	0.06	0.03399	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	60.00	0.14	0.03399	200% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	90.00	0.01	0.03399	51%-75% Below	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	90.00	0.06	0.03399	76%-100% Above	No	No
65162010250	GABAPENTIN 300 MG CAPSULE	12	240.00	0.06	0.03399	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162010310	GABAPENTIN 400 MG CAPSULE	1	120.00	0.02	0.04204	26%-50% Below	No	No
65162010310	GABAPENTIN 400 MG CAPSULE	2	120.00	0.02	0.04060	26%-50% Below	No	No
65162010310	GABAPENTIN 400 MG CAPSULE	12	120.00	0.02	0.04163	26%-50% Below	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	1	30.00	0.07	0.04204	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	1	60.00	0.15	0.04204	200% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	1	90.00	0.15	0.04204	200% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	2	270.00	0.07	0.04060	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	3	30.00	0.07	0.03979	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	3	60.00	0.07	0.03979	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	3	90.00	0.07	0.03979	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	3	180.00	0.07	0.03979	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	12	30.00	0.07	0.04163	51%-75% Above	No	No
65162010350	GABAPENTIN 400 MG CAPSULE	12	180.00	0.07	0.04163	51%-75% Above	No	No
65162012608	LYLLANA 0.025 MG PATCH	1	8.00	4.57	6.65523	26%-50% Below	Yes	No
65162012608	LYLLANA 0.025 MG PATCH	1	8.00	5.97	6.65523	10%-25% Below	Yes	No
65162012608	LYLLANA 0.025 MG PATCH	2	8.00	3.55	6.55076	26%-50% Below	Yes	No
65162012608	LYLLANA 0.025 MG PATCH	3	8.00	3.55	6.76489	26%-50% Below	No	No
65162012608	LYLLANA 0.025 MG PATCH	3	8.00	3.55	6.76489	26%-50% Below	Yes	No
65162014808	LYLLANA 0.0375 MG PATCH	3	24.00	1.88	6.63983	51%-75% Below	No	No
65162014808	LYLLANA 0.0375 MG PATCH	12	8.00	3.78	6.93261	26%-50% Below	No	No
65162014808	LYLLANA 0.0375 MG PATCH	12	24.00	3.54	6.93261	26%-50% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	1	8.00	2.86	7.14823	51%-75% Below	Yes	No
65162014908	LYLLANA 0.05 MG PATCH	1	8.00	3.14	7.14823	51%-75% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	1	8.00	4.78	7.14823	26%-50% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	2	8.00	1.25	7.25512	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 921

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162014908	LYLLANA 0.05 MG PATCH	2	8.00	3.14	7.25512	51%-75% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	2	8.00	4.78	7.25512	26%-50% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	3	8.00	1.25	7.27563	76%-100% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	3	8.00	3.16	7.27563	51%-75% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	3	16.00	2.86	7.27563	51%-75% Below	Yes	No
65162014908	LYLLANA 0.05 MG PATCH	4	8.00	1.25	7.33071	76%-100% Below	No	No
65162014908	LYLLANA 0.05 MG PATCH	12	8.00	1.20	7.24742	76%-100% Below	No	No
65162015008	LYLLANA 0.075 MG PATCH	1	8.00	3.53	7.23626	51%-75% Below	No	No
65162015008	LYLLANA 0.075 MG PATCH	1	8.00	5.12	7.23626	26%-50% Below	No	No
65162015008	LYLLANA 0.075 MG PATCH	12	8.00	5.12	7.11045	26%-50% Below	No	No
65162018810	NAPROXEN 250 MG TABLET	1	20.00	0.03	0.04583	26%-50% Below	No	No
65162018810	NAPROXEN 250 MG TABLET	2	30.00	0.13	0.04552	101%-200% Above	No	No
65162018810	NAPROXEN 250 MG TABLET	3	28.00	0.02	0.04591	51%-75% Below	Yes	No
65162018810	NAPROXEN 250 MG TABLET	3	60.00	0.01	0.04591	51%-75% Below	No	No
65162018810	NAPROXEN 250 MG TABLET	12	15.00	0.13	0.04741	101%-200% Above	No	No
65162018810	NAPROXEN 250 MG TABLET	12	20.00	0.30	0.04741	200% Above	Yes	No
65162018910	NAPROXEN 375 MG TABLET	1	20.00	0.03	0.05910	51%-75% Below	No	No
65162018910	NAPROXEN 375 MG TABLET	12	30.00	0.02	0.05843	51%-75% Below	Yes	No
65162019011	NAPROXEN 500 MG TABLET	1	20.00	0.18	0.06287	101%-200% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	1	28.00	0.04	0.06287	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	1	30.00	0.08	0.06287	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	1	60.00	0.03	0.06287	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	1	60.00	0.18	0.06287	101%-200% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	2	20.00	0.05	0.06095	10%-25% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	2	30.00	0.08	0.06095	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 922

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	60.00	0.03	0.06095	51%-75% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	14.00	0.05	0.06107	10%-25% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	60.00	0.03	0.06107	26%-50% Below	No	No
65162019011	NAPROXEN 500 MG TABLET	3	180.00	0.08	0.06107	26%-50% Above	No	No
65162019011	NAPROXEN 500 MG TABLET	12	30.00	0.14	0.06544	101%-200% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	1	14.00	0.05	0.06287	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	14.00	0.18	0.06287	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	20.00	0.04	0.06287	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	20.00	0.18	0.06287	101%-200% Above	No	No
65162019050	NAPROXEN 500 MG TABLET	1	28.00	0.04	0.06287	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	30.00	0.03	0.06287	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	30.00	0.03	0.06287	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	30.00	0.04	0.06287	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	30.00	0.05	0.06287	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	42.00	0.03	0.06287	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	60.00	0.03	0.06287	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	60.00	0.03	0.06287	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	1	180.00	0.02	0.06287	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	15.00	0.08	0.06095	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	20.00	0.08	0.06095	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	30.00	0.03	0.06095	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	40.00	0.03	0.06095	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	40.00	0.08	0.06095	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	42.00	0.03	0.06095	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	2	60.00	0.03	0.06095	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 923

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	60.00	0.03	0.06095	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	14.00	0.05	0.06107	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	20.00	0.05	0.06107	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	28.00	0.04	0.06107	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	30.00	0.03	0.06107	26%-50% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	40.00	0.08	0.06107	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	0.03	0.06107	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	0.03	0.06107	51%-75% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	3	60.00	0.08	0.06107	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	20.00	0.05	0.06325	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	30.00	0.08	0.06325	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	4	60.00	0.08	0.06325	26%-50% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	14.00	0.05	0.06544	10%-25% Below	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	14.00	0.18	0.06544	101%-200% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	20.00	0.08	0.06544	10%-25% Above	Yes	No
65162019050	NAPROXEN 500 MG TABLET	12	20.00	0.18	0.06544	101%-200% Above	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	14.00	0.11	0.18290	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	30.00	0.30	0.18290	51%-75% Above	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	90.00	0.30	0.18290	51%-75% Above	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	120.00	0.30	0.18290	51%-75% Above	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	30.00	0.09	0.18002	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	30.00	0.11	0.18002	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	120.00	0.13	0.18002	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.07	0.17728	51%-75% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	0.13	0.17728	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 924

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.13	0.17728	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	120.00	0.13	0.17728	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	4	120.00	0.13	0.17341	10%-25% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	12.00	0.09	0.18421	26%-50% Below	Yes	No
65162020710	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	90.00	0.13	0.18421	26%-50% Below	Yes	No
65162022808	LYLLANA 0.1 MG PATCH	2	8.00	3.83	6.78954	26%-50% Below	No	No
65162022808	LYLLANA 0.1 MG PATCH	3	8.00	3.44	6.77538	26%-50% Below	No	No
65162022808	LYLLANA 0.1 MG PATCH	4	8.00	3.46	6.86102	26%-50% Below	No	No
65162022808	LYLLANA 0.1 MG PATCH	12	8.00	4.98	6.86596	26%-50% Below	No	No
65162024709	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.22	0.08534	101%-200% Above	No	No
65162025009	CHLORTHALIDONE 50 MG TABLET	3	30.00	0.17	0.13187	26%-50% Above	No	No
65162027250	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.04	0.04668	10%-25% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	1	3.00	3.39	31.75877	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	1	3.00	17.30	31.75877	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	1	9.00	3.39	31.75877	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	1	9.00	24.55	31.75877	10%-25% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2	3.00	3.39	31.69100	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	2	3.00	17.42	31.69100	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	3	3.00	3.39	32.38187	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	3	3.00	17.42	32.38187	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	3	9.00	3.39	32.38187	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	4	3.00	17.42	32.19859	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	12	3.00	0.52	31.45084	76%-100% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	12	3.00	15.89	31.45084	26%-50% Below	No	No
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	12	9.00	9.16	31.45084	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 925

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65162035803	ZAFEMY 150-35 MCG/DAY PATCH	12	9.00	15.98	31.45084	26%-50% Below	No	No
65162044110	MECLIZINE 12.5 MG TABLET	2	14.00	0.04	0.04720	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	6.00	0.07	0.05494	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	24.00	0.16	0.05494	101%-200% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	30.00	0.16	0.05494	101%-200% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	42.00	0.03	0.05494	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	60.00	0.04	0.05494	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05494	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	2	30.00	0.07	0.05494	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	21.00	0.07	0.05563	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.05563	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.05563	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.05563	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	21.00	0.07	0.05689	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	30.00	0.05	0.05689	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	50.00	0.07	0.05689	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	60.00	0.03	0.05689	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	14.00	0.07	0.05617	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 926

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	15.00	0.07	0.05617	26%-50% Above	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	21.00	0.04	0.05617	10%-25% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	24.00	0.04	0.05617	26%-50% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	50.00	0.02	0.05617	51%-75% Below	No	No
65162046650	IBUPROFEN 800 MG TABLET	12	270.00	0.07	0.05617	26%-50% Above	No	No
65162046935	ELURYNG VAGINAL RING	2	1.00	26.65	50.51333	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	3	1.00	27.78	50.04303	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	3	3.00	26.65	50.04303	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	3	3.00	27.78	50.04303	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	4	1.00	27.78	49.16742	26%-50% Below	No	No
65162046935	ELURYNG VAGINAL RING	12	1.00	26.65	49.18816	26%-50% Below	No	No
65162047509	NORETHINDRONE 5 MG TABLET	3	180.00	0.36	0.28947	10%-25% Above	Yes	No
65162063003	ITRACONAZOLE 100 MG CAPSULE	3	180.00	0.97	0.83842	10%-25% Above	Yes	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.09	0.04593	76%-100% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.13	0.04496	101%-200% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	3	90.00	0.08	0.04528	76%-100% Above	No	No
65162063609	PANTOPRAZOLE SOD DR 20 MG TAB	12	90.00	0.52	0.04659	200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	1	30.00	0.50	0.28673	51%-75% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.17	0.28999	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.74	0.28999	101%-200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	2	30.00	0.87	0.28999	200% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.17	0.28631	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	3	30.00	0.17	0.28631	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	4	30.00	0.17	0.28406	26%-50% Below	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.17	0.28591	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.37	0.28591	26%-50% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.52	0.28591	76%-100% Above	No	No
65162067684	AZELASTINE 0.1% (137 MCG) SPRY	12	30.00	0.87	0.28591	200% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	50.00	0.03	0.04253	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	60.00	0.03	0.04253	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	80.00	0.05	0.04253	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.03	0.04253	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.05	0.04253	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	140.00	0.05	0.04253	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	160.00	0.03	0.04253	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	60.00	0.03	0.04068	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	105.00	0.05	0.04068	26%-50% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	120.00	0.03	0.04068	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	120.00	0.05	0.04068	10%-25% Above	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	150.00	0.03	0.04068	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	200.00	0.03	0.04068	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	400.00	0.03	0.04068	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	60.00	0.03	0.03933	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	120.00	0.03	0.03933	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	60.00	0.03	0.03887	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.03	0.04377	26%-50% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	200.00	0.04	0.04377	10%-25% Below	No	No
65162068090	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	200.00	0.04	0.04377	10%-25% Below	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	1	6.00	1.15	0.16082	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	1	6.00	2.23	0.16082	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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	9.00	1.54	0.16082	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	2	20.00	1.54	0.15243	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	2	30.00	0.50	0.15243	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	6.00	1.41	0.14753	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	6.00	1.54	0.14753	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	9.00	1.10	0.14753	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	3	12.00	0.58	0.14753	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	12	6.00	1.51	0.16838	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	12	6.00	2.22	0.16838	200% Above	No	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	12	9.00	0.54	0.16838	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	12	15.00	0.99	0.16838	200% Above	Yes	No
65162068110	PHENAZOPYRIDINE 100 MG TAB	12	20.00	0.05	0.16838	51%-75% Below	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	6.00	1.65	0.17567	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	6.00	1.88	0.17567	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	6.00	2.28	0.17567	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	6.00	3.28	0.17567	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	9.00	1.88	0.17567	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	9.00	2.28	0.17567	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	9.00	2.28	0.17567	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	9.00	3.29	0.17567	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	15.00	2.28	0.17567	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	1	21.00	2.28	0.17567	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	1.65	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	1.67	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	2.28	0.16845	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	2	6.00	3.30	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	6.00	3.35	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	9.00	1.67	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	9.00	3.00	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	9.00	3.25	0.16845	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	15.00	0.33	0.16845	76%-100% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	15.00	2.28	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	15.00	2.28	0.16845	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	20.00	0.75	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	2	60.00	2.28	0.16845	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	6.00	1.91	0.17088	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	6.00	2.28	0.17088	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	6.00	2.28	0.17088	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	6.00	3.30	0.17088	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	9.00	2.28	0.17088	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	12.00	1.87	0.17088	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	12.00	2.28	0.17088	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	15.00	2.28	0.17088	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	20.00	0.25	0.17088	26%-50% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	20.00	0.75	0.17088	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	3	30.00	0.01	0.17088	76%-100% Below	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	6.00	0.82	0.17530	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	4	10.00	2.28	0.17530	200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	6.00	3.27	0.18190	200% Above	Yes	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	12.00	3.24	0.18190	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	30.00	0.52	0.18190	101%-200% Above	No	No
65162068210	PHENAZOPYRIDINE 200 MG TAB	12	30.00	3.23	0.18190	200% Above	Yes	No
65162076210	WARFARIN SODIUM 2 MG TABLET	3	12.00	0.10	0.07851	10%-25% Above	No	No
65162076210	WARFARIN SODIUM 2 MG TABLET	12	12.00	0.10	0.08350	10%-25% Above	No	No
65162076410	WARFARIN SODIUM 3 MG TABLET	1	90.00	0.16	0.09404	51%-75% Above	No	No
65162076510	WARFARIN SODIUM 4 MG TABLET	1	90.00	0.12	0.08196	51%-75% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	1	30.00	0.13	0.08640	51%-75% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	3	30.00	0.09	0.08533	10%-25% Above	No	No
65162076610	WARFARIN SODIUM 5 MG TABLET	3	42.00	0.21	0.08533	101%-200% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	1	30.00	0.12	0.09953	10%-25% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	1	30.00	0.13	0.09953	26%-50% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	2	30.00	0.12	0.09299	26%-50% Above	No	No
65162076810	WARFARIN SODIUM 7.5 MG TABLET	3	30.00	0.12	0.09212	26%-50% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	1	24.00	0.12	0.10179	10%-25% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	2	24.00	0.12	0.10173	10%-25% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	3	24.00	0.12	0.10048	10%-25% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	3	90.00	0.26	0.10048	101%-200% Above	No	No
65162076910	WARFARIN SODIUM 10 MG TABLET	12	90.00	0.26	0.10610	101%-200% Above	No	No
65162080710	PROGESTERONE 100 MG CAPSULE	1	180.00	0.48	0.22606	101%-200% Above	Yes	No
65162080810	PROGESTERONE 200 MG CAPSULE	1	90.00	0.54	0.41369	26%-50% Above	Yes	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	1	30.50	0.49	0.86647	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	3	30.50	0.49	0.88310	26%-50% Below	No	No
65162089023	OLOPATADINE 665 MCG NASAL SPRY	12	30.50	2.03	0.92789	101%-200% Above	No	No
65162089603	ARIPIRAZOLE 2 MG TABLET	3	30.00	0.47	0.11188	200% Above	No	No
65162089603	ARIPIRAZOLE 2 MG TABLET	4	30.00	0.47	0.11223	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162089609	ARIPIRAZOLE 2 MG TABLET	1	30.00	5.06	0.11900	200% Above	No	No
65162089703	ARIPIRAZOLE 5 MG TABLET	2	30.00	0.56	0.09783	200% Above	No	No
65162091174	DICLOFENAC 1.5% TOPICAL SOLN	12	150.00	0.07	0.16270	51%-75% Below	Yes	No
65162099003	LAMOTRIGINE ER 300 MG TABLET	2	30.00	0.66	1.34112	26%-50% Below	Yes	No
65162099003	LAMOTRIGINE ER 300 MG TABLET	4	30.00	0.64	1.23305	26%-50% Below	Yes	No
65162099208	DOTTI 0.0375 MG PATCH	2	24.00	3.55	6.64493	26%-50% Below	No	No
65162099208	DOTTI 0.0375 MG PATCH	3	24.00	1.56	6.63983	76%-100% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	1	8.00	2.20	7.14823	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	1	8.00	3.14	7.14823	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	1	8.00	5.10	7.14823	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	1	24.00	5.10	7.14823	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	2	8.00	3.16	7.25512	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	2	8.00	5.38	7.25512	10%-25% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	3	8.00	3.26	7.27563	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	3	8.00	5.38	7.27563	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	4	8.00	5.38	7.33071	26%-50% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	4	24.00	3.26	7.33071	51%-75% Below	No	No
65162099308	DOTTI 0.05 MG PATCH	12	8.00	3.17	7.24742	51%-75% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	3	8.00	3.55	6.96261	26%-50% Below	No	No
65162099508	DOTTI 0.075 MG PATCH	3	8.00	3.57	6.96261	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	1	8.00	3.83	6.87035	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	1	8.00	4.98	6.87035	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	2	8.00	3.44	6.78954	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	2	24.00	3.13	6.78954	51%-75% Below	Yes	No
65162099708	DOTTI 0.1 MG PATCH	2	24.00	3.83	6.78954	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65162099708	DOTTI 0.1 MG PATCH	3	8.00	3.44	6.77538	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	12	8.00	4.98	6.86596	26%-50% Below	No	No
65162099708	DOTTI 0.1 MG PATCH	12	16.00	3.83	6.86596	26%-50% Below	No	No
65649000330	TRULANCE TAB 3MG	1	30.00	18.84	.		No	No
65649000330	TRULANCE TAB 3MG	1	90.00	20.51	.		Yes	No
65649000330	TRULANCE TAB 3MG	2	30.00	18.84	.		No	No
65649000330	TRULANCE TAB 3MG	2	90.00	19.72	.		Yes	No
65649000330	TRULANCE TAB 3MG	2	90.00	20.11	.		Yes	No
65649000330	TRULANCE TAB 3MG	3	30.00	19.69	.		No	No
65649000330	TRULANCE TAB 3MG	3	90.00	18.84	.		No	No
65649030302	XIFAXAN TAB 550MG	1	30.00	60.34	.		No	No
65649030302	XIFAXAN TAB 550MG	1	42.00	59.29	.		No	No
65649030302	XIFAXAN TAB 550MG	2	30.00	60.34	.		No	No
65649030302	XIFAXAN TAB 550MG	2	42.00	58.37	.		No	No
65649030302	XIFAXAN TAB 550MG	3	42.00	58.74	.		No	No
65649030302	XIFAXAN TAB 550MG	4	42.00	58.04	.		Yes	No
65649030302	XIFAXAN TAB 550MG	12	30.00	54.48	.		No	No
65649040001	PLENVU SOL	1	3.00	50.39	.		No	No
65649040001	PLENVU SOL	1	3.00	50.39	.		Yes	No
65649040001	PLENVU SOL	2	3.00	46.28	.		No	No
65649040001	PLENVU SOL	2	3.00	50.39	.		No	No
65649041112	ANUSOL-HC SUP 25MG	2	20.00	45.09	.		No	No
65702015610	SOFTCLIX MIS LANCETS	1	100.00	0.09	.		No	No
65702028810	ACCU-CHEK LNC FASTCLIX	3	102.00	0.12	.		No	No
65702040010	ACCU-CHEK DEV SOFTCLIX	2	1.00	6.29	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65702071110	ACCU-CHEK TES GUIDE	1	50.00	0.40	.		No	No
65702071110	ACCU-CHEK TES GUIDE	1	100.00	0.38	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	1	100.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	2	50.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	2	50.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	3	50.00	0.38	.		No	No
65702071110	ACCU-CHEK TES GUIDE	3	50.00	0.39	.		No	No
65702071110	ACCU-CHEK TES GUIDE	3	50.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	3	150.00	0.39	.		Yes	No
65702071110	ACCU-CHEK TES GUIDE	4	50.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	1	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	1	200.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	1	200.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	1	200.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	2	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	2	200.00	0.38	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65702071210	ACCU-CHEK TES GUIDE	2	300.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	2	300.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.36	.		No	No
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.38	.		Yes	No
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	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	3	100.00	0.39	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	3	200.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	3	200.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	4	50.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	4	100.00	0.39	.		No	No
65702071210	ACCU-CHEK TES GUIDE	12	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	12	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	12	100.00	0.38	.		Yes	No
65702071210	ACCU-CHEK TES GUIDE	12	100.00	0.38	.		No	No
65702071210	ACCU-CHEK TES GUIDE	12	100.00	0.40	.		No	No
65702071210	ACCU-CHEK TES GUIDE	12	200.00	0.38	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	1	1.00	21.70	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	1	1.00	22.72	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	1	1.00	23.49	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	1	1.00	24.07	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	2	1.00	23.62	.		Yes	No
65702072910	ACCU-CHEK KIT GUIDE	3	1.00	23.06	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 935

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65702072910	ACCU-CHEK KIT GUIDE	3	1.00	23.41	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	3	1.00	23.62	.		No	No
65702072910	ACCU-CHEK KIT GUIDE	12	1.00	22.72	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	1	1.00	9.85	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	2	1.00	9.48	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	2	1.00	9.85	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	2	1.00	10.10	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	2	1.00	10.30	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	3	1.00	9.53	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	3	1.00	9.85	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	3	1.00	10.00	.		Yes	No
65702073110	ACCU-CHEK KIT GUIDE ME	3	1.00	10.40	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	4	1.00	9.85	.		No	No
65702073110	ACCU-CHEK KIT GUIDE ME	12	1.00	10.07	.		No	No
65862000501	CITALOPRAM HBR 10 MG TABLET	1	90.00	0.28	0.02522	200% Above	Yes	No
65862000501	CITALOPRAM HBR 10 MG TABLET	4	90.00	0.12	0.02536	200% Above	Yes	No
65862000505	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.12	0.02522	200% Above	No	No
65862000505	CITALOPRAM HBR 10 MG TABLET	2	90.00	0.12	0.02512	200% Above	No	No
65862000505	CITALOPRAM HBR 10 MG TABLET	12	30.00	0.12	0.02442	200% Above	No	No
65862000505	CITALOPRAM HBR 10 MG TABLET	12	90.00	0.28	0.02442	200% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.05	0.02884	51%-75% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	2	135.00	0.11	0.02884	200% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.05	0.02885	76%-100% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	4	90.00	0.11	0.02890	200% Above	No	No
65862000605	CITALOPRAM HBR 20 MG TABLET	12	90.00	0.34	0.02907	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 936

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862000701	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.11	0.04526	101%-200% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	2	180.00	0.11	0.04420	101%-200% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.11	0.04431	101%-200% Above	No	No
65862000701	CITALOPRAM HBR 40 MG TABLET	4	30.00	0.11	0.04366	101%-200% Above	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	1	90.00	0.03	0.04526	26%-50% Below	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.03	0.04420	26%-50% Below	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.04	0.04420	10%-25% Below	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.11	0.04420	101%-200% Above	No	No
65862000705	CITALOPRAM HBR 40 MG TABLET	4	90.00	0.11	0.04366	101%-200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	1	90.00	0.02	0.01401	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	90.00	0.06	0.01401	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	90.00	0.13	0.01401	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	120.00	0.06	0.01401	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01401	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01401	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	180.00	0.06	0.01401	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	180.00	0.13	0.01401	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	270.00	0.02	0.01401	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	1	360.00	0.06	0.01401	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01395	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01395	51%-75% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.06	0.01395	200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	2	60.00	0.06	0.01395	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	90.00	0.01	0.01395	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	90.00	0.02	0.01395	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 937

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.06	0.01395	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	120.00	0.06	0.01395	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01395	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.02	0.01395	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	180.00	0.06	0.01395	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	360.00	0.01	0.01395	10%-25% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	2	360.00	0.06	0.01395	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	30.00	0.01	0.01404	26%-50% Below	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	30.00	0.06	0.01404	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01404	26%-50% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01404	51%-75% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.06	0.01404	200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	3	60.00	0.06	0.01404	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	90.00	0.06	0.01404	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	3	180.00	0.06	0.01404	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	60.00	0.06	0.01394	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	4	270.00	0.02	0.01394	10%-25% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	12	60.00	0.13	0.01415	200% Above	No	No
65862000899	METFORMIN HCL 500 MG TABLET	12	120.00	0.06	0.01415	200% Above	Yes	No
65862000899	METFORMIN HCL 500 MG TABLET	12	180.00	0.06	0.01415	200% Above	Yes	No
65862001005	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	No	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	30.00	0.05	0.02384	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	90.00	0.01	0.02384	51%-75% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.01	0.02384	51%-75% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02384	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 938

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.05	0.02384	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.12	0.02384	200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.05	0.02388	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	2	90.00	0.05	0.02388	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.03	0.02388	10%-25% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.03	0.02388	10%-25% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.03	0.02458	10%-25% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.05	0.02458	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.02	0.02458	10%-25% Below	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02458	26%-50% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.03	0.02417	10%-25% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.03	0.02417	10%-25% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	12	90.00	0.05	0.02417	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.05	0.02417	101%-200% Above	Yes	No
65862001099	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.12	0.02417	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	3	30.00	0.06	0.03177	76%-100% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	3	30.00	0.06	0.03177	76%-100% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	3	30.00	0.07	0.03177	101%-200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	3	30.00	0.11	0.03177	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	3	45.00	0.11	0.03177	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	3	60.00	0.11	0.03177	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	3	90.00	0.11	0.03177	200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	30.00	0.01	0.02999	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 939

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862001101	SERTRALINE HCL 25 MG TABLET	4	30.00	0.06	0.02999	76%-100% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	30.00	0.07	0.02999	101%-200% Above	Yes	No
65862001101	SERTRALINE HCL 25 MG TABLET	4	90.00	0.11	0.02999	200% Above	Yes	No
65862001105	SERTRALINE HCL 25 MG TABLET	1	30.00	0.11	0.03284	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	2	30.00	0.11	0.03199	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	2	90.00	0.11	0.03199	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	3	30.00	0.11	0.03177	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	3	90.00	0.11	0.03177	200% Above	No	No
65862001105	SERTRALINE HCL 25 MG TABLET	4	90.00	0.02	0.02999	26%-50% Below	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	1	30.00	0.10	0.03881	101%-200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	1	30.00	0.22	0.03881	200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	2	30.00	0.10	0.03624	101%-200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	3	30.00	0.10	0.03533	101%-200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	3	90.00	0.10	0.03533	101%-200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	4	30.00	0.10	0.03450	101%-200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	12	30.00	0.10	0.03876	101%-200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	12	30.00	0.22	0.03876	200% Above	No	No
65862001201	SERTRALINE HCL 50 MG TABLET	12	90.00	0.10	0.03876	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	1	30.00	0.10	0.03881	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	1	30.00	0.22	0.03881	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	1	90.00	0.10	0.03881	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	2	30.00	0.10	0.03624	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	2	90.00	0.10	0.03624	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	3	30.00	0.01	0.03533	51%-75% Below	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	3	30.00	0.10	0.03533	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 940

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.10	0.03533	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	3	135.00	0.10	0.03533	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	30.00	0.10	0.03450	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	45.00	0.01	0.03450	51%-75% Below	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	90.00	0.04	0.03450	26%-50% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	90.00	0.10	0.03450	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	4	135.00	0.10	0.03450	101%-200% Above	Yes	No
65862001205	SERTRALINE HCL 50 MG TABLET	6	30.00	0.11	0.03647	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	7	30.00	0.11	0.03608	200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	8	30.00	0.10	0.03605	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	9	30.00	0.10	0.03570	101%-200% Above	No	No
65862001205	SERTRALINE HCL 50 MG TABLET	12	30.00	0.22	0.03876	200% Above	No	No
65862001301	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	No	No
65862001301	SERTRALINE HCL 100 MG TABLET	12	90.00	0.26	0.05186	200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	30.00	0.12	0.05254	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	45.00	0.12	0.05254	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	60.00	0.02	0.05254	51%-75% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	1	90.00	0.12	0.05254	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	30.00	0.12	0.05182	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	45.00	0.12	0.05182	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	60.00	0.02	0.05182	51%-75% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05182	10%-25% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	30.00	0.12	0.05082	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	30.00	0.12	0.05082	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	45.00	0.01	0.05082	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 941

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.12	0.05082	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	60.00	0.07	0.05082	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	90.00	0.06	0.05082	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	135.00	0.06	0.05082	10%-25% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	135.00	0.06	0.05082	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	180.00	0.06	0.05082	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	3	180.00	0.07	0.05082	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	30.00	0.12	0.04965	101%-200% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	45.00	0.01	0.04965	51%-75% Below	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	90.00	0.02	0.04965	51%-75% Below	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	90.00	0.06	0.04965	10%-25% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	4	90.00	0.07	0.04965	26%-50% Above	Yes	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	45.00	0.12	0.05186	101%-200% Above	No	No
65862001305	SERTRALINE HCL 100 MG TABLET	12	90.00	0.06	0.05186	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	14.00	0.21	0.09887	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	15.00	0.21	0.09887	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	20.00	0.18	0.09887	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	21.00	0.11	0.09887	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	21.00	0.20	0.09887	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	21.00	0.20	0.09887	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	21.00	0.21	0.09887	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	30.00	0.11	0.09887	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	30.00	0.21	0.09887	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 942

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	40.00	0.11	0.09887	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	1	40.00	0.16	0.09887	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	12.00	0.22	0.09934	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	14.00	0.29	0.09934	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	21.00	0.11	0.09934	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	21.00	0.20	0.09934	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	21.00	0.28	0.09934	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	30.00	0.19	0.09934	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	2	32.00	0.22	0.09934	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	4.00	0.11	0.10072	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	14.00	0.21	0.10072	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	15.00	0.11	0.10072	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	15.00	0.21	0.10072	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	15.00	0.29	0.10072	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	20.00	0.11	0.10072	10%-25% Above	Yes	No
65862001401	AMOXICILLIN 500 MG TABLET	3	21.00	0.20	0.10072	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	21.00	0.23	0.10072	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	30.00	0.17	0.10072	51%-75% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	30.00	0.19	0.10072	76%-100% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	3	32.00	0.21	0.10072	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	4	21.00	0.23	0.09683	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	20.00	0.12	0.09985	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	20.00	0.20	0.09985	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	21.00	0.12	0.09985	10%-25% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	21.00	0.20	0.09985	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 943

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.09985	101%-200% Above	No	No
65862001401	AMOXICILLIN 500 MG TABLET	12	21.00	0.21	0.09985	101%-200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	10.00	0.44	0.15867	101%-200% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.13	0.15867	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.19	0.15867	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.19	0.15867	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.44	0.15867	101%-200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	14.00	0.44	0.15867	101%-200% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.12	0.15867	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.13	0.15867	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.14	0.15867	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.19	0.15867	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.19	0.15867	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.44	0.15867	101%-200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	1	20.00	0.44	0.15867	101%-200% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	1	28.00	0.19	0.15867	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	14.00	0.13	0.15271	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	14.00	0.14	0.15271	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	14.00	0.19	0.15271	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	14.00	0.19	0.15271	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.12	0.15271	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.13	0.15271	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.13	0.15271	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.13	0.15271	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.14	0.15271	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 944

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.18	0.15271	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.19	0.15271	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	2	20.00	0.19	0.15271	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	2	28.00	0.19	0.15271	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	10.00	0.19	0.15204	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	14.00	0.13	0.15204	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	14.00	0.13	0.15204	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	14.00	0.19	0.15204	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	14.00	0.19	0.15204	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.12	0.15204	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.13	0.15204	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.14	0.15204	10%-25% Below	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.19	0.15204	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	3	20.00	0.19	0.15204	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	0.13	0.15460	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	14.00	0.19	0.15460	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.13	0.15460	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.19	0.15460	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	4	20.00	0.19	0.15460	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.13	0.16549	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.20	0.16549	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	14.00	0.44	0.16549	101%-200% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.08	0.16549	51%-75% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.13	0.16549	10%-25% Below	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.13	0.16549	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 945

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.00	0.20	0.16549	10%-25% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.20	0.16549	10%-25% Above	Yes	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.44	0.16549	101%-200% Above	No	No
65862001501	AMOXICILLIN 875 MG TABLET	12	20.00	0.44	0.16549	101%-200% Above	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.08	0.08722	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	15.00	0.10	0.08722	10%-25% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.07	0.08722	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.07	0.08722	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.20	0.08722	101%-200% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	28.00	0.20	0.08722	101%-200% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	29.00	0.06	0.08722	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.06	0.08722	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.06	0.08722	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	30.00	0.20	0.08722	101%-200% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.06	0.08722	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	1	56.00	0.20	0.08722	101%-200% Above	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.05	0.08502	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.07	0.08502	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	20.00	0.07	0.08502	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.04	0.08502	51%-75% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08502	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08502	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	2	30.00	0.06	0.08502	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	17.00	0.07	0.08381	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.07	0.08381	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 946

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.00	0.07	0.08381	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.08381	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	20.00	0.06	0.08321	10%-25% Below	Yes	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.08321	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.08321	10%-25% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	4	30.00	0.06	0.08321	26%-50% Below	No	No
65862001705	AMOXICILLIN 500 MG CAPSULE	12	15.00	0.08	0.09053	10%-25% Below	No	No
65862001805	CEPHALEXIN 250 MG CAPSULE	4	28.00	0.14	0.09505	51%-75% Above	No	No
65862001901	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.16	0.12138	26%-50% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.36	0.12238	101%-200% Above	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	2	10.00	0.10	0.12138	10%-25% Below	No	No
65862001905	CEPHALEXIN 500 MG CAPSULE	3	10.00	0.16	0.12324	26%-50% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	1	30.00	0.12	0.02932	200% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	2	30.00	0.12	0.02880	200% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	3	30.00	0.12	0.02918	200% Above	No	No
65862005090	SIMVASTATIN 5 MG TABLET	12	30.00	0.12	0.03014	200% Above	No	No
65862005190	SIMVASTATIN 10 MG TABLET	3	45.00	0.01	0.02806	51%-75% Below	No	No
65862005199	SIMVASTATIN 10 MG TABLET	1	30.00	0.28	0.02861	200% Above	No	No
65862005199	SIMVASTATIN 10 MG TABLET	2	30.00	0.13	0.02786	200% Above	No	No
65862005290	SIMVASTATIN 20 MG TABLET	2	90.00	0.22	0.03103	200% Above	Yes	No
65862005290	SIMVASTATIN 20 MG TABLET	3	90.00	0.22	0.03024	200% Above	Yes	No
65862005299	SIMVASTATIN 20 MG TABLET	1	90.00	0.22	0.03148	200% Above	No	No
65862005390	SIMVASTATIN 40 MG TABLET	1	90.00	0.21	0.05445	200% Above	Yes	No
65862005399	SIMVASTATIN 40 MG TABLET	2	90.00	0.21	0.05466	200% Above	Yes	No
65862006201	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.05	0.01773	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 947

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.03	0.01773	51%-75% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.05	0.01773	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.05	0.01773	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	30.00	0.03	0.01747	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.05	0.01747	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.03	0.01712	76%-100% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.05	0.01714	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.08	0.01767	200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.11	0.01767	200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	90.00	0.05	0.01767	101%-200% Above	No	No
65862006299	METOPROLOL TARTRATE 25 MG TAB	12	90.00	0.08	0.01767	200% Above	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.02	0.03497	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.02	0.03497	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.02	0.03497	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	1	300.00	0.02	0.03497	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.02	0.03426	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.02	0.03426	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.02	0.03426	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	3	300.00	0.02	0.03426	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	100.00	0.02	0.03370	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.02	0.03370	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	4	300.00	0.02	0.03370	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.02	0.03539	26%-50% Below	No	No
65862007101	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.02	0.03539	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 948

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.04421	51%-75% Below	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	4	50.00	0.02	0.04545	51%-75% Below	No	No
65862007150	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.02	0.04489	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.02	0.04024	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.02	0.04024	26%-50% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2	75.00	0.02	0.03947	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.02	0.03926	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	3	225.00	0.02	0.03926	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	4	75.00	0.02	0.03912	51%-75% Below	No	No
65862007175	AMOXICILLIN 400 MG/5 ML SUSP	12	150.00	0.02	0.04113	51%-75% Below	No	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	2	6.00	0.20	0.08713	101%-200% Above	Yes	No
65862007601	CIPROFLOXACIN HCL 250 MG TAB	3	6.00	0.19	0.08855	101%-200% Above	No	No
65862007705	CIPROFLOXACIN HCL 500 MG TAB	12	20.00	0.56	0.13874	200% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	1	14.00	0.13	0.15015	10%-25% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	1	21.00	0.18	0.15015	10%-25% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	1	30.00	0.12	0.15015	10%-25% Below	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	1	90.00	0.10	0.15015	26%-50% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	2	30.00	0.18	0.14609	10%-25% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	2	90.00	0.18	0.14609	10%-25% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	3	14.00	0.12	0.14481	10%-25% Below	Yes	No
65862007930	TERBINAFINE HCL 250 MG TABLET	3	30.00	0.18	0.14481	10%-25% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	3	90.00	0.18	0.14481	10%-25% Above	No	No
65862007930	TERBINAFINE HCL 250 MG TABLET	3	90.00	0.18	0.14481	10%-25% Above	Yes	No
65862008501	CEFADROXIL 500 MG CAPSULE	2	10.00	0.14	0.28826	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 949

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862008501	CEFADROXIL 500 MG CAPSULE	3	10.00	0.14	0.28594	26%-50% Below	No	No
65862011701	BENAZEPRIL HCL 20 MG TABLET	1	90.00	0.06	0.07625	10%-25% Below	No	No
65862012501	TORSEMIDE 5 MG TABLET	1	60.00	0.13	0.06631	76%-100% Above	No	No
65862012701	TORSEMIDE 20 MG TABLET	3	60.00	0.10	0.07251	26%-50% Above	No	No
65862012801	TORSEMIDE 100 MG TABLET	3	90.00	0.06	0.20099	51%-75% Below	No	No
65862012801	TORSEMIDE 100 MG TABLET	12	90.00	0.00	0.21080	76%-100% Below	No	No
65862013399	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	No	No
65862013399	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	26%-50% Above	No	No
65862014636	SUMATRIPTAN SUCC 25 MG TABLET	1	9.00	1.01	0.29035	200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	1	10.00	0.44	0.33691	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	1	18.00	0.61	0.33691	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	10.00	0.44	0.32312	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	12.00	0.42	0.32312	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	12.00	0.44	0.32312	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	2	27.00	0.44	0.32312	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	3	8.00	0.79	0.32717	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	3	10.00	0.44	0.32717	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	3	12.00	0.44	0.32717	26%-50% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	3	12.00	0.70	0.32717	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	12	8.00	0.98	0.35055	101%-200% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.68	0.35055	76%-100% Above	No	No
65862014736	SUMATRIPTAN SUCC 50 MG TABLET	12	27.00	0.56	0.35055	51%-75% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	3.00	0.94	0.46342	101%-200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	8.00	0.94	0.46342	101%-200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.56	0.46342	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 950

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	9.00	0.94	0.46342	101%-200% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	10.00	0.64	0.46342	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	1	12.00	0.64	0.46342	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.56	0.44748	10%-25% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	2	12.00	0.64	0.44748	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	8.00	0.65	0.43896	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.56	0.43896	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.75	0.43896	51%-75% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	3	18.00	0.56	0.43896	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	4	18.00	0.56	0.43221	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.42	0.47205	10%-25% Below	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.65	0.47205	26%-50% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.94	0.47205	76%-100% Above	No	No
65862014836	SUMATRIPTAN SUCC 100 MG TABLET	12	10.00	0.64	0.47205	26%-50% Above	No	No
65862014905	FINASTERIDE 5 MG TABLET	2	30.00	0.17	0.06916	101%-200% Above	No	No
65862014905	FINASTERIDE 5 MG TABLET	3	30.00	0.17	0.06970	101%-200% Above	No	No
65862014905	FINASTERIDE 5 MG TABLET	3	90.00	0.17	0.06970	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	1	30.00	0.37	0.06948	200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	2	30.00	0.17	0.06916	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	3	30.00	0.14	0.06970	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	3	30.00	0.17	0.06970	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	4	30.00	0.17	0.06976	101%-200% Above	No	No
65862014930	FINASTERIDE 5 MG TABLET	12	90.00	0.13	0.07014	76%-100% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	1	90.00	0.11	0.06948	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	1	90.00	0.13	0.06948	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 951

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862014990	FINASTERIDE 5 MG TABLET	1	90.00	0.17	0.06948	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	2	90.00	0.11	0.06916	51%-75% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	2	90.00	0.17	0.06916	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	2	90.00	0.17	0.06916	101%-200% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	4	90.00	0.13	0.06976	76%-100% Above	Yes	No
65862014990	FINASTERIDE 5 MG TABLET	4	180.00	0.17	0.06976	101%-200% Above	No	No
65862014990	FINASTERIDE 5 MG TABLET	12	30.00	0.37	0.07014	200% Above	Yes	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.13	0.03423	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	1	30.00	0.28	0.03423	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	20.00	0.04	0.03456	10%-25% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.02	0.03456	51%-75% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	30.00	0.13	0.03456	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	90.00	0.02	0.03456	26%-50% Below	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	2	90.00	0.13	0.03456	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	3	20.00	0.04	0.03472	10%-25% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	3	30.00	0.13	0.03472	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	4	30.00	0.13	0.03473	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.00	0.13	0.03481	200% Above	No	No
65862015901	ZOLPIDEM TARTRATE 5 MG TABLET	12	30.00	0.28	0.03481	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	15.00	0.07	0.03778	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	15.00	0.53	0.03778	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.03	0.03778	10%-25% Below	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.24	0.03778	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.53	0.03778	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.02	0.03778	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 952

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.24	0.03778	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	1	90.00	0.53	0.03778	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.24	0.03773	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	2	90.00	0.24	0.03773	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	3	15.00	0.07	0.03844	51%-75% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.24	0.03844	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	15.00	0.24	0.03859	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.24	0.03859	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.52	0.03859	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.53	0.03859	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.68	0.03859	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.00	0.24	0.03859	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.00	0.52	0.03859	200% Above	No	No
65862016001	ZOLPIDEM TARTRATE 10 MG TABLET	12	90.00	0.53	0.03859	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	1	24.00	0.02	0.03778	51%-75% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.24	0.03778	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.24	0.03778	200% Above	Yes	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	1	30.00	0.53	0.03778	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	2	30.00	0.24	0.03773	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.02	0.03844	51%-75% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.03	0.03844	10%-25% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	3	30.00	0.24	0.03844	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.02	0.03854	51%-75% Below	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	4	30.00	0.24	0.03854	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 953

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.24	0.03859	200% Above	No	No
65862016099	ZOLPIDEM TARTRATE 10 MG TABLET	12	30.00	0.53	0.03859	200% Above	No	No
65862016801	ATENOLOL 25 MG TABLET	2	30.00	0.11	0.02255	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	1	30.00	0.26	0.02341	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	1	180.00	0.26	0.02341	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	2	15.00	0.11	0.02255	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	2	30.00	0.11	0.02255	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	2	45.00	0.11	0.02255	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	2	90.00	0.11	0.02255	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	3	30.00	0.11	0.02249	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	3	60.00	0.11	0.02249	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	3	90.00	0.11	0.02249	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	4	30.00	0.11	0.02266	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	4	60.00	0.11	0.02266	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	4	180.00	0.11	0.02266	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	12	45.00	0.12	0.02424	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	12	90.00	0.12	0.02424	200% Above	No	No
65862016899	ATENOLOL 25 MG TABLET	12	270.00	0.12	0.02424	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	1	30.00	0.11	0.02603	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	1	90.00	0.24	0.02603	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	2	90.00	0.11	0.02542	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	3	90.00	0.01	0.02524	51%-75% Below	No	No
65862016901	ATENOLOL 50 MG TABLET	12	30.00	0.24	0.02627	200% Above	No	No
65862016901	ATENOLOL 50 MG TABLET	12	90.00	0.01	0.02627	51%-75% Below	No	No
65862016999	ATENOLOL 50 MG TABLET	1	45.00	0.11	0.02603	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 954

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862016999	ATENOLOL 50 MG TABLET	1	90.00	0.06	0.02603	101%-200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	2	45.00	0.11	0.02542	200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	2	90.00	0.06	0.02542	101%-200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	2	90.00	0.07	0.02542	101%-200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	2	90.00	0.07	0.02542	101%-200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	3	90.00	0.06	0.02524	101%-200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	3	270.00	0.04	0.02524	51%-75% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	4	90.00	0.06	0.02553	101%-200% Above	No	No
65862016999	ATENOLOL 50 MG TABLET	12	60.00	0.07	0.02627	101%-200% Above	No	No
65862017099	ATENOLOL 100 MG TABLET	4	90.00	0.11	0.03690	101%-200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	1	30.00	0.07	0.02634	101%-200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	1	30.00	0.15	0.02634	200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	2	30.00	0.07	0.02556	101%-200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	3	30.00	0.01	0.02602	51%-75% Below	No	No
65862017160	TOPIRAMATE 25 MG TABLET	3	30.00	0.07	0.02602	101%-200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	3	360.00	0.02	0.02602	26%-50% Below	No	No
65862017160	TOPIRAMATE 25 MG TABLET	12	30.00	0.07	0.02658	101%-200% Above	No	No
65862017160	TOPIRAMATE 25 MG TABLET	12	30.00	0.15	0.02658	200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	2	180.00	0.09	0.03531	101%-200% Above	Yes	No
65862017260	TOPIRAMATE 50 MG TABLET	3	60.00	0.09	0.03492	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	3	90.00	0.09	0.03492	101%-200% Above	Yes	No
65862017260	TOPIRAMATE 50 MG TABLET	3	180.00	0.09	0.03492	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	3	270.00	0.05	0.03492	26%-50% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	12	30.00	0.09	0.03828	101%-200% Above	No	No
65862017260	TOPIRAMATE 50 MG TABLET	12	60.00	0.09	0.03828	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 955

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862017260	TOPIRAMATE 50 MG TABLET	12	180.00	0.09	0.03828	101%-200% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	2	30.00	0.08	0.05898	26%-50% Above	No	No
65862017360	TOPIRAMATE 100 MG TABLET	2	60.00	0.01	0.05898	76%-100% Below	No	No
65862017360	TOPIRAMATE 100 MG TABLET	3	60.00	0.01	0.05872	76%-100% Below	No	No
65862017601	PENICILLIN VK 500 MG TABLET	1	20.00	0.39	0.10703	200% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	1	30.00	0.15	0.10703	26%-50% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	2	20.00	0.15	0.10594	26%-50% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	3	28.00	0.17	0.10383	51%-75% Above	No	No
65862017601	PENICILLIN VK 500 MG TABLET	3	28.00	0.17	0.10383	51%-75% Above	No	No
65862017605	PENICILLIN VK 500 MG TABLET	2	20.00	0.17	0.10594	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	14.00	0.56	0.47087	10%-25% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	14.00	0.89	0.47087	76%-100% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	20.00	0.25	0.47087	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	20.00	0.59	0.47087	10%-25% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	1	20.00	0.75	0.47087	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	2	14.00	0.25	0.46767	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	2	14.00	0.88	0.46767	76%-100% Above	Yes	No
65862017760	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.46767	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	3	14.00	0.25	0.46980	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	3	14.00	0.95	0.46980	101%-200% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	3	20.00	0.25	0.46980	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	3	20.00	0.75	0.46980	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	3	20.00	0.75	0.46980	51%-75% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	4	14.00	0.25	0.46278	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	4	20.00	0.25	0.46278	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 956

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	14.00	0.25	0.47521	26%-50% Below	No	No
65862017760	CEFDINIR 300 MG CAPSULE	12	14.00	0.56	0.47521	10%-25% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	12	14.00	0.59	0.47521	10%-25% Above	No	No
65862017760	CEFDINIR 300 MG CAPSULE	12	20.00	0.25	0.47521	26%-50% Below	No	No
65862018501	CLINDAMYCIN HCL 150 MG CAPSULE	3	28.00	0.08	0.10557	26%-50% Below	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	1	14.00	0.26	0.18306	26%-50% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	1	30.00	0.38	0.18306	101%-200% Above	No	No
65862018601	CLINDAMYCIN HCL 300 MG CAPSULE	12	14.00	0.43	0.18494	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	4.00	0.19	0.06707	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.06	0.06707	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.09	0.06707	26%-50% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.09	0.06707	26%-50% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	10.00	0.42	0.06707	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	14.00	0.05	0.06707	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.05	0.06707	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	15.00	0.42	0.06707	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.05	0.06707	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.19	0.06707	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.19	0.06707	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.42	0.06707	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	18.00	0.42	0.06707	200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	1	20.00	0.19	0.06707	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 957

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.03	0.06707	51%-75% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	6.00	0.19	0.06502	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	10.00	0.10	0.06502	26%-50% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	10.00	0.19	0.06502	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.05	0.06502	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.05	0.06502	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.19	0.06502	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.19	0.06502	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	20.00	0.04	0.06502	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	20.00	0.19	0.06502	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	2	30.00	0.05	0.06502	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	1.00	0.19	0.06414	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	3.00	0.19	0.06414	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	5.00	0.10	0.06414	26%-50% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	10.00	0.19	0.06414	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	12.00	0.19	0.06414	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06414	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06414	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06414	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06414	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06414	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.05	0.06414	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.19	0.06414	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	3	18.00	0.19	0.06414	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	10.00	0.09	0.06330	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 958

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	15.00	0.05	0.06330	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	15.00	0.19	0.06330	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.05	0.06330	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.05	0.06330	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.19	0.06330	101%-200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	6.00	0.42	0.06907	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	10.00	0.19	0.06907	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	12.00	0.06	0.06907	10%-25% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	12.00	0.19	0.06907	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	15.00	0.05	0.06907	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	15.00	0.05	0.06907	26%-50% Below	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	15.00	0.19	0.06907	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	15.00	1.90	0.06907	200% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.06	0.06907	10%-25% Below	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.14	0.06907	76%-100% Above	No	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.19	0.06907	101%-200% Above	Yes	No
65862018730	ONDANSETRON HCL 4 MG TABLET	12	18.00	0.42	0.06907	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	8.00	0.54	0.09487	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	10.00	0.08	0.09487	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	10.00	0.24	0.09487	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	12.00	0.07	0.09487	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	14.00	0.03	0.09487	51%-75% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	16.00	0.54	0.09487	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.06	0.09487	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.06	0.09487	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 959

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	18.00	0.24	0.09487	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.24	0.09487	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	18.00	0.54	0.09487	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	20.00	0.24	0.09487	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	1	30.00	0.24	0.09487	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	10.00	0.07	0.09212	10%-25% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	10.00	0.24	0.09212	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	15.00	0.24	0.09212	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.06	0.09212	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.06	0.09212	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.07	0.09212	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.24	0.09212	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	18.00	0.24	0.09212	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	2	60.00	0.24	0.09212	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	10.00	0.24	0.09081	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	10.00	0.24	0.09081	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	16.00	0.24	0.09081	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.05	0.09081	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.06	0.09081	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.07	0.09081	10%-25% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.07	0.09081	10%-25% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.08	0.09081	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.24	0.09081	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	18.00	0.24	0.09081	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	3	30.00	0.24	0.09081	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 960

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862018830	ONDANSETRON HCL 8 MG TABLET	3	30.00	0.24	0.09081	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	5.00	0.16	0.08953	76%-100% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	10.00	0.07	0.08953	10%-25% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.05	0.08953	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.06	0.08953	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.07	0.08953	10%-25% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.24	0.08953	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	4	18.00	0.24	0.08953	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	5	15.00	0.28	0.09499	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	2.00	0.54	0.09811	200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	12.00	0.24	0.09811	101%-200% Above	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	15.00	0.06	0.09811	26%-50% Below	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.06	0.09811	26%-50% Below	No	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.24	0.09811	101%-200% Above	Yes	No
65862018830	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.54	0.09811	200% Above	Yes	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	1	10.00	0.09	0.01799	200% Above	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	1	90.00	0.01	0.01799	10%-25% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	2	90.00	0.01	0.01781	10%-25% Below	No	No
65862019105	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.01	0.01787	10%-25% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.02	0.03148	26%-50% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.24	0.03148	200% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.02	0.03279	26%-50% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.02	0.03481	26%-50% Below	No	No
65862019201	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.01	0.03706	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 961

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.24	0.03296	200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.24	0.03148	200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.11	0.03481	200% Above	No	No
65862019299	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.05	0.03706	10%-25% Above	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.01	0.03012	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.01	0.02965	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.02	0.02965	26%-50% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.01	0.02965	51%-75% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	2	180.00	0.02	0.02965	26%-50% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.02981	26%-50% Below	No	No
65862019301	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.02	0.02973	26%-50% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.17	0.03012	200% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	10%-25% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	4	90.00	0.02	0.02973	10%-25% Below	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.05	0.03004	51%-75% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	12	45.00	0.03	0.03004	10%-25% Above	No	No
65862019399	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.17	0.03004	200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.11	0.05977	76%-100% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.15	0.05977	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.05698	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 962

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862019401	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.16	0.05426	101%-200% Above	No	No
65862019401	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.24	0.06210	200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.11	0.05977	76%-100% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.24	0.05977	200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	1	180.00	0.03	0.05977	51%-75% Below	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.14	0.05698	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.05698	76%-100% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.14	0.05426	101%-200% Above	No	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.20	0.06210	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	60.00	0.15	0.06210	101%-200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.03	0.06210	51%-75% Below	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.11	0.06210	51%-75% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.11	0.06210	76%-100% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.19	0.06210	200% Above	Yes	No
65862019405	FLUOXETINE HCL 40 MG CAPSULE	12	180.00	0.24	0.06210	200% Above	Yes	No
65862019805	GABAPENTIN 100 MG CAPSULE	1	90.00	0.05	0.02137	101%-200% Above	No	No
65862019899	GABAPENTIN 100 MG CAPSULE	1	30.00	0.02	0.02137	10%-25% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.04	0.02130	76%-100% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.05	0.02130	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.27	0.02130	200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.06	0.02075	101%-200% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.04	0.02102	76%-100% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.01	0.02106	51%-75% Below	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	4	90.00	0.04	0.02106	76%-100% Above	No	No
65862020190	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.01	0.02247	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 963

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	15.00	0.12	0.02130	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.27	0.02130	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.06	0.02130	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	15.00	0.12	0.02075	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02075	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.08	0.02075	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.12	0.02075	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.05	0.02075	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.08	0.02102	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.12	0.02102	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.05	0.02102	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.02102	101%-200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.12	0.02102	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	3	180.00	0.12	0.02102	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.07	0.02106	200% Above	No	No
65862020199	LOSARTAN POTASSIUM 25 MG TAB	12	15.00	0.27	0.02247	200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.01	0.03181	51%-75% Below	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03181	101%-200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.11	0.03181	200% Above	No	No
65862020290	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03302	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.09	0.03146	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.09	0.03146	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.11	0.03146	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.25	0.03146	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 964

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.09	0.03146	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.08	0.03146	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.11	0.03146	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.25	0.03146	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	1	180.00	0.25	0.03146	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.09	0.03181	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.09	0.03181	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.11	0.03181	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.07	0.03181	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.11	0.03181	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	2	180.00	0.08	0.03181	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.09	0.03302	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03302	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.09	0.03302	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.06	0.03302	76%-100% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.07	0.03302	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.11	0.03302	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03343	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	4	60.00	0.09	0.03343	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.11	0.03343	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.11	0.03109	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	12	30.00	0.30	0.03109	200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.07	0.03109	101%-200% Above	No	No
65862020299	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.11	0.03109	200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 965

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862020390	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.02	0.04254	51%-75% Below	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.11	0.04254	101%-200% Above	No	No
65862020390	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.02	0.04249	51%-75% Below	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.13	0.04195	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.14	0.04195	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.28	0.04195	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	60.00	0.01	0.04195	76%-100% Below	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.01	0.04195	76%-100% Below	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.09	0.04195	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.12	0.04195	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.28	0.04195	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.14	0.04114	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.09	0.04114	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.04114	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.11	0.04114	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.12	0.04114	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.14	0.04254	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.09	0.04254	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 966

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.12	0.04254	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.13	0.04315	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.12	0.04315	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.13	0.04249	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	60.00	0.13	0.04249	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.13	0.04249	101%-200% Above	No	No
65862020399	LOSARTAN POTASSIUM 100 MG TAB	12	90.00	0.41	0.04249	200% Above	No	No
65862021105	MINOCYCLINE 100 MG CAPSULE	12	30.00	0.17	0.36221	51%-75% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	1	26.00	0.29	0.36728	10%-25% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	1	84.00	0.18	0.36728	51%-75% Below	No	No
65862021150	MINOCYCLINE 100 MG CAPSULE	12	60.00	0.17	0.36221	51%-75% Below	No	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	12	100.00	0.05	0.10712	51%-75% Below	Yes	No
65862021801	CEFDINIR 125 MG/5 ML SUSP	12	100.00	0.27	0.10712	101%-200% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.10	0.12156	10%-25% Below	No	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.24	0.12156	76%-100% Above	Yes	No
65862021901	CEFDINIR 250 MG/5 ML SUSP	3	100.00	0.24	0.11868	101%-200% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	2	60.00	0.24	0.12499	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.24	0.12507	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	3	120.00	0.24	0.12507	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.17	0.12493	26%-50% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.24	0.12493	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.25	0.12493	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.25	0.12957	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 967

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.25	0.12957	76%-100% Above	Yes	No
65862021960	CEFDINIR 250 MG/5 ML SUSP	12	120.00	0.25	0.12957	76%-100% Above	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	1	28.00	0.27	0.47280	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	2	28.00	0.27	0.48712	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	2	28.00	0.27	0.48712	26%-50% Below	Yes	No
65862022660	CLARITHROMYCIN 500 MG TABLET	3	14.00	1.07	0.50971	101%-200% Above	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	3	28.00	0.18	0.50971	51%-75% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	3	28.00	0.22	0.50971	51%-75% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	3	28.00	0.27	0.50971	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	4	28.00	1.37	0.50214	101%-200% Above	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	12	20.00	0.27	0.43590	26%-50% Below	No	No
65862022660	CLARITHROMYCIN 500 MG TABLET	12	28.00	0.53	0.43590	10%-25% Above	Yes	No
65862022701	LAMOTRIGINE 25 MG TABLET	3	15.00	0.08	0.02924	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	3	270.00	0.08	0.02924	101%-200% Above	No	No
65862022701	LAMOTRIGINE 25 MG TABLET	4	30.00	0.08	0.02939	101%-200% Above	No	No
65862023060	LAMOTRIGINE 200 MG TABLET	12	90.00	0.80	0.08032	200% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	1	60.00	0.01	0.07613	76%-100% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	2	60.00	0.01	0.07658	76%-100% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	3	14.00	0.14	0.07693	76%-100% Above	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	3	60.00	0.01	0.07693	76%-100% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	4	60.00	0.01	0.07798	76%-100% Below	No	No
65862024608	LEVETIRACETAM 500 MG TABLET	4	60.00	0.12	0.07798	51%-75% Above	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	1	60.00	0.09	0.11345	10%-25% Below	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	1	120.00	0.09	0.11345	10%-25% Below	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	2	120.00	0.09	0.11417	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 968

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862024708	LEVETIRACETAM 750 MG TABLET	3	120.00	0.09	0.11512	10%-25% Below	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	12	60.00	0.09	0.11422	10%-25% Below	No	No
65862024708	LEVETIRACETAM 750 MG TABLET	12	120.00	0.52	0.11422	200% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	1	90.00	0.04	0.03132	26%-50% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	1	390.00	0.06	0.03132	76%-100% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	1	450.00	0.01	0.03132	51%-75% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	2	90.00	0.04	0.03078	26%-50% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	2	450.00	0.01	0.03078	51%-75% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	3	90.00	0.04	0.03039	26%-50% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	4	90.00	0.04	0.03022	26%-50% Above	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	4	450.00	0.01	0.03022	51%-75% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	12	360.00	0.03	0.03163	10%-25% Below	No	No
65862025047	LEVETIRACETAM 100 MG/ML SOLN	12	450.00	0.00	0.03163	76%-100% Below	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	No	No
65862029390	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.57	0.03594	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.01	0.03547	51%-75% Below	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.01	0.03547	51%-75% Below	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.25	0.03547	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.01	0.03414	51%-75% Below	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.25	0.03414	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.03451	51%-75% Below	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	No	No
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.01	0.03453	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 969

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862029399	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.57	0.03594	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
65862029490	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.22	0.03993	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.01	0.03934	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.01	0.03934	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.50	0.03934	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.01	0.03828	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.03828	51%-75% Below	Yes	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.01	0.03828	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	Yes	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.03777	51%-75% Below	Yes	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.01	0.03777	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	Yes	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.02	0.03993	51%-75% Below	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.22	0.03993	200% Above	No	No
65862029499	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.50	0.03993	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.49	0.05094	200% Above	No	No
65862029590	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	No	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	Yes	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.32	0.05022	200% Above	Yes	No
65862029599	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.17	0.04848	200% Above	No	No
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.35	0.06008	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 970

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862029690	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.35	0.05907	200% Above	No	No
65862029699	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.50	0.06506	200% Above	No	No
65862029699	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.50	0.06506	200% Above	No	No
65862029699	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.50	0.06240	200% Above	No	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.41	0.25711	51%-75% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	1	12.00	1.58	0.25711	200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	2	4.00	0.49	0.25171	76%-100% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.47	0.25171	76%-100% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.71	0.25171	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	3	4.00	0.57	0.25209	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.13	0.25209	26%-50% Below	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.71	0.25209	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	4	4.00	0.57	0.25681	101%-200% Above	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	12	12.00	0.13	0.25877	26%-50% Below	Yes	No
65862032904	ALENDRONATE SODIUM 70 MG TAB	12	12.00	1.58	0.25877	200% Above	Yes	No
65862035430	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 200-300 MG TAB	3	90.00	26.46	0.45718	200% Above	Yes	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	30.00	0.10	0.05336	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	60.00	0.01	0.05336	76%-100% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	90.00	0.06	0.05336	10%-25% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	90.00	0.07	0.05336	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	90.00	0.10	0.05336	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	1	90.00	0.23	0.05336	200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	21.00	0.10	0.05002	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	30.00	0.08	0.05002	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	30.00	0.10	0.05002	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 971

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.08	0.05002	51%-75% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	2	90.00	0.10	0.05002	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	12.00	0.10	0.04814	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	30.00	0.02	0.04814	26%-50% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	30.00	0.10	0.04814	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	90.00	0.07	0.04814	26%-50% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	3	90.00	0.10	0.04814	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.04802	101%-200% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	4	90.00	0.02	0.04802	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	30.00	0.02	0.05625	51%-75% Below	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	30.00	0.10	0.05625	76%-100% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	90.00	0.07	0.05625	10%-25% Above	No	No
65862035705	CLOPIDOGREL 75 MG TABLET	12	90.00	0.10	0.05625	76%-100% Above	No	No
65862037301	ESCITALOPRAM 5 MG TABLET	2	90.00	0.08	0.04176	76%-100% Above	Yes	No
65862037301	ESCITALOPRAM 5 MG TABLET	3	270.00	0.08	0.04116	101%-200% Above	Yes	No
65862037305	ESCITALOPRAM 5 MG TABLET	2	90.00	0.12	0.04176	101%-200% Above	No	No
65862037305	ESCITALOPRAM 5 MG TABLET	3	30.00	0.12	0.04116	101%-200% Above	No	No
65862037401	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	2	90.00	0.13	0.04156	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	2	90.00	0.13	0.04156	200% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 972

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862037405	ESCITALOPRAM 10 MG TABLET	3	90.00	0.13	0.04099	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	4	135.00	0.09	0.04013	101%-200% Above	Yes	No
65862037405	ESCITALOPRAM 10 MG TABLET	12	30.00	0.12	0.04292	101%-200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	12	30.00	0.13	0.04292	200% Above	No	No
65862037405	ESCITALOPRAM 10 MG TABLET	12	30.00	0.29	0.04292	200% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	1	90.00	0.25	0.06218	200% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
65862037501	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
65862037505	ESCITALOPRAM 20 MG TABLET	2	60.00	0.13	0.06093	101%-200% Above	Yes	No
65862037505	ESCITALOPRAM 20 MG TABLET	12	30.00	0.15	0.06311	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	4.00	0.18	0.15835	10%-25% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	4.00	0.22	0.15835	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	4.00	0.27	0.15835	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	5.00	0.14	0.15835	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	5.00	0.19	0.15835	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	9.00	0.26	0.15835	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	9.00	0.59	0.15835	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.12	0.15835	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.26	0.15835	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.59	0.15835	200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.10	0.15835	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.12	0.15835	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 973

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12.00	0.12	0.15835	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.26	0.15835	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.59	0.15835	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.59	0.15835	200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.59	0.15835	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.09	0.15835	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15835	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15835	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.11	0.15835	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.11	0.15835	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.12	0.15835	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.26	0.15835	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.26	0.15835	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.59	0.15835	200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.59	0.15835	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	1	30.00	0.59	0.15835	200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	2.00	0.42	0.15367	101%-200% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	3.00	0.20	0.15367	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	4.00	0.23	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	5.00	0.26	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.27	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	9.00	0.12	0.15367	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	9.00	0.26	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.12	0.15367	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.13	0.15367	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 974

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.26	0.15367	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.26	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.11	0.15367	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.12	0.15367	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.26	0.15367	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.26	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.10	0.15367	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.26	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.10	0.15367	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	25.00	0.09	0.15367	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	2	30.00	0.26	0.15367	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.22	0.15006	26%-50% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.27	0.15006	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	5.00	0.19	0.15006	10%-25% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	5.00	0.24	0.15006	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.11	0.15006	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.26	0.15006	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.10	0.15006	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.12	0.15006	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 975

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.26	0.15006	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.10	0.15006	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.10	0.15006	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.11	0.15006	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.11	0.15006	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.12	0.15006	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.26	0.15006	76%-100% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.26	0.15006	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.06	0.15006	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.10	0.15006	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.10	0.15006	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.26	0.15006	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.26	0.15006	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.15006	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.26	0.15006	76%-100% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.26	0.15006	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	9.00	0.06	0.13980	51%-75% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.11	0.13980	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.10	0.13980	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.11	0.13980	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.11	0.13980	10%-25% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	6.00	0.14	0.15481	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	6.00	0.27	0.15481	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	8.00	0.26	0.15481	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 976

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	9.00	0.59	0.15481	200% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.10	0.15481	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.12	0.15481	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.26	0.15481	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.12	0.15481	10%-25% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.09	0.15481	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.09	0.15481	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.09	0.15481	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.26	0.15481	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.09	0.15481	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.09	0.15481	26%-50% Below	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.11	0.15481	26%-50% Below	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.26	0.15481	51%-75% Above	No	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.26	0.15481	51%-75% Above	Yes	No
65862039010	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.59	0.15481	200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	3.00	0.22	0.17101	26%-50% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	8.00	0.61	0.17101	200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.12	0.17101	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.61	0.17101	200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	10.00	0.61	0.17101	200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	12.00	0.27	0.17101	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	15.00	0.11	0.17101	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	15.00	0.61	0.17101	200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.10	0.17101	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.10	0.17101	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 977

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	18.00	0.10	0.17101	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.11	0.17101	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.11	0.17101	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.12	0.17101	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.14	0.17101	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.27	0.17101	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.27	0.17101	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.61	0.17101	200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.61	0.17101	200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	1	20.00	0.61	0.17101	200% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	6.00	0.27	0.16841	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	10.00	0.11	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	10.00	0.27	0.16841	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	12.00	0.12	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	15.00	0.10	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	15.00	0.10	0.16841	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	15.00	0.11	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.10	0.16841	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.10	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.10	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.11	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.11	0.16841	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.12	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.27	0.16841	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.27	0.16841	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 978

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	21.00	0.10	0.16841	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	2	30.00	0.27	0.16841	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	7.00	0.13	0.16990	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	9.00	0.27	0.16990	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	10.00	0.12	0.16990	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	10.00	0.13	0.16990	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	10.00	0.27	0.16990	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	15.00	0.10	0.16990	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	15.00	0.10	0.16990	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	15.00	0.27	0.16990	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.10	0.16990	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.10	0.16990	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.10	0.16990	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.11	0.16990	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.12	0.16990	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.15	0.16990	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.27	0.16990	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.27	0.16990	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	9.00	0.27	0.17543	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	15.00	0.10	0.17543	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	15.00	0.27	0.17543	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.10	0.17543	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.12	0.17543	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.27	0.17543	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.27	0.17543	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 979

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	6.00	0.27	0.17277	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	7.00	0.14	0.17277	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	10.00	0.11	0.17277	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	10.00	0.13	0.17277	10%-25% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	10.00	0.27	0.17277	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	14.00	0.11	0.17277	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	15.00	0.10	0.17277	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	15.00	0.12	0.17277	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	15.00	0.27	0.17277	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.09	0.17277	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.10	0.17277	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.10	0.17277	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.10	0.17277	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.11	0.17277	26%-50% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.11	0.17277	26%-50% Below	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.14	0.17277	10%-25% Below	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.27	0.17277	51%-75% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.27	0.17277	51%-75% Above	Yes	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.52	0.17277	101%-200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.61	0.17277	200% Above	No	No
65862039110	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.61	0.17277	200% Above	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	2	10.00	0.09	0.03921	101%-200% Above	Yes	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	2	10.00	0.13	0.03921	200% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	2	20.00	0.13	0.03921	200% Above	No	No
65862041901	SULFAMETHOXAZOLE-TMP SS TABLET	3	14.00	0.06	0.03851	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 980

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	1	6.00	0.14	0.04713	200% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.09	0.04698	76%-100% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.09	0.04698	76%-100% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.05	0.04698	10%-25% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.09	0.04698	76%-100% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.09	0.04707	76%-100% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.09	0.04707	76%-100% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	3	180.00	0.09	0.04707	76%-100% Above	Yes	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.09	0.04668	76%-100% Above	No	No
65862042001	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.00	0.10	0.04750	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	6.00	0.13	0.04713	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	6.00	0.22	0.04713	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	10.00	0.07	0.04713	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	10.00	0.08	0.04713	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	10.00	0.09	0.04713	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	12.00	0.06	0.04713	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.05	0.04713	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.05	0.04713	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.07	0.04713	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.09	0.04713	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	14.00	0.22	0.04713	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.04	0.04713	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.09	0.04713	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	20.00	0.09	0.04713	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	30.00	0.04	0.04713	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 981

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	42.00	0.22	0.04713	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	60.00	0.04	0.04713	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	1	60.00	0.09	0.04713	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.08	0.04698	51%-75% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.09	0.04698	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.09	0.04698	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.10	0.04698	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.11	0.04698	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	6.00	0.15	0.04698	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.06	0.04698	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.07	0.04698	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	10.00	0.09	0.04698	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.05	0.04698	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.05	0.04698	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.06	0.04698	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.07	0.04698	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.09	0.04698	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	14.00	0.09	0.04698	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.04	0.04698	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.05	0.04698	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.05	0.04698	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.09	0.04698	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	20.00	0.09	0.04698	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	22.00	0.04	0.04698	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	30.00	0.09	0.04698	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 982

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	40.00	0.09	0.04698	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	2	60.00	0.03	0.04698	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	6.00	0.09	0.04707	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	6.00	0.09	0.04707	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	8.00	0.09	0.04707	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	10.00	0.06	0.04707	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	10.00	0.07	0.04707	26%-50% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	12.00	0.06	0.04707	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.07	0.04707	26%-50% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.09	0.04707	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	14.00	0.09	0.04707	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.04	0.04707	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.06	0.04707	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	20.00	0.09	0.04707	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	30.00	0.02	0.04707	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	30.00	0.09	0.04707	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	60.00	0.03	0.04707	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	3	60.00	0.04	0.04707	10%-25% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.06	0.04668	10%-25% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	10.00	0.09	0.04668	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	12.00	0.07	0.04668	51%-75% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.06	0.04668	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	14.00	0.09	0.04668	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	20.00	0.05	0.04668	10%-25% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	28.00	0.03	0.04668	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 983

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.02	0.04668	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	30.00	0.04	0.04668	10%-25% Below	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	40.00	0.09	0.04668	76%-100% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	60.00	0.03	0.04668	26%-50% Below	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	4	60.00	0.09	0.04668	76%-100% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	13.00	0.33	0.04750	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.00	0.10	0.04750	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.00	0.22	0.04750	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	14.00	0.33	0.04750	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.10	0.04750	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	20.00	0.22	0.04750	200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	28.00	0.15	0.04750	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	28.00	0.22	0.04750	200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	30.00	0.10	0.04750	101%-200% Above	No	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	40.00	0.10	0.04750	101%-200% Above	Yes	No
65862042005	SULFAMETHOXAZOLE-TMP DS TABLET	12	60.00	0.04	0.04750	10%-25% Below	Yes	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	14.00	0.61	0.23221	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.43	0.23221	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.61	0.23221	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.27	0.22707	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.43	0.22707	76%-100% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.27	0.22999	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.47	0.22999	101%-200% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	60.00	0.33	0.22999	26%-50% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.27	0.22999	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 984

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.27	0.22965	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	4	90.00	0.33	0.22965	26%-50% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.27	0.23387	10%-25% Above	No	No
65862044830	VALACYCLOVIR HCL 500 MG TABLET	12	90.00	0.52	0.23387	101%-200% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	1	14.00	0.35	0.23221	26%-50% Above	Yes	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.27	0.23221	10%-25% Above	Yes	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	2	20.00	0.27	0.22707	10%-25% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.44	0.22707	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.27	0.22707	10%-25% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	2	90.00	0.27	0.22707	10%-25% Above	Yes	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.44	0.22999	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	3	90.00	0.27	0.22999	10%-25% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.44	0.22965	76%-100% Above	No	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.13	0.23387	26%-50% Below	Yes	No
65862044890	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.95	0.23387	200% Above	No	No
65862044930	VALACYCLOVIR HCL 1 GRAM TABLET	2	5.00	0.93	0.40668	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	1	4.00	1.03	0.41238	101%-200% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	1	16.00	0.52	0.41238	10%-25% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	2	4.00	0.52	0.40668	26%-50% Above	Yes	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.52	0.40668	26%-50% Above	No	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	3	20.00	0.25	0.40550	26%-50% Below	Yes	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	4	14.00	0.87	0.40626	101%-200% Above	Yes	No
65862044990	VALACYCLOVIR HCL 1 GRAM TABLET	12	28.00	0.52	0.41606	10%-25% Above	No	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.22	0.07768	101%-200% Above	Yes	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.13	0.06467	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 985

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.22	0.06467	200% Above	Yes	No
65862046890	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	12	90.00	0.13	0.07615	76%-100% Above	No	No
65862046899	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	3	90.00	0.03	0.06467	51%-75% Below	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.28	0.07896	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.36	0.07896	200% Above	No	No
65862046990	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	4	90.00	0.16	0.07510	101%-200% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	1	90.00	0.16	0.07896	76%-100% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	2	90.00	0.16	0.07767	76%-100% Above	No	No
65862046999	LOSARTAN-HYDROCHLOROTHIAZIDE 100-12.5 MG TAB	3	90.00	0.16	0.07536	101%-200% Above	No	No
65862047030	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.15	0.08118	76%-100% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.04	0.08251	51%-75% Below	Yes	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.50	0.08251	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.15	0.08251	76%-100% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.33	0.08251	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	90.00	0.35	0.08251	200% Above	Yes	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	2	90.00	0.40	0.08118	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	3	90.00	0.33	0.08156	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	30.00	0.42	0.08092	200% Above	No	No
65862047090	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	30.00	0.16	0.08232	76%-100% Above	No	No
65862047099	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	1	30.00	0.23	0.08251	101%-200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	3	90.00	0.13	0.05785	101%-200% Above	No	No
65862047501	RAMIPRIL 2.5 MG CAPSULE	12	90.00	0.13	0.05784	101%-200% Above	No	No
65862047705	RAMIPRIL 10 MG CAPSULE	1	90.00	0.25	0.07120	200% Above	No	No
65862047705	RAMIPRIL 10 MG CAPSULE	3	90.00	0.11	0.07291	51%-75% Above	No	No
65862047705	RAMIPRIL 10 MG CAPSULE	4	90.00	0.11	0.07358	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 986

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862049647	SULFAMETHOXAZOLE-TMP SUSP	1	100.00	0.03	0.06100	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	2	100.00	0.03	0.06066	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	3	136.00	0.06	0.05706	10%-25% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	3	220.00	0.03	0.05706	26%-50% Below	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	4	280.00	0.06	0.05642	10%-25% Above	No	No
65862049647	SULFAMETHOXAZOLE-TMP SUSP	12	70.00	0.15	0.06053	101%-200% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.41	0.29443	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	14.00	0.53	0.29443	76%-100% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	20.00	0.24	0.29443	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	20.00	0.44	0.29443	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	20.00	0.53	0.29443	76%-100% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	20.00	0.53	0.29443	76%-100% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	1	30.00	0.53	0.29443	76%-100% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	10.00	0.43	0.29036	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.24	0.29036	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.43	0.29036	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	14.00	0.48	0.29036	51%-75% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	20.00	0.24	0.29036	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	20.00	0.25	0.29036	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	20.00	0.41	0.29036	26%-50% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	20.00	0.44	0.29036	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	21.00	0.24	0.29036	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	2	28.00	0.41	0.29036	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	10.00	0.24	0.29424	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.24	0.29424	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 987

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.24	0.29424	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.35	0.29424	10%-25% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.44	0.29424	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	14.00	0.45	0.29424	51%-75% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	20.00	0.24	0.29424	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	20.00	0.24	0.29424	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	3	28.00	0.15	0.29424	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	4	10.00	0.42	0.29298	26%-50% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	4	14.00	0.24	0.29298	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	4	20.00	0.24	0.29298	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	4	20.00	0.50	0.29298	51%-75% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	4	21.00	0.24	0.29298	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	12	14.00	0.15	0.29462	26%-50% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	12	14.00	0.52	0.29462	51%-75% Above	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	12	14.00	0.53	0.29462	76%-100% Above	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	12	20.00	0.24	0.29462	10%-25% Below	No	No
65862050220	AMOX-CLAV 500-125 MG TABLET	12	20.00	0.24	0.29462	10%-25% Below	Yes	No
65862050220	AMOX-CLAV 500-125 MG TABLET	12	20.00	0.40	0.29462	26%-50% Above	Yes	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.24	0.27974	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.40	0.27974	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.27974	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.38	0.27974	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.38	0.27974	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.54	0.27974	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 988

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	20.00	0.24	0.27974	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.27974	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.36	0.27974	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.37	0.27974	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	6.00	0.41	0.27114	51%-75% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.37	0.27114	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.24	0.27114	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.36	0.27114	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.37	0.27114	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.24	0.27114	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.38	0.27114	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.40	0.27114	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.24	0.28117	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.24	0.28117	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.35	0.28117	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.41	0.28117	26%-50% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	3	28.00	0.24	0.28117	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.24	0.28438	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.24	0.28438	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.35	0.28438	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.24	0.29770	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.36	0.29770	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.41	0.29770	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 989

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	20.00	0.24	0.29770	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.25	0.29770	10%-25% Below	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.35	0.29770	10%-25% Above	No	No
65862050301	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.54	0.29770	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	2.00	0.65	0.27974	101%-200% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.24	0.27974	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.36	0.27974	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.37	0.27974	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.54	0.27974	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.54	0.27974	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.35	0.27974	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.35	0.27974	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.27974	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.37	0.27974	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.41	0.27974	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.45	0.27974	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.46	0.27974	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.54	0.27974	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.54	0.27974	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.24	0.27974	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.24	0.27974	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.25	0.27974	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.25	0.27974	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 990

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.34	0.27974	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.34	0.27974	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.27974	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.38	0.27974	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.27974	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.27974	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.42	0.27974	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.43	0.27974	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.47	0.27974	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	28.00	0.24	0.27974	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	28.00	0.36	0.27974	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	1	28.00	0.54	0.27974	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	6.00	0.38	0.27114	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	8.00	0.24	0.27114	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.24	0.27114	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.36	0.27114	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.37	0.27114	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.24	0.27114	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.24	0.27114	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.31	0.27114	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.35	0.27114	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.36	0.27114	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.37	0.27114	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 991

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.38	0.27114	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.39	0.27114	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.41	0.27114	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.45	0.27114	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.15	0.27114	26%-50% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.24	0.27114	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.24	0.27114	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.34	0.27114	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.35	0.27114	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.37	0.27114	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.38	0.27114	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.40	0.27114	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.40	0.27114	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.47	0.27114	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	28.00	0.24	0.27114	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	2	28.00	0.34	0.27114	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	8.00	0.42	0.28117	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.24	0.28117	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.36	0.28117	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.24	0.28117	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.24	0.28117	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.31	0.28117	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.35	0.28117	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.35	0.28117	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.35	0.28117	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 992

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	14.00	0.36	0.28117	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.38	0.28117	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.41	0.28117	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.03	0.28117	76%-100% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.22	0.28117	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.25	0.28117	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.34	0.28117	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.35	0.28117	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.36	0.28117	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.36	0.28117	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.37	0.28117	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.38	0.28117	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.40	0.28117	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.40	0.28117	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	10.00	0.24	0.28438	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	10.00	0.36	0.28438	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.36	0.28438	10%-25% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.24	0.28438	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.24	0.28438	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.25	0.28438	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.44	0.28438	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	60.00	0.25	0.28438	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	4	84.00	0.24	0.28438	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 993

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.24	0.29770	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	10.00	0.36	0.29770	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	10.00	0.52	0.29770	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.24	0.29770	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.24	0.29770	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.35	0.29770	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.35	0.29770	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.41	0.29770	26%-50% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.45	0.29770	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.52	0.29770	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.54	0.29770	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.67	0.29770	101%-200% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.14	0.29770	51%-75% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.24	0.29770	10%-25% Below	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.24	0.29770	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.25	0.29770	10%-25% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.34	0.29770	10%-25% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.42	0.29770	26%-50% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.47	0.29770	51%-75% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.52	0.29770	51%-75% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.54	0.29770	76%-100% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.54	0.29770	76%-100% Above	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.67	0.29770	101%-200% Above	No	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	28.00	0.18	0.29770	26%-50% Below	Yes	No
65862050320	AMOX-CLAV 875-125 MG TABLET	12	28.00	0.39	0.29770	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 994

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	42.00	0.24	0.29770	10%-25% Below	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	1	30.00	0.15	0.09480	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	1	90.00	0.16	0.09480	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	2	20.00	0.14	0.09301	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	2	30.00	0.01	0.09301	76%-100% Below	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	2	90.00	0.14	0.09301	26%-50% Above	Yes	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	3	20.00	0.14	0.09349	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	3	30.00	0.15	0.09349	51%-75% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	3	90.00	0.14	0.09349	26%-50% Above	No	No
65862051330	PIOGLITAZONE HCL 30 MG TABLET	4	30.00	0.01	0.09227	76%-100% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	2	30.00	0.04	0.06095	26%-50% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	3	30.00	0.04	0.06107	26%-50% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	4	14.00	0.06	0.06325	10%-25% Below	No	No
65862052205	NAPROXEN 500 MG TABLET	4	14.00	0.08	0.06325	26%-50% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	1	30.00	0.13	0.06907	76%-100% Above	No	No
65862052305	GABAPENTIN 600 MG TABLET	1	60.00	0.06	0.06907	10%-25% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	1	270.00	0.03	0.06907	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	1	405.00	0.06	0.06907	10%-25% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	2	90.00	0.06	0.06838	10%-25% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	2	360.00	0.06	0.06838	10%-25% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	3	90.00	0.06	0.06908	10%-25% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	4	60.00	0.03	0.06919	51%-75% Below	No	No
65862052305	GABAPENTIN 600 MG TABLET	12	90.00	0.06	0.06871	10%-25% Below	No	No
65862052405	GABAPENTIN 800 MG TABLET	1	90.00	0.13	0.09962	26%-50% Above	No	No
65862052405	GABAPENTIN 800 MG TABLET	2	90.00	0.06	0.09833	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 995

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052405	GABAPENTIN 800 MG TABLET	3	90.00	0.06	0.09930	26%-50% Below	No	No
65862052405	GABAPENTIN 800 MG TABLET	3	270.00	0.06	0.09930	26%-50% Below	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.13	0.08813	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	12	30.00	0.13	0.09016	26%-50% Above	No	No
65862052730	VENLAFAXINE HCL ER 37.5 MG CAP	12	90.00	0.13	0.09016	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	7.00	0.13	0.09093	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	21.00	0.29	0.09093	200% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.11	0.09093	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.13	0.09093	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.29	0.09093	200% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	45.00	0.13	0.09093	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	53.00	0.13	0.09093	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	60.00	0.13	0.09093	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	90.00	0.13	0.09093	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	1	90.00	0.29	0.09093	200% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.11	0.08813	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	60.00	0.13	0.08813	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	63.00	0.13	0.08813	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.11	0.08813	10%-25% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.13	0.08813	26%-50% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	3	90.00	0.13	0.08731	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	3	180.00	0.13	0.08731	51%-75% Above	No	No
65862052790	VENLAFAXINE HCL ER 37.5 MG CAP	12	60.00	0.75	0.09016	200% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	1	30.00	0.13	0.09093	26%-50% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	2	30.00	0.13	0.08813	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 996

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	3	30.00	0.13	0.08731	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	3	90.00	0.13	0.08731	51%-75% Above	No	No
65862052799	VENLAFAXINE HCL ER 37.5 MG CAP	12	30.00	0.13	0.09016	26%-50% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.24	0.09204	101%-200% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.11	0.09070	10%-25% Above	No	No
65862052830	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.11	0.09025	10%-25% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.11	0.09204	10%-25% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.17	0.09204	76%-100% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.24	0.09204	101%-200% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	45.00	0.11	0.09025	10%-25% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09025	10%-25% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.13	0.09025	26%-50% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.11	0.08791	10%-25% Above	No	No
65862052890	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.11	0.09163	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.11	0.09204	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.24	0.09204	101%-200% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.11	0.09204	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	15.00	0.11	0.09070	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.11	0.09070	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.11	0.09070	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.14	0.09070	51%-75% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	3	15.00	0.11	0.09025	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.11	0.09025	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09025	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	4	15.00	0.11	0.08791	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 997

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862052899	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.11	0.08791	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	12	30.00	0.11	0.09163	10%-25% Above	No	No
65862052899	VENLAFAXINE HCL ER 75 MG CAP	12	270.00	0.12	0.09163	26%-50% Above	No	No
65862053301	AMOX-CLAV 200-28.5 MG/5 ML SUS	2	100.00	0.17	0.05115	200% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	1	200.00	0.08	0.05915	26%-50% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	3	100.00	0.07	0.05881	10%-25% Above	No	No
65862053401	AMOX-CLAV 400-57 MG/5 ML SUSP	3	100.00	0.15	0.05881	101%-200% Above	No	No
65862053450	AMOX-CLAV 400-57 MG/5 ML SUSP	3	150.00	0.06	0.08530	26%-50% Below	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	2	150.00	0.06	0.06971	10%-25% Below	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	8	150.00	0.05	0.07094	26%-50% Below	No	No
65862053475	AMOX-CLAV 400-57 MG/5 ML SUSP	12	150.00	0.13	0.07167	76%-100% Above	No	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	200.00	0.03	0.06085	26%-50% Below	Yes	No
65862053502	AMOX-CLAV 600-42.9 MG/5 ML SUS	5	200.00	0.04	0.06778	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06422	26%-50% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	250.00	0.11	0.06422	76%-100% Above	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	125.00	0.04	0.06170	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	0.07	0.06132	10%-25% Above	Yes	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.04	0.06530	26%-50% Below	No	No
65862053513	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.08	0.06530	26%-50% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	150.00	0.08	0.07231	10%-25% Above	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	150.00	0.04	0.07005	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	300.00	0.04	0.07005	26%-50% Below	No	No
65862053575	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	75.00	0.04	0.07879	26%-50% Below	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	1	11.00	0.07	0.14168	26%-50% Below	No	No
65862053750	LEVOFLOXACIN 500 MG TABLET	3	30.00	0.41	0.14273	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	20.00	0.13	0.04593	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	30.00	0.10	0.04593	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.08	0.04593	51%-75% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.09	0.04593	76%-100% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.10	0.04593	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.13	0.04593	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	1	90.00	0.29	0.04593	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.10	0.04496	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	30.00	0.13	0.04496	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	2	90.00	0.13	0.04496	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	3	20.00	0.10	0.04528	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	3	30.00	0.10	0.04528	101%-200% Above	Yes	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	3	30.00	0.10	0.04528	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	3	30.00	0.13	0.04528	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	4	60.00	0.13	0.04493	101%-200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	4	90.00	0.09	0.04493	76%-100% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	12	30.00	0.29	0.04659	200% Above	No	No
65862055990	PANTOPRAZOLE SOD DR 20 MG TAB	12	90.00	0.09	0.04659	76%-100% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.25	0.03603	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.17	0.03603	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03603	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.25	0.03603	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.17	0.03549	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 999

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.09	0.03549	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.17	0.03540	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.09	0.03540	101%-200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.11	0.03540	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.03598	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	60.00	0.70	0.03598	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.11	0.03598	200% Above	No	No
65862056090	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.70	0.03598	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	21.00	0.11	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.01	0.03603	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.02	0.03603	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.07	0.03603	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.10	0.03603	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.11	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.12	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.14	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	30.00	0.25	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.02	0.03603	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	60.00	0.10	0.03603	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1000

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.11	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.01	0.03603	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.08	0.03603	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.10	0.03603	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.11	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	1	90.00	0.25	0.03603	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	28.00	0.11	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.01	0.03549	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.07	0.03549	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.10	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.11	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.12	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	30.00	0.14	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.06	0.03549	51%-75% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.09	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	60.00	0.11	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.01	0.03549	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.09	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.10	0.03549	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	2	90.00	0.11	0.03549	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.07	0.03540	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03540	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.10	0.03540	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1001

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	30.00	0.12	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.09	0.03540	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	60.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.01	0.03540	51%-75% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.08	0.03540	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03540	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.10	0.03540	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	90.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	3	180.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.07	0.03540	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.14	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	60.00	0.02	0.03540	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.02	0.03540	26%-50% Below	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.10	0.03540	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	4	90.00	0.11	0.03540	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	7	30.00	0.13	0.03807	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	8	30.00	0.11	0.03819	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	9	30.00	0.11	0.03707	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	10	30.00	0.11	0.03624	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	11	30.00	0.11	0.03594	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	12	30.00	0.07	0.03598	76%-100% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.11	0.03598	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	30.00	0.25	0.03598	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	60.00	0.11	0.03598	200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.10	0.03598	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.10	0.03598	101%-200% Above	No	No
65862056099	PANTOPRAZOLE SOD DR 40 MG TAB	12	90.00	0.11	0.03598	200% Above	No	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	1	30.00	0.33	0.07651	200% Above	Yes	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	2	30.00	0.15	0.07524	76%-100% Above	Yes	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	3	30.00	0.15	0.07750	76%-100% Above	Yes	No
65862056790	MONTELUKAST SOD 4 MG TAB CHEW	12	30.00	0.15	0.07702	76%-100% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	1	30.00	0.15	0.06967	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	1	90.00	0.15	0.06967	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	1	90.00	0.26	0.06967	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	1	90.00	0.33	0.06967	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	2	30.00	0.15	0.06856	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	2	90.00	0.15	0.06856	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	3	30.00	0.15	0.06842	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	0.15	0.07101	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	0.16	0.07101	101%-200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	12	30.00	0.33	0.07101	200% Above	Yes	No
65862056890	MONTELUKAST SOD 5 MG TAB CHEW	12	90.00	0.26	0.07101	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.12	0.04577	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.16	0.04577	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.21	0.04577	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1003

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.27	0.04577	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.02	0.04577	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.12	0.04577	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.14	0.04577	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.17	0.04577	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.20	0.04577	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.22	0.04577	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.27	0.04577	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.12	0.04433	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.16	0.04433	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.18	0.04433	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.02	0.04433	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.05	0.04433	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.12	0.04433	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.17	0.04433	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.19	0.04433	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.20	0.04433	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	10.00	0.02	0.04334	51%-75% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.12	0.04334	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.16	0.04334	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.16	0.04334	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.18	0.04334	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.02	0.04334	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.12	0.04334	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.17	0.04334	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862057490	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.12	0.04349	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.23	0.04349	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.02	0.04349	26%-50% Below	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.05	0.04349	10%-25% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.12	0.04349	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.22	0.04735	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.27	0.04735	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.12	0.04735	101%-200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.17	0.04735	200% Above	Yes	No
65862057490	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.27	0.04735	200% Above	Yes	No
65862058605	AMLODIPINE-BENAZEPRIL 10-20 MG	3	90.00	0.33	0.11625	101%-200% Above	No	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	2	180.00	0.31	0.16809	76%-100% Above	Yes	No
65862059501	DIVALPROEX SOD ER 500 MG TAB	2	360.00	0.08	0.16809	26%-50% Below	Yes	No
65862059602	CLINDAMYCIN (PEDI) 75 MG/5 ML	1	500.00	0.09	0.14566	26%-50% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.31	0.05214	200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.02	0.05215	51%-75% Below	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.14	0.05215	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.14	0.05135	101%-200% Above	No	No
65862059801	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.14	0.05054	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.14	0.05214	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.31	0.05214	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.34	0.05214	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	60.00	0.07	0.05214	26%-50% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.14	0.05214	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.35	0.05214	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.16	0.05214	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.33	0.05214	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	14.00	0.38	0.05215	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.14	0.05215	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.35	0.05215	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	0.14	0.05215	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.14	0.05215	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.14	0.05215	101%-200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.17	0.05215	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.35	0.05215	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	2	180.00	0.16	0.05215	200% Above	Yes	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	15.00	0.14	0.05135	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.14	0.05135	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.36	0.05135	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	0.14	0.05135	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.14	0.05135	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.33	0.05135	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	60.00	0.14	0.05054	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.35	0.05054	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	4	180.00	0.14	0.05054	101%-200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	7.00	0.52	0.05153	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	10.00	0.52	0.05153	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	14.00	0.52	0.05153	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.31	0.05153	200% Above	No	No
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.14	0.05153	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862059805	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.52	0.05153	200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	1	9.00	0.83	0.47623	51%-75% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	1	10.00	0.40	0.47623	10%-25% Below	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	1	15.00	0.97	0.47623	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	1	27.00	0.95	0.47623	76%-100% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	2	9.00	0.40	0.48193	10%-25% Below	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	2	9.00	1.07	0.48193	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	2	10.00	0.40	0.48193	10%-25% Below	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	2	12.00	0.40	0.48193	10%-25% Below	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	2	12.00	0.98	0.48193	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	2	12.00	1.06	0.48193	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	3	9.00	0.83	0.48757	51%-75% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	3	10.00	0.40	0.48757	10%-25% Below	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	3	12.00	0.98	0.48757	76%-100% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	3	12.00	1.06	0.48757	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	4	9.00	1.00	0.47345	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	4	12.00	1.06	0.47345	101%-200% Above	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	4	90.00	0.33	0.47345	26%-50% Below	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	12	9.00	0.19	0.45660	51%-75% Below	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	12	12.00	0.40	0.45660	10%-25% Below	No	No
65862060012	RIZATRIPTAN 10 MG TABLET	12	12.00	0.98	0.45660	101%-200% Above	Yes	No
65862060012	RIZATRIPTAN 10 MG TABLET	12	27.00	1.13	0.45660	101%-200% Above	Yes	No
65862060130	MODAFINIL 100 MG TABLET	1	30.00	0.16	0.28577	26%-50% Below	Yes	No
65862060330	MOXIFLOXACIN HCL 400 MG TABLET	2	7.00	0.89	1.63444	26%-50% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	4.00	0.48	0.30083	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862064130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.44	0.30083	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.50	0.30083	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.30083	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	1	14.00	1.50	0.30083	200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	4.00	0.54	0.29185	76%-100% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.41	0.29185	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.44	0.29185	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.29185	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.49	0.29185	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	3	4.00	0.48	0.28827	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	3	6.00	0.04	0.28827	76%-100% Below	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	3	6.00	0.44	0.28827	26%-50% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	3	6.00	0.44	0.28827	51%-75% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	3	6.00	0.65	0.28827	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	3	10.00	0.65	0.28827	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	11	6.00	0.67	0.33146	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	12	4.00	1.04	0.31612	200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	12	6.00	0.67	0.31612	101%-200% Above	No	No
65862064130	AZITHROMYCIN 250 MG TABLET	12	6.00	1.50	0.31612	200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.44	0.30083	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.47	0.30083	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.48	0.30083	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.30083	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862064163	AZITHROMYCIN 250 MG TABLET	1	6.00	1.50	0.30083	200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.40	0.29185	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.29185	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.59	0.29185	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	12.00	0.64	0.29185	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	2	20.00	0.38	0.29185	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.42	0.28827	26%-50% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.47	0.28827	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.48	0.28827	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.51	0.28827	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.57	0.28827	76%-100% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	3	6.00	0.65	0.28827	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	0.02	0.28349	76%-100% Below	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	0.45	0.28349	51%-75% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	0.67	0.31612	101%-200% Above	No	No
65862064163	AZITHROMYCIN 250 MG TABLET	12	6.00	1.50	0.31612	200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.41	0.30083	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.44	0.30083	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.30083	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.47	0.30083	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.48	0.30083	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.49	0.30083	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.50	0.30083	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.30083	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	6.00	1.50	0.30083	200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	1	12.00	0.64	0.30083	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	1.00	0.64	0.29185	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.40	0.29185	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.41	0.29185	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.44	0.29185	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.29185	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.48	0.29185	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.49	0.29185	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.50	0.29185	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.52	0.29185	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.57	0.29185	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.41	0.28827	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.44	0.28827	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.44	0.28827	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.47	0.28827	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.49	0.28827	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.50	0.28827	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.52	0.28827	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.57	0.28827	76%-100% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	6.00	0.65	0.28827	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	3	12.00	0.64	0.28827	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.41	0.28349	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1010

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.44	0.28349	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.00	0.31612	76%-100% Below	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.44	0.31612	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.44	0.31612	26%-50% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.48	0.31612	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.50	0.31612	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.52	0.31612	51%-75% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	0.67	0.31612	101%-200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	1.04	0.31612	200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	6.00	1.50	0.31612	200% Above	No	No
65862064169	AZITHROMYCIN 250 MG TABLET	12	12.00	1.50	0.31612	200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	1	1.00	2.67	0.61802	200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	3	3.00	1.15	0.60919	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	3	5.00	0.91	0.60919	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	3	5.00	1.15	0.60919	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	2.00	1.15	0.59082	76%-100% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	3.00	0.97	0.59082	51%-75% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	4	5.00	0.81	0.59082	26%-50% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	12	5.00	2.07	0.60967	200% Above	No	No
65862064230	AZITHROMYCIN 500 MG TABLET	12	10.00	2.07	0.60967	200% Above	No	No
65862064264	AZITHROMYCIN 500 MG TABLET	1	3.00	0.83	0.61802	26%-50% Above	No	No
65862064264	AZITHROMYCIN 500 MG TABLET	2	3.00	0.83	0.60817	26%-50% Above	No	No
65862064264	AZITHROMYCIN 500 MG TABLET	4	3.00	1.15	0.59082	76%-100% Above	No	No
65862066130	ARIPIPRAZOLE 2 MG TABLET	1	30.00	0.17	0.11900	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1011

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862066130	ARIPIRAZOLE 2 MG TABLET	1	30.00	0.47	0.11900	200% Above	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	1	90.00	0.47	0.11900	200% Above	Yes	No
65862066130	ARIPIRAZOLE 2 MG TABLET	1	90.00	1.04	0.11900	200% Above	Yes	No
65862066130	ARIPIRAZOLE 2 MG TABLET	2	30.00	0.47	0.11214	200% Above	No	No
65862066130	ARIPIRAZOLE 2 MG TABLET	12	30.00	4.27	0.12458	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	1	180.00	0.56	0.09862	200% Above	Yes	No
65862066230	ARIPIRAZOLE 5 MG TABLET	2	30.00	0.17	0.09783	51%-75% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	2	30.00	0.56	0.09783	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	2	45.00	0.56	0.09783	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.56	0.09769	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	3	45.00	0.56	0.09769	200% Above	No	No
65862066230	ARIPIRAZOLE 5 MG TABLET	4	90.00	0.56	0.09968	200% Above	Yes	No
65862066230	ARIPIRAZOLE 5 MG TABLET	12	90.00	4.27	0.09861	200% Above	No	No
65862066330	ARIPIRAZOLE 10 MG TABLET	4	90.00	0.52	0.10076	200% Above	No	No
65862066430	ARIPIRAZOLE 15 MG TABLET	2	90.00	0.33	0.13058	101%-200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.10	0.02495	200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	1	120.00	0.10	0.02495	200% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	3	60.00	0.04	0.02434	76%-100% Above	No	No
65862067601	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.04	0.02435	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.04	0.02495	51%-75% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.10	0.02495	200% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.04	0.02455	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.02	0.02455	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	2	90.00	0.04	0.02455	76%-100% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.04	0.02434	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1012

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.02	0.02434	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	4	60.00	0.02	0.02435	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	12	10.00	0.08	0.02504	200% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	12	30.00	0.04	0.02504	51%-75% Above	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	12	60.00	0.02	0.02504	26%-50% Below	No	No
65862067605	ALPRAZOLAM 0.25 MG TABLET	12	90.00	0.04	0.02504	51%-75% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	1	30.00	0.04	0.02495	51%-75% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	1	45.00	0.04	0.02495	51%-75% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	1	60.00	0.02	0.02495	10%-25% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	30.00	0.02	0.02455	10%-25% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	45.00	0.04	0.02455	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	2	60.00	0.02	0.02455	26%-50% Below	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	30.00	0.04	0.02434	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	3	45.00	0.04	0.02434	76%-100% Above	No	No
65862067699	ALPRAZOLAM 0.25 MG TABLET	12	45.00	0.04	0.02504	51%-75% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	5.00	0.17	0.02312	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	25.00	0.07	0.02312	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.17	0.02312	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	40.00	0.17	0.02312	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.07	0.02312	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.17	0.02312	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.17	0.02312	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	2	30.00	0.07	0.02294	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.07	0.02294	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.07	0.02294	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1013

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	10.00	0.08	0.02284	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	3	20.00	0.01	0.02284	51%-75% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	3	20.00	0.03	0.02284	26%-50% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.07	0.02284	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.07	0.02284	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.07	0.02284	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	4	30.00	0.07	0.02280	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.07	0.02280	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	12	5.00	0.08	0.02323	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	12	6.00	0.01	0.02323	51%-75% Below	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	12	10.00	0.08	0.02323	200% Above	No	No
65862067701	ALPRAZOLAM 0.5 MG TABLET	12	90.00	0.08	0.02323	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	10.00	0.17	0.02312	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	25.00	0.17	0.02312	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	30.00	0.07	0.02312	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.02	0.02312	10%-25% Below	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	60.00	0.07	0.02312	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	1	90.00	0.17	0.02312	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	2	10.00	0.08	0.02294	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.07	0.02294	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	2	90.00	0.07	0.02294	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.07	0.02284	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	3	90.00	0.07	0.02284	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	4	10.00	0.08	0.02280	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	4	90.00	0.07	0.02280	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1014

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862067705	ALPRAZOLAM 0.5 MG TABLET	12	10.00	0.08	0.02323	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.08	0.02323	200% Above	No	No
65862067705	ALPRAZOLAM 0.5 MG TABLET	12	60.00	0.17	0.02323	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	1	45.00	0.17	0.02312	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	45.00	0.07	0.02294	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.02	0.02294	10%-25% Below	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	2	60.00	0.07	0.02294	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	3	30.00	0.07	0.02284	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	3	60.00	0.07	0.02284	200% Above	No	No
65862067799	ALPRAZOLAM 0.5 MG TABLET	12	20.00	0.03	0.02323	10%-25% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	9.00	0.06	0.02701	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	30.00	0.06	0.02701	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	30.00	0.14	0.02701	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	45.00	0.14	0.02701	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	81.00	0.06	0.02701	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	90.00	0.01	0.02701	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	1	90.00	0.14	0.02701	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	30.00	0.02	0.02761	10%-25% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	30.00	0.06	0.02761	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	60.00	0.06	0.02761	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	90.00	0.01	0.02761	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	90.00	0.06	0.02761	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	2	180.00	0.06	0.02761	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	30.00	0.06	0.02734	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	40.00	0.06	0.02734	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1015

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	45.00	0.06	0.02734	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	60.00	0.06	0.02734	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	90.00	0.01	0.02734	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	3	90.00	0.06	0.02734	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	2.00	0.24	0.02668	200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	30.00	0.02	0.02668	10%-25% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	30.00	0.06	0.02668	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	90.00	0.01	0.02668	26%-50% Below	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	90.00	0.06	0.02668	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	4	270.00	0.06	0.02668	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	12	30.00	0.06	0.02617	101%-200% Above	No	No
65862067801	ALPRAZOLAM 1 MG TABLET	12	90.00	0.06	0.02617	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	45.00	0.14	0.02701	200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	60.00	0.02	0.02701	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	60.00	0.06	0.02701	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	1	90.00	0.01	0.02701	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	45.00	0.06	0.02761	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	60.00	0.02	0.02761	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	60.00	0.06	0.02761	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	2	90.00	0.01	0.02761	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	3	45.00	0.06	0.02734	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	3	60.00	0.06	0.02734	101%-200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	3	90.00	0.01	0.02734	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	4	90.00	0.01	0.02668	26%-50% Below	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	12	60.00	0.02	0.02617	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1016

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.14	0.02617	200% Above	No	No
65862067805	ALPRAZOLAM 1 MG TABLET	12	90.00	0.02	0.02617	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	1	30.00	0.06	0.02701	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	1	60.00	0.06	0.02701	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	1	90.00	0.01	0.02701	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	15.00	0.06	0.02761	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	2	90.00	0.01	0.02761	26%-50% Below	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	3	30.00	0.06	0.02734	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	3	60.00	0.06	0.02734	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	4	60.00	0.06	0.02668	101%-200% Above	No	No
65862067899	ALPRAZOLAM 1 MG TABLET	12	60.00	0.14	0.02617	200% Above	No	No
65862067905	ALPRAZOLAM 2 MG TABLET	12	60.00	0.07	0.04784	51%-75% Above	No	No
65862068730	RITONAVIR 100 MG TABLET	1	30.00	3.03	0.76748	200% Above	No	No
65862069201	PHENYTOIN SOD EXT 100 MG CAP	2	90.00	0.07	0.14004	26%-50% Below	Yes	No
65862069299	PHENYTOIN SOD EXT 100 MG CAP	12	270.00	0.16	0.14269	10%-25% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.20	0.12796	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.21	0.12796	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	2	15.00	0.21	0.12387	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	2	180.00	0.11	0.12387	10%-25% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	15.00	0.21	0.12317	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.19	0.12317	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.21	0.12317	51%-75% Above	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.07	0.13088	26%-50% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.04	0.13088	51%-75% Below	No	No
65862069705	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.21	0.13088	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1017

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862069730	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.46	0.12796	200% Above	No	No
65862069730	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.21	0.12253	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.18	0.12796	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.21	0.12796	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.21	0.12796	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.46	0.12796	200% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.21	0.12387	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.21	0.12387	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.21	0.12387	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.21	0.12317	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.21	0.12317	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.14	0.12317	10%-25% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.21	0.12253	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	4	180.00	0.21	0.12253	51%-75% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.18	0.13088	26%-50% Above	No	No
65862069790	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.21	0.13088	51%-75% Above	No	No
65862069960	CEFUROXIME AXETIL 250 MG TAB	1	20.00	0.68	0.29190	101%-200% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	1	4.00	0.26	0.44478	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	1	14.00	0.26	0.44478	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	1	20.00	0.57	0.44478	26%-50% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	2	14.00	0.26	0.41808	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	2	20.00	0.26	0.41808	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	2	20.00	0.75	0.41808	76%-100% Above	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	3	10.00	0.26	0.40747	26%-50% Below	No	No
65862070020	CEFUROXIME AXETIL 500 MG TAB	12	4.00	0.57	0.44711	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1018

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862070020	CEFUROXIME AXETIL 500 MG TAB	12	10.00	0.26	0.44711	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	1	20.00	1.67	0.44478	200% Above	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	2	20.00	0.26	0.41808	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	3	14.00	0.26	0.40747	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	3	14.00	1.06	0.40747	101%-200% Above	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	4	14.00	0.26	0.38512	26%-50% Below	No	No
65862070060	CEFUROXIME AXETIL 500 MG TAB	12	20.00	0.57	0.44711	26%-50% Above	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	2	100.00	0.02	0.02470	26%-50% Below	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	2	200.00	0.01	0.02470	26%-50% Below	No	No
65862070701	AMOXICILLIN 250 MG/5 ML SUSP	3	100.00	0.01	0.02466	26%-50% Below	No	No
65862070901	RALOXIFENE HCL 60 MG TABLET	2	90.00	0.31	0.24983	10%-25% Above	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	1	30.00	0.30	0.23192	26%-50% Above	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	2	30.00	0.13	0.21259	26%-50% Below	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	3	30.00	0.13	0.21503	26%-50% Below	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	3	90.00	0.13	0.21503	26%-50% Below	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	12	30.00	0.13	0.24186	26%-50% Below	No	No
65862072130	RABEPRAZOLE SOD DR 20 MG TAB	12	90.00	0.13	0.24186	26%-50% Below	No	No
65862073205	AMIODARONE HCL 200 MG TABLET	1	30.00	0.11	0.12266	10%-25% Below	No	No
65862073260	AMIODARONE HCL 200 MG TABLET	3	90.00	0.09	0.12070	26%-50% Below	Yes	No
65862074030	AMLODIPINE-VALSARTAN 10-320 MG	4	30.00	0.32	0.66127	51%-75% Below	No	No
65862074130	OLMESARTAN MEDOXOMIL 5 MG TAB	2	90.00	0.33	0.05758	200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.21	0.07315	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.21	0.07315	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	3	45.00	0.21	0.07348	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.21	0.07348	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1019

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	4	45.00	0.21	0.07438	101%-200% Above	Yes	No
65862074290	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	0.33	0.07438	200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	3	90.00	0.34	0.12264	101%-200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	0.34	0.11752	101%-200% Above	Yes	No
65862074390	OLMESARTAN MEDOXOMIL 40 MG TAB	4	90.00	0.33	0.11752	101%-200% Above	Yes	No
65862075890	PREGABALIN 25 MG CAPSULE	1	90.00	0.31	0.04556	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	2	30.00	0.31	0.04473	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	2	90.00	0.31	0.04473	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	3	30.00	0.31	0.04583	200% Above	No	No
65862075890	PREGABALIN 25 MG CAPSULE	3	90.00	0.31	0.04583	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	1	90.00	0.31	0.04852	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	1	90.00	0.68	0.04852	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	2	90.00	0.31	0.04713	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	2	120.00	0.31	0.04713	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	3	45.00	0.02	0.04696	51%-75% Below	No	No
65862075990	PREGABALIN 50 MG CAPSULE	3	90.00	0.31	0.04696	200% Above	No	No
65862075990	PREGABALIN 50 MG CAPSULE	12	90.00	0.31	0.04940	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	1	30.00	0.04	0.05263	10%-25% Below	No	No
65862076090	PREGABALIN 75 MG CAPSULE	1	90.00	0.68	0.05263	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	2	30.00	0.02	0.05130	51%-75% Below	No	No
65862076090	PREGABALIN 75 MG CAPSULE	2	60.00	0.31	0.05130	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	2	90.00	0.31	0.05130	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	3	30.00	0.02	0.05119	51%-75% Below	No	No
65862076090	PREGABALIN 75 MG CAPSULE	3	30.00	0.04	0.05119	10%-25% Below	No	No
65862076090	PREGABALIN 75 MG CAPSULE	3	60.00	0.31	0.05119	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1020

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862076090	PREGABALIN 75 MG CAPSULE	3	180.00	0.31	0.05119	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	12	60.00	0.31	0.05723	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	12	90.00	0.31	0.05723	200% Above	No	No
65862076090	PREGABALIN 75 MG CAPSULE	12	180.00	0.31	0.05723	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	1	40.00	0.03	0.06072	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	1	90.00	0.31	0.06072	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	2	60.00	0.03	0.05680	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	2	60.00	0.04	0.05680	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	2	60.00	0.31	0.05680	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	2	90.00	0.31	0.05680	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	2	180.00	0.31	0.05680	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	3	60.00	0.03	0.05604	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	3	60.00	0.04	0.05604	26%-50% Below	No	No
65862076190	PREGABALIN 100 MG CAPSULE	3	90.00	0.31	0.05604	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	4	60.00	0.31	0.05447	200% Above	No	No
65862076190	PREGABALIN 100 MG CAPSULE	12	60.00	0.31	0.06547	200% Above	No	No
65862076290	PREGABALIN 150 MG CAPSULE	2	90.00	0.32	0.05194	200% Above	No	No
65862076290	PREGABALIN 150 MG CAPSULE	12	90.00	0.32	0.05446	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	1	90.00	0.67	0.05999	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	1	270.00	0.67	0.05999	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	2	90.00	0.30	0.05928	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	3	90.00	0.30	0.05912	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	4	90.00	0.30	0.05865	200% Above	No	No
65862076390	PREGABALIN 200 MG CAPSULE	12	60.00	0.03	0.06142	26%-50% Below	No	No
65862076390	PREGABALIN 200 MG CAPSULE	12	60.00	0.04	0.06142	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1021

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.30	0.06142	200% Above	No	No
65862076490	PREGABALIN 225 MG CAPSULE	1	56.00	0.04	0.06242	26%-50% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	2	56.00	0.04	0.06085	26%-50% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	3	56.00	0.04	0.05863	26%-50% Below	No	No
65862076490	PREGABALIN 225 MG CAPSULE	12	56.00	0.04	0.06297	26%-50% Below	No	No
65862076890	FENOFIBRATE 48 MG TABLET	3	90.00	0.14	0.08283	51%-75% Above	No	No
65862076890	FENOFIBRATE 48 MG TABLET	4	30.00	0.23	0.08276	101%-200% Above	No	No
65862076890	FENOFIBRATE 48 MG TABLET	12	90.00	0.31	0.08521	200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	1	30.00	0.27	0.11906	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	1	90.00	0.01	0.11906	76%-100% Below	No	No
65862076990	FENOFIBRATE 145 MG TABLET	1	90.00	0.27	0.11906	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	1	90.00	0.60	0.11906	200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	2	30.00	0.27	0.11783	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	2	90.00	0.27	0.11783	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	3	30.00	0.27	0.11758	101%-200% Above	No	No
65862076990	FENOFIBRATE 145 MG TABLET	12	30.00	0.27	0.11723	101%-200% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	1	28.00	0.01	0.12299	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	1	28.00	0.06	0.12299	26%-50% Below	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	1	28.00	0.06	0.12299	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	1	28.00	0.30	0.12299	101%-200% Above	No	No
65862077685	MILI 0.25-0.035 MG TABLET	1	28.00	0.30	0.12299	101%-200% Above	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	1	84.00	0.01	0.12299	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	1	84.00	0.06	0.12299	26%-50% Below	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	1	84.00	0.24	0.12299	76%-100% Above	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	1	84.00	0.30	0.12299	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1022

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862077685	MILI 0.25-0.035 MG TABLET	1	84.00	0.30	0.12299	101%-200% Above	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	2	28.00	0.01	0.12401	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	2	28.00	0.06	0.12401	26%-50% Below	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	2	28.00	0.07	0.12401	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	2	84.00	0.07	0.12401	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	3	28.00	0.01	0.12394	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	3	28.00	0.06	0.12394	26%-50% Below	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	3	28.00	0.07	0.12394	26%-50% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	3	84.00	0.24	0.12394	76%-100% Above	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	4	28.00	0.06	0.12601	26%-50% Below	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	4	84.00	0.01	0.12601	76%-100% Below	No	No
65862077685	MILI 0.25-0.035 MG TABLET	4	84.00	0.06	0.12601	26%-50% Below	Yes	No
65862077685	MILI 0.25-0.035 MG TABLET	12	28.00	0.09	0.12304	26%-50% Below	No	No
65862077885	TRI-LO-MILI TABLET	1	28.00	0.01	0.11270	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	1	84.00	0.01	0.11270	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	2	84.00	0.01	0.11258	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	2	84.00	0.19	0.11258	51%-75% Above	No	No
65862077885	TRI-LO-MILI TABLET	3	84.00	0.19	0.11090	51%-75% Above	No	No
65862077885	TRI-LO-MILI TABLET	4	84.00	0.01	0.11024	76%-100% Below	No	No
65862077885	TRI-LO-MILI TABLET	12	28.00	0.06	0.11475	26%-50% Below	Yes	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	1	30.00	0.45	0.22131	101%-200% Above	No	No
65862078030	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	4	90.00	0.45	0.23356	76%-100% Above	No	No
65862078090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	2	30.00	0.45	0.21487	101%-200% Above	No	No
65862078090	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	0.45	0.21819	101%-200% Above	No	No
65862078190	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	1	90.00	0.43	0.21095	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1023

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862078190	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	2	90.00	0.43	0.20228	101%-200% Above	Yes	No
65862078190	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	90.00	0.43	0.21593	101%-200% Above	Yes	No
65862078330	ESOMEPRAZOLE MAG DR 20 MG CAP	1	30.00	0.33	0.16597	76%-100% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.42	0.14145	101%-200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.42	0.13883	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.42	0.13883	200% Above	No	No
65862078490	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.44	0.14295	200% Above	No	No
65862080730	ARMODAFINIL 250 MG TABLET	1	30.00	0.33	0.94434	51%-75% Below	No	No
65862080730	ARMODAFINIL 250 MG TABLET	3	30.00	0.44	0.92962	51%-75% Below	Yes	No
65862080730	ARMODAFINIL 250 MG TABLET	12	30.00	2.91	0.96196	200% Above	No	No
65862082530	SAXAGLIPTIN HCL 2.5 MG TABLET	1	90.00	0.93	2.24433	51%-75% Below	Yes	No
65862082530	SAXAGLIPTIN HCL 2.5 MG TABLET	2	90.00	1.11	1.85613	26%-50% Below	Yes	No
65862082590	SAXAGLIPTIN HCL 2.5 MG TABLET	3	90.00	1.11	1.51605	26%-50% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	1	30.00	1.11	2.14940	26%-50% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	1	30.00	2.57	2.14940	10%-25% Above	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	1	90.00	1.11	2.14940	26%-50% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	1	90.00	2.57	2.14940	10%-25% Above	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	2	30.00	1.11	1.59378	26%-50% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	2	30.00	1.11	1.59378	26%-50% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	2	90.00	1.11	1.59378	26%-50% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	3	30.00	0.20	1.34272	76%-100% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	3	30.00	1.11	1.34272	10%-25% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	3	30.00	1.11	1.34272	10%-25% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	3	90.00	0.71	1.34272	26%-50% Below	Yes	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	3	90.00	1.11	1.34272	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1024

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	12	30.00	0.52	2.50295	76%-100% Below	No	No
65862082630	SAXAGLIPTIN HCL 5 MG TABLET	12	90.00	0.93	2.50295	51%-75% Below	Yes	No
65862082930	PRASUGREL 5 MG TABLET	4	90.00	2.48	0.30802	200% Above	Yes	No
65862083030	PRASUGREL 10 MG TABLET	1	30.00	0.88	0.28974	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	2	30.00	0.88	0.29300	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	2	90.00	0.33	0.29300	10%-25% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	3	30.00	0.16	0.30717	26%-50% Below	Yes	No
65862083030	PRASUGREL 10 MG TABLET	3	90.00	0.17	0.30717	26%-50% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	3	90.00	0.22	0.30717	26%-50% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	3	90.00	0.88	0.30717	101%-200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	4	30.00	0.02	0.30613	76%-100% Below	No	No
65862083030	PRASUGREL 10 MG TABLET	4	30.00	0.88	0.30613	101%-200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	12	30.00	0.92	0.28267	200% Above	No	No
65862083030	PRASUGREL 10 MG TABLET	12	90.00	2.04	0.28267	200% Above	No	No
65862085430	AMLODIPINE-OLMESARTAN 5-20 MG	1	90.00	1.05	0.24681	200% Above	No	No
65862085530	AMLODIPINE-OLMESARTAN 5-40 MG	2	90.00	1.14	0.28407	200% Above	No	No
65862085730	AMLODIPINE-OLMESARTAN 10-40 MG	12	90.00	2.46	0.34080	200% Above	No	No
65862085825	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.06106	51%-75% Below	Yes	No
65862085825	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	26%-50% Below	No	No
65862085860	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	0.03	0.06279	26%-50% Below	No	No
65862085860	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	360.00	0.03	0.06279	26%-50% Below	No	No
65862085901	FAMOTIDINE 20 MG TABLET	1	30.00	0.04	0.02947	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	30.00	0.08	0.02947	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	60.00	0.03	0.02947	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	60.00	0.04	0.02947	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1025

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.04	0.02947	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	1	90.00	0.08	0.02947	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	14.00	0.08	0.03015	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	28.00	0.01	0.03015	51%-75% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	30.00	0.04	0.03015	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	60.00	0.04	0.03015	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	60.00	0.08	0.03015	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	2	90.00	0.08	0.03015	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	60.00	0.04	0.03030	10%-25% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	90.00	0.08	0.03030	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	180.00	0.03	0.03030	10%-25% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	3	180.00	0.08	0.03030	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	30.00	0.05	0.03099	51%-75% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	90.00	0.08	0.03099	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	4	180.00	0.08	0.03099	101%-200% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	12	30.00	0.02	0.02948	26%-50% Below	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	12	30.00	0.04	0.02948	26%-50% Above	Yes	No
65862085901	FAMOTIDINE 20 MG TABLET	12	60.00	0.03	0.02948	10%-25% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	30.00	0.11	0.05196	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05196	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	30.00	0.14	0.05196	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	60.00	0.11	0.05196	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	60.00	0.11	0.05196	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	60.00	0.14	0.05196	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	1	90.00	0.11	0.05196	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1026

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.25	0.05196	200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	10.00	0.11	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	30.00	0.11	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	60.00	0.11	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	60.00	0.11	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	60.00	0.14	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.10	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	180.00	0.10	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	2	180.00	0.11	0.05125	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	30.00	0.10	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	30.00	0.13	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	60.00	0.09	0.05137	76%-100% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	60.00	0.11	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	60.00	0.14	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	90.00	0.10	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	180.00	0.10	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	180.00	0.11	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	3	180.00	0.12	0.05137	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	0.11	0.05159	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	30.00	0.12	0.05159	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1027

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	60.00	0.14	0.05159	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	30.00	0.11	0.05202	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	30.00	0.12	0.05202	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	30.00	0.12	0.05202	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	90.00	0.11	0.05202	101%-200% Above	Yes	No
65862086001	FAMOTIDINE 40 MG TABLET	12	180.00	0.12	0.05202	101%-200% Above	Yes	No
65862086099	FAMOTIDINE 40 MG TABLET	1	30.00	0.11	0.05196	101%-200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	1	30.00	0.25	0.05196	200% Above	No	No
65862086099	FAMOTIDINE 40 MG TABLET	4	30.00	0.11	0.05159	101%-200% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	1	91.00	0.06	0.12708	51%-75% Below	Yes	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	3	91.00	0.13	0.11654	10%-25% Above	No	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	12	91.00	0.14	0.11883	10%-25% Above	Yes	No
65862086495	SIMPESSE 0.15-0.03-0.01 MG TAB	12	91.00	0.30	0.11883	101%-200% Above	No	No
65862087830	SOLIFENACIN 5 MG TABLET	2	90.00	0.22	0.16853	26%-50% Above	Yes	No
65862089788	NYLIA 7-7-7-28 TABLET	1	28.00	0.03	0.29032	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	2	28.00	0.03	0.29338	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	2	84.00	0.14	0.29338	51%-75% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	3	28.00	0.02	0.29617	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	4	28.00	0.02	0.27125	76%-100% Below	No	No
65862089788	NYLIA 7-7-7-28 TABLET	12	28.00	0.00	0.28978	76%-100% Below	No	No
65862090801	CELECOXIB 100 MG CAPSULE	3	60.00	0.08	0.07113	10%-25% Above	Yes	No
65862090801	CELECOXIB 100 MG CAPSULE	12	60.00	0.08	0.07408	10%-25% Above	Yes	No
65862090901	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	Yes	No
65862090901	CELECOXIB 200 MG CAPSULE	1	30.00	0.66	0.08664	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1028

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
65862090901	CELECOXIB 200 MG CAPSULE	2	30.00	0.23	0.08517	101%-200% Above	Yes	No
65862090901	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	Yes	No
65862090901	CELECOXIB 200 MG CAPSULE	4	30.00	0.23	0.08460	101%-200% Above	Yes	No
65862092127	SEVELAMER CARBONATE 800 MG TAB	1	180.00	0.61	0.21323	101%-200% Above	No	No
65862092127	SEVELAMER CARBONATE 800 MG TAB	12	180.00	0.64	0.21634	101%-200% Above	No	No
65862092585	INCASSIA 0.35 MG TABLET	3	28.00	0.06	0.09445	26%-50% Below	No	No
65862092585	INCASSIA 0.35 MG TABLET	4	28.00	0.06	0.09225	26%-50% Below	No	No
65862092730	FINASTERIDE 1 MG TABLET	1	30.00	0.34	0.04248	200% Above	Yes	No
65862092730	FINASTERIDE 1 MG TABLET	1	90.00	0.34	0.04248	200% Above	Yes	No
65862092730	FINASTERIDE 1 MG TABLET	2	30.00	0.15	0.04116	200% Above	Yes	No
65862092730	FINASTERIDE 1 MG TABLET	3	30.00	0.15	0.04121	200% Above	Yes	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.15	0.33520	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.07	0.33520	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	2	20.00	0.50	0.33520	26%-50% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.94	0.33183	101%-200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	4	10.00	1.15	0.32469	200% Above	No	No
65862092901	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	1.15	0.35193	200% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	1	28.00	0.14	0.21477	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	1	28.00	0.33	0.21477	51%-75% Above	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	1	84.00	0.14	0.21477	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	2	28.00	0.14	0.20703	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	2	84.00	0.14	0.20703	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	3	28.00	0.14	0.20356	26%-50% Below	No	No
65862093488	AUROVELA 24 FE 1 MG-20 MCG TAB	3	84.00	0.14	0.20356	26%-50% Below	No	No
65862093574	AUROVELA 21 1.5-30 TABLET	1	84.00	0.20	0.37792	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862093574	AUROVELA 21 1.5-30 TABLET	3	84.00	0.21	0.33441	26%-50% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	1	21.00	0.14	0.17326	10%-25% Below	No	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	1	21.00	0.14	0.17326	10%-25% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	1	84.00	0.06	0.17326	51%-75% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	2	21.00	0.09	0.17219	26%-50% Below	No	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	2	84.00	0.08	0.17219	51%-75% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	3	21.00	0.09	0.16742	26%-50% Below	No	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	3	84.00	0.08	0.16742	26%-50% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	3	84.00	0.09	0.16742	26%-50% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	4	21.00	0.09	0.16522	26%-50% Below	No	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	12	21.00	0.06	0.16870	51%-75% Below	No	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	12	21.00	0.09	0.16870	26%-50% Below	Yes	No
65862093988	AUROVELA 1 MG-20 MCG TABLET	12	84.00	0.08	0.16870	51%-75% Below	Yes	No
65862094088	AUROVELA FE 1-20 TABLET	1	28.00	0.02	0.13571	76%-100% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	1	28.00	0.35	0.13571	101%-200% Above	No	No
65862094088	AUROVELA FE 1-20 TABLET	1	84.00	0.02	0.13571	76%-100% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	1	84.00	0.06	0.13571	51%-75% Below	Yes	No
65862094088	AUROVELA FE 1-20 TABLET	1	84.00	0.20	0.13571	26%-50% Above	No	No
65862094088	AUROVELA FE 1-20 TABLET	2	28.00	0.02	0.12836	76%-100% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	2	28.00	0.35	0.12836	101%-200% Above	No	No
65862094088	AUROVELA FE 1-20 TABLET	2	84.00	0.20	0.12836	51%-75% Above	No	No
65862094088	AUROVELA FE 1-20 TABLET	4	84.00	0.06	0.12836	51%-75% Below	Yes	No
65862094088	AUROVELA FE 1-20 TABLET	4	84.00	0.20	0.12836	51%-75% Above	No	No
65862094088	AUROVELA FE 1-20 TABLET	12	28.00	0.08	0.14161	26%-50% Below	No	No
65862094088	AUROVELA FE 1-20 TABLET	12	28.00	0.18	0.14161	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	1	28.00	0.02	0.13767	76%-100% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	1	84.00	0.05	0.13767	51%-75% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	1	84.00	0.10	0.13767	10%-25% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	2	28.00	0.01	0.13030	76%-100% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	2	28.00	0.02	0.13030	76%-100% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	3	28.00	0.01	0.13707	76%-100% Below	No	No
65862094188	AUROVELA FE 1.5 MG-30 MCG TAB	12	28.00	0.00	0.14564	76%-100% Below	No	No
65862096701	ESZOPICLONE 1 MG TABLET	2	30.00	0.50	0.10764	200% Above	No	No
65862096730	ESZOPICLONE 1 MG TABLET	1	30.00	0.30	0.11132	101%-200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	1	30.00	0.48	0.08952	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	1	30.00	0.50	0.08952	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	2	30.00	0.21	0.08865	101%-200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	2	30.00	0.50	0.08865	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	3	30.00	0.21	0.08846	101%-200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	3	30.00	0.50	0.08846	200% Above	No	No
65862096901	ESZOPICLONE 3 MG TABLET	4	30.00	0.21	0.09060	101%-200% Above	No	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.04	0.08995	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	2	30.00	0.06	0.09041	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	3	30.00	0.06	0.08723	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	0.05	0.08723	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	4	30.00	0.06	0.08864	26%-50% Below	Yes	No
65862098799	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.05	0.09425	26%-50% Below	Yes	No
65862099830	ARMODAFINIL 200 MG TABLET	1	30.00	1.39	0.86216	51%-75% Above	No	No
65862099830	ARMODAFINIL 200 MG TABLET	3	30.00	1.39	0.83817	51%-75% Above	No	No
65862099830	ARMODAFINIL 200 MG TABLET	12	30.00	1.45	0.87007	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1031

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	42.50	0.24	0.41977	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	1	42.50	0.35	0.41977	10%-25% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	1	42.50	0.35	0.41977	10%-25% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	1	42.50	0.82	0.41977	76%-100% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	1	42.50	1.90	0.41977	200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	0.24	0.41552	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	0.35	0.41552	10%-25% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	0.71	0.41552	51%-75% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	0.82	0.41552	76%-100% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	2	42.50	0.88	0.41552	101%-200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	0.21	0.40801	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	0.35	0.40801	10%-25% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	0.35	0.40801	10%-25% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	0.47	0.40801	10%-25% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	0.71	0.40801	51%-75% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	3	42.50	0.82	0.40801	76%-100% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	0.20	0.40019	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	0.35	0.40019	10%-25% Below	No	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	0.47	0.40019	10%-25% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	0.47	0.40019	10%-25% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	0.82	0.40019	101%-200% Above	No	No
66993000210	ESTRADIOL 0.01% CREAM	4	42.50	0.82	0.40019	101%-200% Above	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.50	0.24	0.41941	26%-50% Below	Yes	No
66993000210	ESTRADIOL 0.01% CREAM	12	42.50	0.35	0.41941	10%-25% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	2	18.00	1.02	1.84427	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1032

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993001968	ALBUTEROL HFA 90 MCG INHALER	2	18.00	1.02	1.84427	26%-50% Below	Yes	No
66993001968	ALBUTEROL HFA 90 MCG INHALER	3	18.00	1.02	1.84118	26%-50% Below	No	No
66993007896	FLUTICASONE PROPIONATE HFA 44 MCG INHALER	3	10.60	5.65	11.61155	51%-75% Below	Yes	No
66993008096	FLUTICASONE PROPIONATE HFA 220 MCG INHALER	12	12.00	10.49	21.94380	51%-75% Below	Yes	No
66993008269	SUMATRIPTAN 20 MG NASAL SPRAY	1	12.00	1.76	16.16119	76%-100% Below	No	No
66993016897	FLUTICASONE ELLIPTA 200 MCG INH	1	30.00	2.82	5.79961	51%-75% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	9.68	21.68725	51%-75% Below	Yes	No
66993037083	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	9.68	19.75506	26%-50% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	9.95	30.13173	51%-75% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	1	1.00	25.64	30.13173	10%-25% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	2.21	29.45966	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	9.95	29.45966	51%-75% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	2	1.00	11.06	29.45966	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	11.06	27.91358	51%-75% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	3	1.00	11.06	27.91358	51%-75% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	4	1.00	2.21	25.62457	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	11	1.00	11.54	31.45642	51%-75% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	0.52	29.52630	76%-100% Below	No	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	10.02	29.52630	51%-75% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	11.54	29.52630	51%-75% Below	Yes	No
66993037179	MEDROXYPROGESTERONE 150 MG/ML	12	1.00	15.32	29.52630	26%-50% Below	No	No
66993043185	PRAZOSIN 1 MG CAPSULE	2	30.00	0.12	0.08556	26%-50% Above	No	No
66993059402	DEXTROAMP-AMPHET ER 5 MG CAP	2	30.00	3.50	0.42049	200% Above	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	1	1.00	5.33	50.47146	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	1	1.00	26.65	50.47146	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1033

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993060536	ETONOGESTREL-EE VAGINAL RING	1	1.00	26.65	50.47146	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	1	3.00	5.33	50.47146	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	1	3.00	24.23	50.47146	51%-75% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	1	3.00	26.65	50.47146	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	1	3.00	26.65	50.47146	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	2	1.00	5.33	50.51333	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	2	1.00	26.65	50.51333	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	2	1.00	26.65	50.51333	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	2	3.00	5.33	50.51333	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	2	3.00	26.65	50.51333	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	3	1.00	5.33	50.04303	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	3	1.00	24.23	50.04303	51%-75% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	3	1.00	26.65	50.04303	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	3	1.00	26.65	50.04303	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	3	1.00	27.78	50.04303	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	3	3.00	24.23	50.04303	51%-75% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	3	3.00	27.78	50.04303	26%-50% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	3	3.00	27.78	50.04303	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	4	1.00	5.33	49.16742	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	4	1.00	24.23	49.16742	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	4	1.00	27.78	49.16742	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	12	1.00	0.00	49.18816	76%-100% Below	No	No
66993060536	ETONOGESTREL-EE VAGINAL RING	12	1.00	24.23	49.18816	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	12	1.00	26.65	49.18816	26%-50% Below	Yes	No
66993060536	ETONOGESTREL-EE VAGINAL RING	12	3.00	26.65	49.18816	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1034

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
66993060536	ETONOGESTREL-EE VAGINAL RING	12	3.00	26.65	49.18816	26%-50% Below	Yes	No
66993072757	SULFAMETHOXAZOLE-TMP SUSP	2	180.00	0.03	0.06066	26%-50% Below	No	No
66993087861	CALCIPOTRIENE 0.005% OINTMENT	3	60.00	1.11	2.20034	26%-50% Below	No	No
67877012405	SILVER SULFADIAZINE 1% CREAM	2	50.00	0.08	0.24028	51%-75% Below	No	No
67877012405	SILVER SULFADIAZINE 1% CREAM	12	50.00	0.19	0.24372	10%-25% Below	Yes	No
67877012420	SILVER SULFADIAZINE 1% CREAM	4	40.00	0.10	0.36478	51%-75% Below	No	No
67877012420	SILVER SULFADIAZINE 1% CREAM	12	20.00	0.09	0.35346	51%-75% Below	No	No
67877012420	SILVER SULFADIAZINE 1% CREAM	12	80.00	0.09	0.35346	51%-75% Below	No	No
67877012425	SILVER SULFADIAZINE 1% CREAM	1	25.00	0.19	0.31132	26%-50% Below	No	No
67877012425	SILVER SULFADIAZINE 1% CREAM	2	25.00	0.10	0.30947	51%-75% Below	No	No
67877012440	SILVER SULFADIAZINE 1% CREAM	3	400.00	0.05	0.12827	51%-75% Below	Yes	No
67877012440	SILVER SULFADIAZINE 1% CREAM	12	400.00	0.04	0.11967	51%-75% Below	No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	1	50.00	0.08	0.24214	51%-75% Below	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	1	50.00	0.19	0.24214	10%-25% Below	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	2	50.00	0.10	0.24028	51%-75% Below	No	No
67877012450	SILVER SULFADIAZINE 1% CREAM	2	50.00	0.10	0.24028	51%-75% Below	Yes	No
67877012450	SILVER SULFADIAZINE 1% CREAM	3	50.00	0.10	0.24219	51%-75% Below	No	No
67877012485	SILVER SULFADIAZINE 1% CREAM	3	85.00	0.08	0.25137	51%-75% Below	No	No
67877012485	SILVER SULFADIAZINE 1% CREAM	12	85.00	0.09	0.25190	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	1	45.00	0.04	0.07676	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	2	30.00	0.14	0.07793	76%-100% Above	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	3	45.00	0.04	0.07903	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	4	30.00	0.03	0.07924	51%-75% Below	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	4	30.00	0.14	0.07924	51%-75% Above	No	No
67877014601	TEMAZEPAM 15 MG CAPSULE	12	30.00	0.32	0.07576	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1035

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877014601	TEMAZEPAM 15 MG CAPSULE	12	45.00	0.04	0.07576	51%-75% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	1	30.00	0.05	0.09101	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	1	90.00	0.41	0.09101	200% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	2	30.00	0.05	0.08993	26%-50% Below	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	4	30.00	0.18	0.09224	76%-100% Above	No	No
67877014705	TEMAZEPAM 30 MG CAPSULE	12	30.00	0.41	0.09262	200% Above	No	No
67877015901	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.01	0.02905	26%-50% Below	No	No
67877015901	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.05	0.02902	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.03	0.02969	10%-25% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	1	120.00	0.05	0.02969	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	2	270.00	0.05	0.02905	76%-100% Above	No	No
67877015905	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.05	0.02905	76%-100% Above	No	No
67877019705	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.12	0.01036	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.00	0.01053	51%-75% Below	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.03	0.01053	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	1	30.00	0.28	0.01053	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.03	0.01053	101%-200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.12	0.01053	200% Above	No	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.28	0.01053	200% Above	Yes	No
67877019710	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.13	0.01112	200% Above	No	No
67877019790	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.02	0.01090	51%-75% Above	No	No
67877019790	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	0.02	0.01112	51%-75% Above	No	No
67877019790	AMLODIPINE BESYLATE 2.5 MG TAB	12	90.00	0.28	0.01112	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.02	0.01107	101%-200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.11	0.01107	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1036

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.11	0.01085	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.11	0.01085	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01069	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.11	0.01069	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.25	0.01111	200% Above	No	No
67877019805	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01111	26%-50% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01107	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	26%-50% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	51%-75% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.11	0.01107	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.11	0.01107	200% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.25	0.01107	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.11	0.01085	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.11	0.01085	200% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01069	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.11	0.01069	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01069	26%-50% Above	Yes	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	51%-75% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	101%-200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.11	0.01069	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.11	0.01036	200% Above	No	No
67877019810	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.23	0.01111	200% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.25	0.01107	200% Above	No	No
67877019890	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.11	0.01036	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.01	0.01632	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1037

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877019905	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.24	0.01632	200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01581	76%-100% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	9	30.00	0.04	0.01682	101%-200% Above	No	No
67877019905	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01671	10%-25% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01632	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.11	0.01632	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.13	0.01632	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	10%-25% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.11	0.01632	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.24	0.01632	200% Above	Yes	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.04	0.01581	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.11	0.01581	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.11	0.01581	200% Above	Yes	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	Yes	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01575	101%-200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.11	0.01575	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.11	0.01575	200% Above	Yes	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	10%-25% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	Yes	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.11	0.01671	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.32	0.01671	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.04	0.01671	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1038

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.11	0.01671	200% Above	No	No
67877019910	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.24	0.01671	200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	1	10.00	1.30	0.44478	101%-200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	1	20.00	0.25	0.44478	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	1	20.00	0.26	0.44478	26%-50% Below	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	1	20.00	1.67	0.44478	200% Above	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	2	14.00	0.26	0.41808	26%-50% Below	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	2	20.00	0.50	0.41808	10%-25% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	3	10.00	1.59	0.40747	200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	3	14.00	0.26	0.40747	26%-50% Below	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	3	14.00	1.42	0.40747	200% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	4	20.00	0.75	0.38512	76%-100% Above	Yes	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	12	20.00	0.26	0.44711	26%-50% Below	No	No
67877021660	CEFUROXIME AXETIL 500 MG TAB	12	20.00	0.26	0.44711	26%-50% Below	Yes	No
67877021901	CEPHALEXIN 500 MG CAPSULE	1	9.00	0.36	0.12238	101%-200% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	1	10.00	0.36	0.12238	101%-200% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.07	0.12238	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.07	0.12238	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	1	40.00	0.07	0.12238	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	2	4.00	0.16	0.12138	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	2	9.00	0.16	0.12138	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.16	0.12138	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.16	0.12138	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.08	0.12138	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.16	0.12138	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1039

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877021901	CEPHALEXIN 500 MG CAPSULE	3	12.00	0.16	0.12324	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.16	0.12324	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	3	40.00	0.16	0.12324	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	4	4.00	0.16	0.12184	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	8	30.00	0.09	0.13135	26%-50% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	12	10.00	0.10	0.12515	10%-25% Below	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.16	0.12515	26%-50% Above	No	No
67877021901	CEPHALEXIN 500 MG CAPSULE	12	40.00	0.05	0.12515	51%-75% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.10	0.12238	10%-25% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.36	0.12238	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.36	0.12238	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	21.00	0.08	0.12238	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	21.00	0.09	0.12238	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.16	0.12238	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	1	40.00	0.07	0.12238	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	15.00	0.16	0.12138	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.08	0.12138	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.07	0.12138	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	2	40.00	0.07	0.12138	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.09	0.12324	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.16	0.12324	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.16	0.12324	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.08	0.12324	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	3	40.00	0.16	0.12324	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1040

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	14.00	0.16	0.12184	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	15.00	0.16	0.12184	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	21.00	0.16	0.12184	26%-50% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	4	28.00	0.08	0.12184	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	14.00	0.36	0.12515	101%-200% Above	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	24.00	0.07	0.12515	26%-50% Below	No	No
67877021905	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.30	0.12515	101%-200% Above	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	1	60.00	0.12	0.02137	200% Above	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	1	270.00	0.05	0.02137	101%-200% Above	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	2	60.00	0.05	0.02124	101%-200% Above	No	No
67877022201	GABAPENTIN 100 MG CAPSULE	2	90.00	0.05	0.02124	101%-200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	1	60.00	0.02	0.02137	10%-25% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	1	90.00	0.12	0.02137	200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	1	360.00	0.01	0.02137	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	2	60.00	0.02	0.02124	10%-25% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	2	90.00	0.05	0.02124	101%-200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	2	270.00	0.01	0.02124	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	3	15.00	0.01	0.02112	51%-75% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	3	60.00	0.02	0.02112	10%-25% Below	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	3	90.00	0.05	0.02112	101%-200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	12	30.00	0.06	0.02119	101%-200% Above	No	No
67877022205	GABAPENTIN 100 MG CAPSULE	12	90.00	0.06	0.02119	101%-200% Above	No	No
67877022210	GABAPENTIN 100 MG CAPSULE	3	10.00	0.05	0.02112	101%-200% Above	No	No
67877022210	GABAPENTIN 100 MG CAPSULE	12	90.00	0.06	0.02119	101%-200% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1041

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877022301	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	3	180.00	0.06	0.03282	76%-100% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	3	270.00	0.06	0.03282	76%-100% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	3	360.00	0.06	0.03282	76%-100% Above	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	4	60.00	0.02	0.03246	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	4	60.00	0.02	0.03246	10%-25% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	12	180.00	0.02	0.03399	26%-50% Below	No	No
67877022301	GABAPENTIN 300 MG CAPSULE	12	360.00	0.06	0.03399	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	30.00	0.06	0.03415	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	30.00	0.14	0.03415	200% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	60.00	0.14	0.03415	200% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	Yes	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	1	180.00	0.06	0.03415	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	2	30.00	0.06	0.03342	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	2	60.00	0.06	0.03342	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	3	180.00	0.06	0.03282	76%-100% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	12	30.00	0.14	0.03399	200% Above	No	No
67877022305	GABAPENTIN 300 MG CAPSULE	12	90.00	0.03	0.03399	10%-25% Below	Yes	No
67877022305	GABAPENTIN 300 MG CAPSULE	12	90.00	0.06	0.03399	76%-100% Above	Yes	No
67877022310	GABAPENTIN 300 MG CAPSULE	1	90.00	0.03	0.03415	10%-25% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	1	90.00	0.06	0.03415	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	1	270.00	0.02	0.03415	26%-50% Below	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	2	15.00	0.06	0.03342	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	3	60.00	0.06	0.03282	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
67877022310	GABAPENTIN 300 MG CAPSULE	3	90.00	0.06	0.03282	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	3	180.00	0.06	0.03282	76%-100% Above	No	No
67877022310	GABAPENTIN 300 MG CAPSULE	12	90.00	0.14	0.03399	200% Above	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	2	180.00	0.02	0.04060	51%-75% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	3	60.00	0.03	0.03979	26%-50% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	3	180.00	0.02	0.03979	51%-75% Below	No	No
67877022405	GABAPENTIN 400 MG CAPSULE	4	180.00	0.02	0.03959	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.01	0.03125	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.01	0.02970	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.01	0.02893	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.01	0.02893	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	4	60.00	0.01	0.02892	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	4	135.00	0.01	0.02892	51%-75% Below	No	No
67877024201	QUETIAPINE FUMARATE 25 MG TAB	12	15.00	0.10	0.03188	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	1	90.00	0.08	0.03125	101%-200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	1	90.00	0.23	0.03125	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.10	0.02970	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.10	0.02893	200% Above	No	No
67877024210	QUETIAPINE FUMARATE 25 MG TAB	3	90.00	0.10	0.02893	200% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	1	90.00	0.12	0.08613	26%-50% Above	No	No
67877024601	QUETIAPINE FUMARATE 200 MG TAB	3	90.00	0.12	0.08807	26%-50% Above	No	No
67877024610	QUETIAPINE FUMARATE 200 MG TAB	1	30.00	0.26	0.08613	200% Above	No	No
67877024610	QUETIAPINE FUMARATE 200 MG TAB	2	30.00	0.12	0.08728	26%-50% Above	No	No
67877024760	QUETIAPINE FUMARATE 300 MG TAB	12	15.00	0.28	0.12763	101%-200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	1	14.00	0.14	0.03501	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
67877024901	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.11	0.03501	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	1	60.00	0.24	0.03501	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	1	90.00	0.11	0.03501	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.11	0.03276	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.11	0.03133	200% Above	No	No
67877024901	QUETIAPINE FUMARATE 50 MG TAB	12	30.00	0.11	0.03712	101%-200% Above	No	No
67877024910	QUETIAPINE FUMARATE 50 MG TAB	3	30.00	0.11	0.03133	200% Above	No	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.05	0.08756	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.12	0.08756	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	30.00	0.16	0.08756	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	60.00	0.05	0.08756	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	60.00	0.12	0.08756	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	1	360.00	0.12	0.08756	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.05	0.08586	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.16	0.08586	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	2	30.00	0.18	0.08586	101%-200% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.05	0.08378	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	3	30.00	0.16	0.08378	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	3	60.00	0.13	0.08378	26%-50% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	3	60.00	0.17	0.08378	76%-100% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	3	360.00	0.05	0.08378	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.05	0.08256	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	4	30.00	0.14	0.08256	51%-75% Above	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	12	30.00	0.06	0.08997	26%-50% Below	Yes	No
67877025130	TRIAMCINOLONE 0.1% CREAM	12	60.00	0.15	0.08997	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1044

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877025145	TRIAMCINOLONE 0.1% CREAM	3	454.00	0.04	0.02985	26%-50% Above	Yes	No
67877027605	CLOPIDOGREL 75 MG TABLET	3	90.00	0.07	0.04814	26%-50% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	1	30.00	0.14	0.06948	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	1	30.00	0.17	0.06948	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	2	30.00	0.14	0.06916	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	2	30.00	0.17	0.06916	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	3	30.00	0.14	0.06970	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	3	90.00	0.17	0.06970	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	4	30.00	0.14	0.06976	76%-100% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	4	30.00	0.17	0.06976	101%-200% Above	No	No
67877028810	FINASTERIDE 5 MG TABLET	12	90.00	0.17	0.07014	101%-200% Above	No	No
67877029860	CHOLESTYRAMINE PACKET	2	30.00	0.37	0.68336	26%-50% Below	Yes	No
67877031715	TRIAMCINOLONE 0.025% CREAM	2	15.00	0.15	0.12230	10%-25% Above	No	No
67877031715	TRIAMCINOLONE 0.025% CREAM	3	30.00	0.13	0.12228	10%-25% Above	No	No
67877031715	TRIAMCINOLONE 0.025% CREAM	3	120.00	0.04	0.12228	51%-75% Below	No	No
67877031901	IBUPROFEN 400 MG TABLET	12	28.00	0.17	0.04080	200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	1	14.00	0.06	0.04485	26%-50% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	1	30.00	0.04	0.04485	10%-25% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	2	30.00	0.03	0.04306	10%-25% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	3	20.00	0.09	0.04285	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	3	30.00	0.09	0.04285	101%-200% Above	No	No
67877032005	IBUPROFEN 600 MG TABLET	3	40.00	0.03	0.04285	26%-50% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	3	90.00	0.02	0.04285	51%-75% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	4	30.00	0.04	0.04417	10%-25% Below	No	No
67877032005	IBUPROFEN 600 MG TABLET	4	60.00	0.03	0.04417	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1045

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.09	0.04602	101%-200% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	1	15.00	0.07	0.05494	26%-50% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	26%-50% Below	No	No
67877032101	IBUPROFEN 800 MG TABLET	1	270.00	0.16	0.05494	101%-200% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	No	No
67877032101	IBUPROFEN 800 MG TABLET	4	120.00	0.07	0.05689	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	14.00	0.07	0.05494	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	30.00	0.07	0.05494	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	30.00	0.16	0.05494	101%-200% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	1	90.00	0.16	0.05494	101%-200% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	30.00	0.03	0.05494	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	10%-25% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	30.00	0.07	0.05494	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	50.00	0.07	0.05494	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	2	90.00	0.07	0.05494	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	3	90.00	0.07	0.05563	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	30.00	0.03	0.05689	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	4	60.00	0.03	0.05689	26%-50% Below	Yes	No
67877032105	IBUPROFEN 800 MG TABLET	4	90.00	0.07	0.05689	10%-25% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	10	90.00	0.03	0.05795	26%-50% Below	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	20.00	0.07	0.05617	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	24.00	0.07	0.05617	26%-50% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	30.00	0.13	0.05617	101%-200% Above	No	No
67877032105	IBUPROFEN 800 MG TABLET	12	90.00	0.07	0.05617	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1046

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877041401	METFORMIN HCL ER 750 MG TABLET	1	30.00	0.08	0.05657	26%-50% Above	No	No
67877041920	LINEZOLID 600 MG TABLET	2	22.00	0.77	1.36760	26%-50% Below	Yes	No
67877043005	ARIPIRAZOLE 2 MG TABLET	2	30.00	0.47	0.11214	200% Above	No	No
67877043103	ARIPIRAZOLE 5 MG TABLET	3	30.00	0.56	0.09769	200% Above	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	1	30.00	0.30	0.23192	26%-50% Above	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	1	60.00	0.13	0.23192	26%-50% Below	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	2	30.00	0.13	0.21259	26%-50% Below	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	3	60.00	0.13	0.21503	26%-50% Below	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	3	90.00	0.13	0.21503	26%-50% Below	No	No
67877044390	RABEPRAZOLE SOD DR 20 MG TAB	12	60.00	0.30	0.24186	10%-25% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	1	30.00	0.44	0.05932	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	1	60.00	0.25	0.05932	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	2	30.00	0.20	0.05758	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	2	90.00	0.20	0.05758	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	2	270.00	0.11	0.05758	76%-100% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	3	60.00	0.25	0.05809	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	4	60.00	0.25	0.05726	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	12	30.00	0.20	0.05880	200% Above	No	No
67877044530	OLMESARTAN MEDOXOMIL 5 MG TAB	12	60.00	0.25	0.05880	200% Above	No	No
67877044630	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.21	0.07415	101%-200% Above	Yes	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.21	0.07415	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.46	0.07415	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.21	0.07415	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.33	0.07415	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.21	0.07315	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1047

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.21	0.07348	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.21	0.07348	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	0.21	0.07438	101%-200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	0.33	0.07438	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	12	30.00	0.46	0.07454	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	12	30.00	0.67	0.07454	200% Above	No	No
67877044690	OLMESARTAN MEDOXOMIL 20 MG TAB	12	90.00	0.52	0.07454	200% Above	No	No
67877044730	OLMESARTAN MEDOXOMIL 40 MG TAB	1	30.00	0.34	0.12345	101%-200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	2	30.00	0.34	0.12340	101%-200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	0.34	0.12340	101%-200% Above	No	No
67877044790	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	0.34	0.12264	101%-200% Above	No	No
67877045290	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-12.5 MG TAB	3	30.00	0.45	0.21819	101%-200% Above	No	No
67877045330	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	1.04	0.16869	200% Above	No	No
67877045390	OLMESARTAN-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.07	0.16869	51%-75% Below	No	No
67877045430	ITRACONAZOLE 100 MG CAPSULE	1	28.00	0.97	0.79739	10%-25% Above	No	No
67877045430	ITRACONAZOLE 100 MG CAPSULE	2	28.00	0.97	0.84809	10%-25% Above	No	No
67877045430	ITRACONAZOLE 100 MG CAPSULE	3	28.00	0.97	0.83842	10%-25% Above	No	No
67877046205	PREGABALIN 25 MG CAPSULE	2	90.00	0.31	0.04473	200% Above	No	No
67877046490	PREGABALIN 75 MG CAPSULE	1	60.00	0.31	0.05263	200% Above	No	No
67877046490	PREGABALIN 75 MG CAPSULE	1	60.00	0.68	0.05263	200% Above	No	No
67877046490	PREGABALIN 75 MG CAPSULE	2	60.00	0.31	0.05130	200% Above	No	No
67877046490	PREGABALIN 75 MG CAPSULE	3	60.00	0.31	0.05119	200% Above	No	No
67877048230	TELMISARTAN 20 MG TABLET	2	90.00	0.33	0.10499	200% Above	No	No
67877048230	TELMISARTAN 20 MG TABLET	3	21.00	0.22	0.10440	101%-200% Above	No	No
67877048230	TELMISARTAN 20 MG TABLET	3	90.00	0.22	0.10440	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1048

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877048230	TELMISARTAN 20 MG TABLET	3	90.00	0.22	0.10440	101%-200% Above	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	2	30.00	0.15	0.17077	10%-25% Below	Yes	No
67877048330	TELMISARTAN 40 MG TABLET	3	30.00	0.15	0.17676	10%-25% Below	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	1	90.00	0.35	0.15753	101%-200% Above	Yes	No
67877048430	TELMISARTAN 80 MG TABLET	2	135.00	0.22	0.15200	26%-50% Above	Yes	No
67877049005	EZETIMIBE 10 MG TABLET	1	30.00	0.01	0.07565	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	1	30.00	0.50	0.07565	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	1	90.00	0.22	0.07565	101%-200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	1	90.00	0.30	0.07565	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	1	90.00	0.66	0.07565	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	2	30.00	0.01	0.07371	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	2	30.00	0.50	0.07371	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	2	45.00	0.30	0.07371	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	2	90.00	0.30	0.07371	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	3	30.00	0.01	0.07252	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	3	30.00	0.30	0.07252	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	3	30.00	0.50	0.07252	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	3	90.00	0.30	0.07252	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	4	30.00	0.01	0.07238	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	4	30.00	0.30	0.07238	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	4	30.00	0.66	0.07238	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	4	90.00	0.17	0.07238	101%-200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	12	30.00	0.00	0.07430	76%-100% Below	No	No
67877049005	EZETIMIBE 10 MG TABLET	12	30.00	0.50	0.07430	200% Above	No	No
67877049005	EZETIMIBE 10 MG TABLET	12	90.00	0.21	0.07430	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
67877049005	EZETIMIBE 10 MG TABLET	12	90.00	0.30	0.07430	200% Above	No	No
67877049090	EZETIMIBE 10 MG TABLET	1	30.00	0.16	0.07565	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	30.00	0.30	0.07565	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	30.00	0.66	0.07565	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	90.00	0.17	0.07565	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	90.00	0.30	0.07565	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	90.00	0.32	0.07565	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	90.00	0.43	0.07565	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	1	90.00	0.66	0.07565	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	30.00	0.16	0.07371	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	30.00	0.30	0.07371	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	90.00	0.02	0.07371	51%-75% Below	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	90.00	0.22	0.07371	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	2	90.00	0.30	0.07371	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	30.00	0.16	0.07252	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	30.00	0.30	0.07252	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	90.00	0.22	0.07252	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	90.00	0.28	0.07252	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	90.00	0.30	0.07252	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	90.00	0.32	0.07252	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	90.00	0.33	0.07252	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	3	90.00	0.43	0.07252	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	30.00	0.30	0.07238	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	90.00	0.02	0.07238	51%-75% Below	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	4	90.00	0.30	0.07238	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
67877049090	EZETIMIBE 10 MG TABLET	12	30.00	0.16	0.07430	101%-200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	30.00	0.30	0.07430	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	90.00	0.30	0.07430	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	90.00	0.33	0.07430	200% Above	Yes	No
67877049090	EZETIMIBE 10 MG TABLET	12	90.00	0.66	0.07430	200% Above	No	No
67877049160	TICAGRELOR 90 MG TABLET	3	60.00	0.52	0.32053	51%-75% Above	No	No
67877049160	TICAGRELOR 90 MG TABLET	12	60.00	1.16	0.45766	101%-200% Above	No	No
67877049301	AZATHIOPRINE 50 MG TABLET	1	30.00	0.16	0.12906	26%-50% Above	Yes	No
67877049301	AZATHIOPRINE 50 MG TABLET	2	30.00	0.16	0.13084	10%-25% Above	Yes	No
67877049301	AZATHIOPRINE 50 MG TABLET	3	30.00	0.16	0.13037	10%-25% Above	Yes	No
67877049930	AMLODIPINE-OLMESARTAN 5-20 MG	1	90.00	0.33	0.24681	26%-50% Above	Yes	No
67877050230	AMLODIPINE-OLMESARTAN 10-40 MG	12	90.00	0.00	0.34080	76%-100% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	1	60.00	0.25	0.29039	10%-25% Below	No	No
67877050651	COLESEVELAM 625 MG TABLET	12	60.00	0.52	0.28183	76%-100% Above	No	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	1	30.00	1.22	0.32811	200% Above	Yes	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	1	30.00	2.82	0.32811	200% Above	Yes	No
67877050830	EZETIMIBE-SIMVASTATIN 10-20 MG	3	30.00	1.22	0.31767	200% Above	Yes	No
67877051030	EZETIMIBE-SIMVASTATIN 10-80 MG	2	90.00	1.18	0.45621	101%-200% Above	Yes	No
67877051090	EZETIMIBE-SIMVASTATIN 10-80 MG	12	90.00	0.22	0.38825	26%-50% Below	No	No
67877051210	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	No	No
67877051390	ATORVASTATIN 40 MG TABLET	2	90.00	0.02	0.04031	51%-75% Below	No	No
67877051405	ATORVASTATIN 80 MG TABLET	2	90.00	0.14	0.07199	76%-100% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	1	10.00	0.92	0.47087	76%-100% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	14.00	0.25	0.47087	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	14.00	0.56	0.47087	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1051

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.71	0.47087	26%-50% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	14.00	1.02	0.47087	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.25	0.47087	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.25	0.47087	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.25	0.47087	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.56	0.47087	10%-25% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	20.00	0.75	0.47087	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	1	42.00	0.56	0.47087	10%-25% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	10.00	0.90	0.46767	76%-100% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	2	14.00	0.25	0.46767	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.46767	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.46767	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.46767	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.75	0.46767	51%-75% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	2	20.00	0.75	0.46767	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	0.20	0.46980	51%-75% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	0.25	0.46980	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	0.25	0.46980	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	0.88	0.46980	76%-100% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	14.00	1.02	0.46980	101%-200% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	0.25	0.46980	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	0.35	0.46980	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	3	20.00	0.75	0.46980	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	4	6.00	0.25	0.46278	26%-50% Below	No	No
67877054360	CEFDINIR 300 MG CAPSULE	4	10.00	0.20	0.46278	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1052

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	20.00	0.25	0.46278	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	10.00	1.12	0.47521	101%-200% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	14.00	0.25	0.47521	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	14.00	0.28	0.47521	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	14.00	0.56	0.47521	10%-25% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	14.00	0.88	0.47521	76%-100% Above	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	0.25	0.47521	26%-50% Below	Yes	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	0.75	0.47521	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	0.75	0.47521	51%-75% Above	No	No
67877054360	CEFDINIR 300 MG CAPSULE	12	20.00	0.87	0.47521	76%-100% Above	Yes	No
67877054568	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.05	0.07107	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	1	100.00	0.09	0.07762	10%-25% Above	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.04	0.07762	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	2	300.00	0.04	0.07474	26%-50% Below	No	No
67877054588	CEPHALEXIN 250 MG/5 ML SUSP	9	200.00	0.04	0.07719	26%-50% Below	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	1	100.00	0.12	0.10343	10%-25% Above	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	2	200.00	0.12	0.10321	10%-25% Above	No	No
67877054788	CEFDINIR 125 MG/5 ML SUSP	4	100.00	0.12	0.10184	10%-25% Above	No	No
67877054798	CEFDINIR 125 MG/5 ML SUSP	1	120.00	0.27	0.12266	101%-200% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.24	0.12787	76%-100% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.56	0.12787	200% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.15	0.12156	10%-25% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.24	0.12156	76%-100% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	2	200.00	0.24	0.12156	76%-100% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	3	100.00	0.15	0.11868	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1053

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	100.00	0.24	0.11868	101%-200% Above	No	No
67877054888	CEFDINIR 250 MG/5 ML SUSP	12	100.00	0.56	0.13104	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.42	0.12999	200% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	2	60.00	0.24	0.12499	76%-100% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.24	0.12507	76%-100% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.25	0.12507	76%-100% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	3	120.00	0.08	0.12507	26%-50% Below	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	8	60.00	0.15	0.17359	10%-25% Below	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.09	0.13268	26%-50% Below	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.25	0.12957	76%-100% Above	No	No
67877054898	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.83	0.12957	200% Above	No	No
67877056310	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.02	0.02417	26%-50% Below	No	No
67877057301	BENZONATATE 100 MG CAPSULE	1	30.00	0.18	0.07212	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	1	30.00	0.33	0.07212	200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	2	6.00	0.15	0.06993	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	2	20.00	0.18	0.06993	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	2	28.00	0.15	0.06993	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	2	30.00	0.15	0.06993	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	2	30.00	0.18	0.06993	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	2	42.00	0.15	0.06993	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	2	42.00	0.17	0.06993	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	3	21.00	0.15	0.07097	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	3	30.00	0.15	0.07097	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	3	42.00	0.15	0.07097	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	12	12.00	0.15	0.07319	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1054

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877057301	BENZONATATE 100 MG CAPSULE	12	15.00	0.15	0.07319	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	12	20.00	0.15	0.07319	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	12	20.00	0.47	0.07319	200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	12	21.00	0.15	0.07319	101%-200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	12	21.00	0.47	0.07319	200% Above	No	No
67877057301	BENZONATATE 100 MG CAPSULE	12	30.00	0.15	0.07319	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	1	20.00	0.15	0.07212	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	1	30.00	0.20	0.07212	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	1	30.00	0.33	0.07212	200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	2	20.00	0.15	0.06993	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	2	30.00	0.15	0.06993	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	2	60.00	0.15	0.06993	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	3	21.00	0.19	0.07097	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	3	30.00	0.15	0.07097	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	3	60.00	0.15	0.07097	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	3	90.00	0.15	0.07097	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	12	20.00	0.15	0.07319	101%-200% Above	No	No
67877057305	BENZONATATE 100 MG CAPSULE	12	30.00	0.15	0.07319	101%-200% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	1	15.00	0.17	0.10448	51%-75% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	1	21.00	0.17	0.10448	51%-75% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	1	21.00	0.37	0.10448	200% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	1	30.00	0.37	0.10448	200% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	1	90.00	0.37	0.10448	200% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	3	40.00	0.17	0.10651	51%-75% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	3	60.00	0.17	0.10651	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1055

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877057501	BENZONATATE 200 MG CAPSULE	4	21.00	0.17	0.10646	51%-75% Above	No	No
67877057501	BENZONATATE 200 MG CAPSULE	12	30.00	0.33	0.10611	200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	1	20.00	0.17	0.10448	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	1	20.00	0.37	0.10448	200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	1	30.00	0.17	0.10448	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	1	30.00	0.23	0.10448	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	1	30.00	0.29	0.10448	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	1	30.00	0.32	0.10448	200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	1	30.00	0.37	0.10448	200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	1	42.00	0.27	0.10448	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	2	21.00	0.17	0.10310	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	2	21.00	0.28	0.10310	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	2	30.00	0.17	0.10310	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	2	30.00	0.23	0.10310	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	2	30.00	0.32	0.10310	200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	3	15.00	0.17	0.10651	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	3	20.00	0.17	0.10651	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	3	21.00	0.17	0.10651	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	3	30.00	0.17	0.10651	51%-75% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	3	30.00	0.29	0.10651	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	3	30.00	0.29	0.10651	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	3	42.00	0.27	0.10651	101%-200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	12	20.00	0.37	0.10611	200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	12	21.00	0.52	0.10611	200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	12	30.00	0.17	0.10611	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
67877057505	BENZONATATE 200 MG CAPSULE	12	30.00	0.52	0.10611	200% Above	No	No
67877057505	BENZONATATE 200 MG CAPSULE	12	42.00	0.37	0.10611	200% Above	No	No
67877058450	CEFIXIME 400 MG CAPSULE	3	2.00	3.87	10.74365	51%-75% Below	No	No
67877058450	CEFIXIME 400 MG CAPSULE	12	2.00	4.24	10.27574	51%-75% Below	No	No
67877058901	COLCHICINE 0.6 MG TABLET	1	20.00	0.50	0.12832	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	2	30.00	0.90	0.12432	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	2	60.00	0.90	0.12432	200% Above	No	No
67877058901	COLCHICINE 0.6 MG TABLET	3	30.00	0.90	0.12334	200% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.11	0.05703	76%-100% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.11	0.05630	76%-100% Above	No	No
67877059001	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	1	15.00	0.28	0.05703	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.26	0.05703	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.11	0.05703	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05703	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.21	0.05703	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.26	0.05703	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05629	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.17	0.05629	101%-200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.22	0.05629	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.01	0.05629	76%-100% Below	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.11	0.05630	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.22	0.05630	200% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.28	0.05630	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1057

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877059005	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	12	15.00	0.04	0.05730	26%-50% Below	No	No
67877059005	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.22	0.05730	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.21	0.06092	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.21	0.05456	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.21	0.05251	200% Above	No	No
67877059101	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.21	0.06399	200% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.19	0.06092	200% Above	No	No
67877059105	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.11	0.06399	51%-75% Above	No	No
67877059205	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.15	0.08180	76%-100% Above	No	No
67877059301	METOPROLOL SUCC ER 200 MG TAB	1	30.00	0.50	0.19041	101%-200% Above	No	No
67877064230	LURASIDONE HCL 120 MG TABLET	1	30.00	0.30	0.51752	26%-50% Below	No	No
67877067001	MORPHINE SULFATE IR 15 MG TAB	1	18.00	0.13	0.29069	51%-75% Below	No	No
67877067001	MORPHINE SULFATE IR 15 MG TAB	1	20.00	0.14	0.29069	51%-75% Below	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	1	15.00	0.16	0.08632	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.16	0.08632	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.16	0.08331	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	45.00	0.16	0.08331	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.16	0.08331	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	30.00	0.16	0.08534	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.16	0.08534	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	15.00	0.16	0.09012	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	30.00	0.16	0.09012	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	4	90.00	0.16	0.09012	76%-100% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	12	15.00	0.37	0.08869	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1058

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.37	0.08869	200% Above	No	No
67877069601	CHLORTHALIDONE 25 MG TABLET	12	90.00	0.37	0.08869	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.16	0.08632	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.16	0.08632	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.33	0.08632	200% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	2	15.00	0.16	0.08331	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.16	0.08331	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	3	15.00	0.16	0.08534	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	3	30.00	0.16	0.08534	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.16	0.08534	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	4	90.00	0.16	0.09012	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	12	90.00	0.17	0.08869	76%-100% Above	No	No
67877069610	CHLORTHALIDONE 25 MG TABLET	12	90.00	0.37	0.08869	200% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	1	45.00	0.17	0.14208	10%-25% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	2	90.00	0.17	0.13374	26%-50% Above	No	No
67877069701	CHLORTHALIDONE 50 MG TABLET	3	30.00	0.17	0.13187	26%-50% Above	No	No
67877070760	SACUBITRIL-VALSARTAN 24-26 MG	3	180.00	0.17	0.62590	51%-75% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.09	0.15230	26%-50% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	1	354.00	0.10	0.15230	26%-50% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	2	354.00	0.09	0.13725	26%-50% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.01	0.12364	76%-100% Below	No	No
67877072592	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.07	0.12364	26%-50% Below	No	No
67877075360	DRONABINOL 2.5 MG CAPSULE	12	90.00	0.70	1.61333	51%-75% Below	No	No
67877075360	DRONABINOL CAP 2.5MG	3	15.00	0.33	.		No	No
67877075460	DRONABINOL CAP 5MG	1	60.00	1.55	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1059

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877075460	DRONABINOL CAP 5MG	3	60.00	1.55	.		Yes	No
67877075560	DRONABINOL 10 MG CAPSULE	12	60.00	3.41	4.92130	26%-50% Below	No	No
67877075701	NIFEDIPINE ER 30 MG TABLET	1	30.00	0.01	0.11933	76%-100% Below	No	No
67877075701	NIFEDIPINE ER 30 MG TABLET	1	30.00	0.27	0.11933	101%-200% Above	No	No
67877075801	NIFEDIPINE ER 60 MG TABLET	1	60.00	0.01	0.13859	76%-100% Below	No	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.34	0.19970	51%-75% Above	Yes	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.79	0.19970	200% Above	Yes	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.34	0.17030	76%-100% Above	Yes	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	3	50.00	0.34	0.15430	101%-200% Above	Yes	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	12	50.00	0.35	0.21399	51%-75% Above	Yes	No
67877077589	FAMOTIDINE 40 MG/5 ML SUSP	12	50.00	0.79	0.21399	200% Above	Yes	No
67877084205	FAMOTIDINE 20 MG TABLET	1	30.00	0.08	0.02947	101%-200% Above	No	No
67877084205	FAMOTIDINE 20 MG TABLET	1	60.00	0.01	0.02947	51%-75% Below	No	No
67877084205	FAMOTIDINE 20 MG TABLET	2	60.00	0.01	0.03015	51%-75% Below	No	No
67877084205	FAMOTIDINE 20 MG TABLET	3	60.00	0.01	0.03030	51%-75% Below	No	No
67877084205	FAMOTIDINE 20 MG TABLET	12	30.00	0.04	0.02948	26%-50% Above	No	No
67877084205	FAMOTIDINE 20 MG TABLET	12	60.00	0.01	0.02948	51%-75% Below	No	No
67877084210	FAMOTIDINE 20 MG TABLET	2	14.00	0.06	0.03188	76%-100% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	3	30.00	0.08	0.03030	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	3	60.00	0.08	0.03030	101%-200% Above	No	No
67877084210	FAMOTIDINE 20 MG TABLET	3	90.00	0.08	0.03030	101%-200% Above	Yes	No
67877087820	CEFPODOXIME 100 MG TABLET	1	10.00	2.00	1.07810	76%-100% Above	No	No
67877087920	CEFPODOXIME 200 MG TABLET	1	28.00	0.54	1.55960	51%-75% Below	No	No
67877087920	CEFPODOXIME 200 MG TABLET	2	14.00	1.07	1.47476	26%-50% Below	No	No
67877088901	FAMOTIDINE 40 MG TABLET	1	30.00	0.14	0.05196	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1060

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
67877088901	FAMOTIDINE 40 MG TABLET	2	90.00	0.02	0.05125	51%-75% Below	No	No
67877088901	FAMOTIDINE 40 MG TABLET	2	180.00	0.02	0.05125	51%-75% Below	No	No
67877088901	FAMOTIDINE 40 MG TABLET	3	30.00	0.14	0.05137	101%-200% Above	No	No
67877088901	FAMOTIDINE 40 MG TABLET	4	90.00	0.02	0.05159	51%-75% Below	No	No
67877088901	FAMOTIDINE 40 MG TABLET	12	30.00	0.14	0.05202	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	1	90.00	0.25	0.05196	200% Above	Yes	No
67877088905	FAMOTIDINE 40 MG TABLET	2	30.00	0.11	0.05125	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05137	101%-200% Above	No	No
67877088905	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	Yes	No
67877089201	CEPHALEXIN 500 MG TABLET	1	21.00	2.78	1.38418	76%-100% Above	No	No
67877089201	CEPHALEXIN 500 MG TABLET	3	20.00	2.79	1.29211	101%-200% Above	No	No
67877089201	CEPHALEXIN 500 MG TABLET	12	15.00	2.89	1.39702	101%-200% Above	No	No
67877090090	AMLODIPINE BESYLATE 2.5 MG TAB	2	90.00	0.12	0.01036	200% Above	No	No
67877090210	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	No	No
67877093205	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	No	No
67877095060	SACUBITRIL-VALSARTAN 97-103 MG	1	180.00	0.11	0.80604	76%-100% Below	No	No
68001011203	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.13	0.10486	10%-25% Above	No	No
68001011203	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	0.13	0.10533	10%-25% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	1	90.00	0.29	0.10486	101%-200% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	2	28.00	0.42	0.10533	200% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	2	90.00	0.13	0.10533	10%-25% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	3	90.00	0.13	0.10824	10%-25% Above	No	No
68001011205	LANSOPRAZOLE DR 30 MG CAPSULE	4	14.00	0.45	0.10802	200% Above	No	No
68001013000	AMLODIPINE-BENAZEPRIL 10-20 MG	1	90.00	0.13	0.11546	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1061

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	1	30.00	0.30	0.15328	76%-100% Above	No	No
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	2	30.00	0.14	0.15722	10%-25% Below	No	No
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	2	90.00	0.33	0.15722	101%-200% Above	No	No
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	3	30.00	0.14	0.15776	10%-25% Below	No	No
68001013100	AMLODIPINE-BENAZEPRIL 10-40 MG	4	30.00	0.14	0.15622	10%-25% Below	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	3	90.00	0.14	0.10577	26%-50% Above	No	No
68001013400	AMLODIPINE-BENAZEPRIL 5-20 MG	12	90.00	0.14	0.11022	26%-50% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	1	60.00	0.06	0.02095	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	1	60.00	0.13	0.02095	200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	1	180.00	0.02	0.02095	10%-25% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	1	180.00	0.06	0.02095	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	1	180.00	0.13	0.02095	200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	2	60.00	0.06	0.02089	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	2	180.00	0.06	0.02089	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	3	60.00	0.06	0.02087	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	3	180.00	0.06	0.02087	101%-200% Above	No	No
68001015103	CARVEDILOL 12.5 MG TABLET	12	60.00	0.06	0.02137	101%-200% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	1	180.00	0.05	0.03190	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	1	180.00	0.11	0.03190	200% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	3	60.00	0.05	0.03159	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	3	90.00	0.05	0.03159	51%-75% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	3	270.00	0.04	0.03159	10%-25% Above	No	No
68001015203	CARVEDILOL 25 MG TABLET	12	60.00	0.05	0.03228	51%-75% Above	No	No
68001015300	CARVEDILOL 3.125 MG TABLET	3	180.00	0.06	0.01709	200% Above	No	No
68001015300	CARVEDILOL 3.125 MG TABLET	12	180.00	0.06	0.01650	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1062

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001015303	CARVEDILOL 3.125 MG TABLET	1	60.00	0.06	0.01685	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	1	180.00	0.06	0.01685	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	2	60.00	0.06	0.01685	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	2	180.00	0.06	0.01685	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	3	60.00	0.06	0.01709	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	4	180.00	0.06	0.01718	200% Above	No	No
68001015303	CARVEDILOL 3.125 MG TABLET	12	60.00	0.13	0.01650	200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	1	60.00	0.05	0.01861	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	1	180.00	0.03	0.01861	26%-50% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	2	60.00	0.05	0.01849	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	2	180.00	0.03	0.01849	76%-100% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	2	180.00	0.05	0.01849	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	3	60.00	0.05	0.01849	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	3	90.00	0.05	0.01849	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	4	60.00	0.05	0.01848	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	4	180.00	0.05	0.01848	101%-200% Above	No	No
68001015403	CARVEDILOL 6.25 MG TABLET	12	60.00	0.12	0.01872	200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	1	8.00	0.59	0.14410	200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	1	90.00	0.08	0.14410	26%-50% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	3	4.00	0.08	0.13880	26%-50% Below	No	No
68001015504	ANASTROZOLE 1 MG TABLET	3	8.00	0.59	0.13880	200% Above	No	No
68001015504	ANASTROZOLE 1 MG TABLET	12	8.00	1.32	0.14605	200% Above	No	No
68001015508	ANASTROZOLE 1 MG TABLET	3	15.00	0.59	0.13880	200% Above	No	No
68001015800	VENLAFAXINE HCL 37.5 MG TABLET	2	30.00	0.12	0.08223	26%-50% Above	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	2	30.00	0.11	0.05280	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1063

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001016100	PROMETHAZINE 12.5 MG TABLET	4	10.00	0.11	0.05113	101%-200% Above	No	No
68001016100	PROMETHAZINE 12.5 MG TABLET	12	30.00	0.02	0.05130	51%-75% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	1	15.00	0.04	0.04836	10%-25% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	1	20.00	0.09	0.04836	76%-100% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	1	30.00	0.03	0.04836	26%-50% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	2	20.00	0.09	0.04710	76%-100% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	2	30.00	0.03	0.04710	26%-50% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	3	20.00	0.09	0.04774	76%-100% Above	No	No
68001016200	PROMETHAZINE 25 MG TABLET	3	30.00	0.03	0.04774	26%-50% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	4	30.00	0.03	0.04708	26%-50% Below	No	No
68001016200	PROMETHAZINE 25 MG TABLET	12	12.00	0.10	0.04917	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	10.00	0.22	0.04836	200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	20.00	0.09	0.04836	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	30.00	0.09	0.04836	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	30.00	0.22	0.04836	200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	60.00	0.03	0.04836	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	1	60.00	0.22	0.04836	200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	30.00	0.09	0.04710	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	40.00	0.09	0.04710	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	60.00	0.02	0.04710	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	90.00	0.09	0.04710	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	2	120.00	0.02	0.04710	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	3	8.00	0.09	0.04774	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	3	30.00	0.09	0.04774	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	3	40.00	0.09	0.04774	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1064

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.09	0.04774	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	4	90.00	0.09	0.04708	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	10.00	0.22	0.04917	200% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	40.00	0.10	0.04917	76%-100% Above	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	60.00	0.03	0.04917	26%-50% Below	No	No
68001016203	PROMETHAZINE 25 MG TABLET	12	120.00	0.03	0.04917	26%-50% Below	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	1	60.00	0.24	0.03501	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	1	90.00	0.11	0.03501	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	2	60.00	0.11	0.03276	200% Above	No	No
68001018000	QUETIAPINE FUMARATE 50 MG TAB	3	60.00	0.11	0.03133	200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	1	90.00	0.11	0.03501	200% Above	No	No
68001018008	QUETIAPINE FUMARATE 50 MG TAB	3	180.00	0.11	0.03133	200% Above	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	1	30.00	0.27	0.17815	51%-75% Above	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	2	30.00	0.12	0.18010	26%-50% Below	No	No
68001018103	QUETIAPINE FUMARATE 400 MG TAB	3	30.00	0.12	0.18345	26%-50% Below	No	No
68001018200	QUETIAPINE FUMARATE 200 MG TAB	2	90.00	0.12	0.08728	26%-50% Above	No	No
68001018400	QUETIAPINE FUMARATE 100 MG TAB	12	180.00	0.12	0.05355	101%-200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	1	90.00	0.10	0.03125	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	1	120.00	0.10	0.03125	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.10	0.02970	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.10	0.02893	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	3	90.00	0.10	0.02893	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	3	120.00	0.10	0.02893	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	4	30.00	0.10	0.02892	200% Above	No	No
68001018500	QUETIAPINE FUMARATE 25 MG TAB	12	90.00	0.10	0.03188	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1065

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001018500	QUETIAPINE FUMARATE 25 MG TAB	12	120.00	0.10	0.03188	200% Above	No	No
68001023700	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.01	0.02526	51%-75% Below	No	No
68001023700	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.01	0.02516	51%-75% Below	No	No
68001023700	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.01	0.02514	51%-75% Below	No	No
68001023700	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.01	0.02535	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	1	30.00	0.04	0.02526	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	1	90.00	0.04	0.02526	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	1	90.00	0.10	0.02526	200% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	1	180.00	0.10	0.02526	200% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	2	30.00	0.04	0.02516	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	2	90.00	0.04	0.02516	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	2	270.00	0.04	0.02516	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	2	360.00	0.01	0.02516	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	3	30.00	0.04	0.02514	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	3	90.00	0.04	0.02514	51%-75% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	3	135.00	0.01	0.02514	51%-75% Below	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.04	0.02535	76%-100% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	30.00	0.10	0.02535	200% Above	No	No
68001023703	CLONIDINE HCL 0.1 MG TABLET	12	90.00	0.04	0.02535	51%-75% Above	No	No
68001023800	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.07	0.03411	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	1	30.00	0.03	0.03482	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	1	60.00	0.02	0.03482	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.03	0.03486	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	30.00	0.07	0.03486	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	60.00	0.02	0.03486	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1066

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	60.00	0.02	0.03486	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	60.00	0.06	0.03486	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	90.00	0.02	0.03486	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	2	180.00	0.06	0.03486	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	3	28.00	0.07	0.03467	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.03	0.03467	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.03	0.03467	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	3	30.00	0.07	0.03467	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	3	60.00	0.06	0.03467	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	3	180.00	0.02	0.03467	26%-50% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	4	30.00	0.03	0.03411	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	12	30.00	0.03	0.03558	10%-25% Below	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	12	30.00	0.07	0.03558	76%-100% Above	No	No
68001023803	CLONIDINE HCL 0.2 MG TABLET	12	60.00	0.07	0.03558	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	1	30.00	0.18	0.04001	200% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	2	30.00	0.08	0.03877	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	2	90.00	0.08	0.03877	76%-100% Above	No	No
68001023900	CLONIDINE HCL 0.3 MG TABLET	3	30.00	0.08	0.03895	76%-100% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	1	60.00	0.11	0.09764	10%-25% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	3	60.00	0.11	0.09786	10%-25% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	4	60.00	0.11	0.09823	10%-25% Above	No	No
68001024300	ZONISAMIDE 50 MG CAPSULE	12	60.00	0.12	0.09506	10%-25% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.10	0.15835	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.59	0.15835	200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	16.00	0.26	0.15835	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1067

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	18.00	0.09	0.15835	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.26	0.15835	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.59	0.15835	200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	8.00	0.12	0.15367	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	8.00	0.26	0.15367	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.26	0.15367	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	16.00	0.26	0.15367	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	2	20.00	0.26	0.15367	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	6.00	0.13	0.15006	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	6.00	0.27	0.15006	76%-100% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.26	0.15006	51%-75% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.10	0.15006	26%-50% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.26	0.15006	76%-100% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	4	2.00	0.27	0.13980	76%-100% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.10	0.13980	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.26	0.13980	76%-100% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.12	0.15481	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.59	0.15481	200% Above	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.13	0.15481	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.12	0.15481	10%-25% Below	No	No
68001024604	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.26	0.15481	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	8.00	0.26	0.15835	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.59	0.15835	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1068

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	15.00	0.59	0.15835	200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.09	0.15835	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.26	0.15835	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.59	0.15835	200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.15	0.17264	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	8.00	0.26	0.15367	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.06	0.15367	51%-75% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.14	0.15367	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	3	8.00	0.26	0.15006	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.26	0.15006	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.26	0.15006	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.09	0.13980	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	4.00	0.59	0.15481	200% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.26	0.15481	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.14	0.15481	10%-25% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.26	0.15481	51%-75% Above	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.09	0.15481	26%-50% Below	No	No
68001024617	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.26	0.15481	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.61	0.17101	200% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.27	0.16841	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.27	0.16990	51%-75% Above	No	No
68001024704	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.61	0.17277	200% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.61	0.17101	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1069

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001024717	ONDANSETRON ODT 8 MG TABLET	2	6.00	0.14	0.16841	10%-25% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	2	10.00	0.11	0.16841	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	2	12.00	0.27	0.16841	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.27	0.16841	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	3	9.00	0.27	0.16990	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	3	10.00	0.11	0.16990	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	3	10.00	0.27	0.16990	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	3	12.00	0.27	0.16990	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	3	15.00	0.27	0.16990	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.27	0.16990	51%-75% Above	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.10	0.17277	26%-50% Below	No	No
68001024717	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.27	0.17277	51%-75% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	2	2.00	0.64	0.22991	101%-200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	2	5.00	0.64	0.22991	101%-200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	12	2.00	0.67	0.23746	101%-200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	12	3.00	1.49	0.23746	200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	12	4.00	0.67	0.23746	101%-200% Above	No	No
68001025204	FLUCONAZOLE 100 MG TABLET	12	20.00	0.67	0.23746	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	2.00	2.17	0.54498	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	2.00	5.02	0.54498	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	3.00	1.33	0.54498	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	3.00	5.02	0.54498	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	5.00	1.16	0.54498	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	1	5.00	5.02	0.54498	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	2.00	1.13	0.49006	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1070

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001025317	FLUCONAZOLE 150 MG TABLET	2	2.00	1.35	0.49006	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	2.00	2.17	0.49006	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	3.00	1.21	0.49006	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	3.00	2.16	0.49006	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	2	4.00	2.17	0.49006	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	1.00	2.16	0.43470	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	2.00	1.27	0.43470	101%-200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	3	2.00	2.17	0.43470	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	4	1.00	2.16	0.42729	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	4	2.00	2.17	0.42729	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	4	3.00	2.16	0.42729	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	12	1.00	2.26	0.57907	200% Above	No	No
68001025317	FLUCONAZOLE 150 MG TABLET	12	2.00	2.26	0.57907	200% Above	No	No
68001025344	FLUCONAZOLE 150 MG TABLET	1	1.00	2.16	0.54498	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	1	1.00	2.06	0.46051	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	1	2.00	0.38	0.46051	10%-25% Below	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	1	2.00	2.06	0.46051	200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	2	11.00	0.93	0.44876	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	3	2.00	0.93	0.43495	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	12	5.00	0.93	0.45187	101%-200% Above	No	No
68001025404	FLUCONAZOLE 200 MG TABLET	12	30.00	0.93	0.45187	101%-200% Above	No	No
68001028000	DICLOFENAC SOD DR 50 MG TAB	2	14.00	0.11	0.07271	51%-75% Above	No	No
68001028006	DICLOFENAC SOD DR 50 MG TAB	1	60.00	0.11	0.07969	26%-50% Above	No	No
68001028006	DICLOFENAC SOD DR 50 MG TAB	1	60.00	0.26	0.07969	200% Above	No	No
68001028006	DICLOFENAC SOD DR 50 MG TAB	1	180.00	0.26	0.07969	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1071

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001028006	DICLOFENAC SOD DR 50 MG TAB	2	60.00	0.11	0.07271	51%-75% Above	No	No
68001028006	DICLOFENAC SOD DR 50 MG TAB	3	60.00	0.11	0.07036	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	1	30.00	0.26	0.07969	200% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	2	60.00	0.11	0.07271	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	3	30.00	0.11	0.07036	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	3	60.00	0.11	0.07036	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	4	30.00	0.11	0.06874	51%-75% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	12	30.00	0.12	0.08468	26%-50% Above	No	No
68001028008	DICLOFENAC SOD DR 50 MG TAB	12	60.00	0.12	0.08468	26%-50% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	1	180.00	0.10	0.07677	26%-50% Above	No	No
68001028100	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	1	30.00	0.10	0.07677	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.22	0.07677	101%-200% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	2	30.00	0.10	0.07144	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.13	0.07144	76%-100% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	3	20.00	0.10	0.06933	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	3	30.00	0.10	0.06933	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.10	0.06933	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	4	20.00	0.10	0.06651	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.10	0.07801	10%-25% Above	No	No
68001028103	DICLOFENAC SOD DR 75 MG TAB	12	180.00	0.10	0.07801	10%-25% Above	No	No
68001028106	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.12	0.07677	51%-75% Above	No	No
68001028106	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.12	0.07801	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1072

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001028108	DICLOFENAC SOD DR 75 MG TAB	1	28.00	0.22	0.07677	101%-200% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	2	28.00	0.10	0.07144	26%-50% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	3	42.00	0.13	0.06933	76%-100% Above	No	No
68001028108	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.10	0.06933	26%-50% Above	No	No
68001030900	BUPROPION HCL 100 MG TABLET	2	60.00	0.09	0.12187	10%-25% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	2	345.00	0.09	0.12187	10%-25% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	3	60.00	0.09	0.12112	10%-25% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	4	60.00	0.09	0.12078	10%-25% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	12	60.00	0.10	0.11945	10%-25% Below	No	No
68001030900	BUPROPION HCL 100 MG TABLET	12	120.00	0.10	0.11945	10%-25% Below	No	No
68001031400	LOVASTATIN 10 MG TABLET	2	90.00	0.05	0.03931	26%-50% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	1	30.00	0.15	0.04434	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	1	90.00	0.05	0.04434	10%-25% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	2	90.00	0.15	0.04305	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	3	30.00	0.15	0.04213	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	4	30.00	0.15	0.04282	200% Above	No	No
68001031500	LOVASTATIN 20 MG TABLET	12	30.00	0.33	0.04449	200% Above	No	No
68001031508	LOVASTATIN 20 MG TABLET	1	90.00	0.15	0.04434	200% Above	No	No
68001031608	LOVASTATIN 40 MG TABLET	1	30.00	0.14	0.05456	101%-200% Above	No	No
68001032700	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.11	0.09622	10%-25% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.08	0.09680	10%-25% Below	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.19	0.09680	76%-100% Above	No	No
68001032703	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.08	0.09622	10%-25% Below	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	1	30.00	0.05	0.01447	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1073

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033200	LISINOPRIL 2.5 MG TABLET	1	90.00	0.12	0.01447	200% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	2	90.00	0.05	0.01449	200% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	4	90.00	0.05	0.01437	200% Above	No	No
68001033200	LISINOPRIL 2.5 MG TABLET	12	30.00	0.05	0.01458	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	30.00	0.03	0.01491	76%-100% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	30.00	0.03	0.01491	76%-100% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	30.00	0.09	0.01491	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	90.00	0.02	0.01491	10%-25% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	1	90.00	0.20	0.01491	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	2	30.00	0.03	0.01495	51%-75% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	2	30.00	0.09	0.01495	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	2	90.00	0.09	0.01495	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	3	30.00	0.03	0.01476	51%-75% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	3	30.00	0.09	0.01476	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	3	90.00	0.09	0.01476	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	4	30.00	0.09	0.01475	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	4	90.00	0.09	0.01475	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	12	30.00	0.09	0.01505	200% Above	No	No
68001033308	LISINOPRIL 5 MG TABLET	12	90.00	0.09	0.01505	200% Above	No	No
68001033400	LISINOPRIL 10 MG TABLET	1	90.00	0.09	0.01891	200% Above	No	No
68001033400	LISINOPRIL 10 MG TABLET	3	90.00	0.09	0.01888	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01891	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	30.00	0.03	0.01891	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	30.00	0.09	0.01891	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	30.00	0.20	0.01891	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1074

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.09	0.01891	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	1	90.00	0.20	0.01891	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	2	30.00	0.03	0.01884	26%-50% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	2	30.00	0.09	0.01884	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	2	90.00	0.09	0.01884	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01888	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	30.00	0.09	0.01888	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01888	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	90.00	0.02	0.01888	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	3	90.00	0.09	0.01888	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	30.00	0.01	0.01873	26%-50% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	30.00	0.09	0.01873	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	4	90.00	0.09	0.01873	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	30.00	0.09	0.01877	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	30.00	0.20	0.01877	200% Above	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01877	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	90.00	0.02	0.01877	10%-25% Below	No	No
68001033408	LISINOPRIL 10 MG TABLET	12	90.00	0.09	0.01877	200% Above	No	No
68001033500	LISINOPRIL 20 MG TABLET	1	30.00	0.09	0.02626	200% Above	No	No
68001033500	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	No	No
68001033500	LISINOPRIL 20 MG TABLET	4	90.00	0.09	0.02587	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	5.00	0.09	0.02626	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	30.00	0.01	0.02626	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	30.00	0.03	0.02626	10%-25% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	30.00	0.09	0.02626	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1075

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.20	0.02626	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	60.00	0.20	0.02626	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	90.00	0.04	0.02626	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	90.00	0.09	0.02626	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	90.00	0.20	0.02626	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	1	135.00	0.20	0.02626	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	30.00	0.01	0.02624	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	30.00	0.03	0.02624	10%-25% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	30.00	0.09	0.02624	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	60.00	0.09	0.02624	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	90.00	0.04	0.02624	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	2	90.00	0.09	0.02624	200% Above	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	0.09	0.02621	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	60.00	0.09	0.02621	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	90.00	0.02	0.02621	10%-25% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	30.00	0.01	0.02587	51%-75% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	30.00	0.04	0.02587	26%-50% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	30.00	0.09	0.02587	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	4	90.00	0.09	0.02587	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	30.00	0.01	0.02625	26%-50% Below	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	30.00	0.09	0.02625	200% Above	No	No
68001033508	LISINOPRIL 20 MG TABLET	12	90.00	0.09	0.02625	200% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	3	10.00	0.10	0.05433	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1076

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001033600	LISINOPRIL 30 MG TABLET	4	30.00	0.10	0.05555	76%-100% Above	No	No
68001033600	LISINOPRIL 30 MG TABLET	12	80.00	0.11	0.05510	76%-100% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.26	0.05703	200% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.25	0.05629	200% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	No	No
68001035600	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.03	0.05703	26%-50% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.11	0.05703	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.26	0.05703	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.11	0.05703	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	60.00	0.26	0.05703	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.21	0.05703	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.22	0.05703	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.26	0.05703	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.29	0.05703	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.03	0.05629	26%-50% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05629	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	45.00	0.11	0.05629	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	60.00	0.11	0.05629	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.22	0.05629	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	2	180.00	0.11	0.05629	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.03	0.05630	26%-50% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.11	0.05630	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	45.00	0.11	0.05630	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1077

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	60.00	0.11	0.05630	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.21	0.05630	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	4	15.00	0.11	0.05863	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.04	0.05730	26%-50% Below	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.12	0.05730	101%-200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	12	60.00	0.21	0.05730	200% Above	No	No
68001035603	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.12	0.05730	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.12	0.04577	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.15	0.04577	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	30.00	0.27	0.04577	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.12	0.04577	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.19	0.04577	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.27	0.04577	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.12	0.04433	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.12	0.04433	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	2	90.00	0.18	0.04433	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.12	0.04334	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.20	0.04334	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	3	90.00	0.12	0.04334	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	4	30.00	0.12	0.04349	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	4	90.00	0.12	0.04349	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.12	0.04735	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	30.00	0.15	0.04735	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1078

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.12	0.04735	101%-200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.17	0.04735	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.18	0.04735	200% Above	No	No
68001036103	MONTELUKAST SOD 10 MG TABLET	12	90.00	0.27	0.04735	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	1	90.00	0.17	0.04577	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	2	30.00	0.21	0.04433	200% Above	No	No
68001036105	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.21	0.04334	200% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	14.00	0.56	0.47087	10%-25% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	14.00	0.71	0.47087	26%-50% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	20.00	0.25	0.47087	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	1	20.00	0.56	0.47087	10%-25% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	2	14.00	0.25	0.46767	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.46767	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	2	20.00	0.35	0.46767	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	3	10.00	0.25	0.46980	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	3	14.00	0.25	0.46980	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	3	20.00	0.25	0.46980	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	3	28.00	0.25	0.46980	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	4	14.00	0.25	0.46278	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	4	20.00	0.25	0.46278	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	14.00	0.56	0.47521	10%-25% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	20.00	0.24	0.47521	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	20.00	0.25	0.47521	26%-50% Below	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	20.00	0.56	0.47521	10%-25% Above	No	No
68001036206	CEFDINIR 300 MG CAPSULE	12	20.00	0.75	0.47521	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1079

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	14.00	0.16	0.09995	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	1	30.00	0.16	0.09995	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	2	30.00	0.16	0.10005	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	3	21.00	0.27	0.10236	101%-200% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	3	30.00	0.16	0.10236	51%-75% Above	No	No
68001036500	METRONIDAZOLE 500 MG TABLET	12	20.00	0.17	0.10290	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	1	14.00	0.34	0.09995	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	1	14.00	0.38	0.09995	200% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	1	42.00	0.16	0.09995	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	0.16	0.10005	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	2	28.00	0.16	0.10005	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	3	14.00	0.16	0.10236	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	7	14.00	0.20	0.10944	76%-100% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	12	14.00	0.17	0.10290	51%-75% Above	No	No
68001036503	METRONIDAZOLE 500 MG TABLET	12	28.00	0.31	0.10290	101%-200% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	1	60.00	0.09	0.14522	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	1	60.00	0.21	0.14522	26%-50% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	1	180.00	0.21	0.14522	26%-50% Above	No	No
68001038203	LABETALOL HCL 200 MG TABLET	2	180.00	0.09	0.14349	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	3	60.00	0.09	0.14225	26%-50% Below	No	No
68001038203	LABETALOL HCL 200 MG TABLET	4	180.00	0.09	0.14258	26%-50% Below	No	No
68001039708	FAMOTIDINE 20 MG TABLET	1	60.00	0.08	0.02947	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	1	60.00	0.19	0.02947	200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	1	180.00	0.08	0.02947	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1080

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.19	0.02947	200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	60.00	0.08	0.03015	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	2	90.00	0.08	0.03015	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	30.00	0.08	0.03030	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	60.00	0.08	0.03030	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	90.00	0.08	0.03030	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	3	180.00	0.08	0.03030	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	4	60.00	0.08	0.03099	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	4	180.00	0.08	0.03099	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	12	30.00	0.08	0.02948	101%-200% Above	No	No
68001039708	FAMOTIDINE 20 MG TABLET	12	60.00	0.08	0.02948	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05137	101%-200% Above	No	No
68001039800	FAMOTIDINE 40 MG TABLET	12	90.00	0.11	0.05202	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	30.00	0.11	0.05196	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05196	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	30.00	0.25	0.05196	200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	60.00	0.11	0.05196	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	90.00	0.11	0.05196	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	90.00	0.12	0.05196	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	1	90.00	0.25	0.05196	200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	0.07	0.05125	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	0.11	0.05125	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05125	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05125	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	30.00	0.16	0.05125	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1081

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	60.00	0.11	0.05125	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	2	90.00	0.11	0.05125	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	30.00	0.07	0.05137	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05137	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05137	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	60.00	0.11	0.05137	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	90.00	0.11	0.05137	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	3	180.00	0.11	0.05137	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	30.00	0.07	0.05159	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	30.00	0.11	0.05159	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	30.00	0.16	0.05159	200% 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	90.00	0.02	0.05159	51%-75% Below	No	No
68001039803	FAMOTIDINE 40 MG TABLET	4	90.00	0.11	0.05159	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.00	0.07	0.05202	26%-50% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.00	0.16	0.05202	200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	30.00	0.25	0.05202	200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	60.00	0.11	0.05202	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	90.00	0.11	0.05202	101%-200% Above	No	No
68001039803	FAMOTIDINE 40 MG TABLET	12	90.00	0.25	0.05202	200% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.02	0.03279	26%-50% Below	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.11	0.03279	200% Above	No	No
68001039900	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	0.11	0.03296	200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.11	0.03148	200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.24	0.03148	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1082

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001039908	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.11	0.03279	200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	2	100.00	0.11	0.03279	200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	12	30.00	0.11	0.03296	200% Above	No	No
68001039908	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.11	0.03296	200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.03012	26%-50% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.17	0.03012	200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.08	0.03012	101%-200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.17	0.03012	200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	10.00	0.06	0.02965	76%-100% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.02965	26%-50% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.08	0.02981	101%-200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.08	0.03004	101%-200% Above	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.02	0.03004	26%-50% Below	No	No
68001040008	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.08	0.03004	101%-200% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.24	0.05977	200% Above	No	No
68001040100	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.17	0.05977	101%-200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.24	0.05977	200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.11	0.05977	76%-100% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.24	0.05977	200% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.11	0.05698	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1083

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001040103	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.11	0.05426	76%-100% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	3	60.00	0.11	0.05426	76%-100% Above	No	No
68001040103	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.11	0.06210	51%-75% Above	No	No
68001040303	LEVETIRACETAM 500 MG TABLET	1	180.00	0.15	0.07613	101%-200% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	30.00	0.06	0.06907	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	90.00	0.06	0.06907	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	90.00	0.13	0.06907	76%-100% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	120.00	0.06	0.06907	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	135.00	0.13	0.06907	76%-100% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	180.00	0.06	0.06907	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	270.00	0.13	0.06907	76%-100% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	1	405.00	0.13	0.06907	76%-100% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	2	45.00	0.06	0.06838	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	2	90.00	0.06	0.06838	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	2	180.00	0.06	0.06838	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	2	270.00	0.06	0.06838	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	3	30.00	0.06	0.06908	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	3	90.00	0.06	0.06908	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	4	45.00	0.06	0.06919	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	4	90.00	0.06	0.06919	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	4	180.00	0.06	0.06919	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	12	30.00	0.06	0.06871	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	12	90.00	0.06	0.06871	10%-25% Below	No	No
68001041103	GABAPENTIN 600 MG TABLET	12	90.00	0.13	0.06871	76%-100% Above	No	No
68001041103	GABAPENTIN 600 MG TABLET	12	180.00	0.06	0.06871	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1084

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.13	0.09962	26%-50% Above	No	No
68001041203	GABAPENTIN 800 MG TABLET	1	120.00	0.06	0.09962	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	2	120.00	0.06	0.09833	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	3	30.00	0.06	0.09930	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	3	120.00	0.06	0.09930	26%-50% Below	No	No
68001041203	GABAPENTIN 800 MG TABLET	12	120.00	0.06	0.10000	26%-50% Below	No	No
68001043000	RAMIPRIL 5 MG CAPSULE	2	90.00	0.11	0.05174	101%-200% Above	No	No
68001043288	NICOTINE 7 MG/24HR PATCH	2	30.00	1.36	1.60234	10%-25% Below	No	No
68001043390	NICOTINE 14 MG/24HR PATCH	2	14.00	0.92	1.64310	26%-50% Below	No	No
68001043390	NICOTINE 14 MG/24HR PATCH	2	14.00	1.22	1.64310	10%-25% Below	No	No
68001043390	NICOTINE 14 MG/24HR PATCH	3	14.00	0.92	1.69281	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	1	30.00	0.20	0.06636	101%-200% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.09	0.06636	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	1	90.00	0.20	0.06636	101%-200% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.04	0.06232	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.05	0.06232	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	30.00	0.09	0.06232	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	2	90.00	0.09	0.06232	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.04	0.06109	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.05	0.06109	10%-25% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	30.00	0.09	0.06109	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.04	0.06109	26%-50% Below	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	90.00	0.09	0.06109	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	3	180.00	0.09	0.06109	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	4	10.00	0.09	0.06308	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1085

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001043697	CETIRIZINE HCL 10 MG TABLET	4	30.00	0.09	0.06308	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	4	90.00	0.09	0.06308	26%-50% Above	No	No
68001043697	CETIRIZINE HCL 10 MG TABLET	12	30.00	0.09	0.07146	10%-25% Above	No	No
68001043897	LORATADINE 10 MG TABLET	1	30.00	0.03	0.05327	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	1	90.00	0.03	0.05327	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	2	30.00	0.03	0.05314	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	2	90.00	0.03	0.05314	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	3	30.00	0.03	0.05353	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	4	30.00	0.03	0.05319	51%-75% Below	No	No
68001043897	LORATADINE 10 MG TABLET	12	30.00	0.02	0.05535	51%-75% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.15	0.26797	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	30.00	0.18	0.26797	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	90.00	0.15	0.26797	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	1	90.00	0.18	0.26797	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	2	30.00	0.15	0.25475	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	3	30.00	0.15	0.24852	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	3	180.00	0.15	0.24852	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	4	90.00	0.15	0.24801	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	12	30.00	0.15	0.27028	26%-50% Below	No	No
68001044000	FEXOFENADINE HCL 180 MG TABLET	12	90.00	0.15	0.27028	26%-50% Below	No	No
68001047100	METOPROLOL SUCC ER 200 MG TAB	1	135.00	0.66	0.19041	200% Above	No	No
68001048500	METAXALONE 800 MG TABLET	3	30.00	0.63	0.37720	51%-75% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	1	30.00	0.06	0.04639	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	1	30.00	0.22	0.04639	200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	1	90.00	0.10	0.04639	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1086

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001048608	LISINOPRIL 40 MG TABLET	1	90.00	0.22	0.04639	200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	1	180.00	0.22	0.04639	200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	22.00	0.06	0.04680	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	30.00	0.06	0.04680	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	30.00	0.10	0.04680	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	2	90.00	0.10	0.04680	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	30.00	0.06	0.04735	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	30.00	0.10	0.04735	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	3	90.00	0.10	0.04735	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	4	30.00	0.10	0.04738	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	4	90.00	0.10	0.04738	101%-200% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	12	30.00	0.06	0.04676	26%-50% Above	No	No
68001048608	LISINOPRIL 40 MG TABLET	12	30.00	0.10	0.04676	101%-200% Above	No	No
68001050003	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.11	0.06092	51%-75% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.11	0.05456	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.20	0.05456	200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.11	0.05456	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.11	0.05352	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.11	0.05352	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.19	0.05352	200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	3	180.00	0.11	0.05352	76%-100% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.19	0.05251	200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.25	0.06399	200% Above	No	No
68001050103	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.11	0.06399	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1087

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001050203	METOPROLOL SUCC ER 100 MG TAB	1	15.00	0.15	0.08665	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.15	0.08665	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.35	0.08665	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.42	0.08665	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.15	0.08665	51%-75% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	2	15.00	0.15	0.08224	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.42	0.08224	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	3	15.00	0.15	0.08180	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.05	0.08180	26%-50% Below	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.15	0.08180	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.42	0.08180	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	4	30.00	0.15	0.08130	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	4	30.00	0.42	0.08130	200% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	12	15.00	0.16	0.08718	76%-100% Above	No	No
68001050203	METOPROLOL SUCC ER 100 MG TAB	12	30.00	0.45	0.08718	200% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	30.00	0.14	0.08995	51%-75% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	60.00	0.14	0.08995	51%-75% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.06	0.08995	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	1	90.00	0.14	0.08995	51%-75% Above	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	4	90.00	0.06	0.08864	26%-50% Below	No	No
68001051808	POTASSIUM CL ER 10 MEQ TABLET	12	90.00	0.14	0.09425	26%-50% Above	No	No
68001055700	METHYLPREDNISOLONE 4 MG TABLET	1	21.00	0.55	0.14948	200% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	1	30.00	0.16	0.13795	10%-25% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.10	0.13795	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	1	120.00	0.24	0.13795	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1088

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001056703	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	0.10	0.13587	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	2	60.00	0.10	0.13587	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	2	120.00	0.10	0.13587	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	2	180.00	0.10	0.13587	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	3	30.00	0.16	0.13661	10%-25% Above	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	3	60.00	0.10	0.13661	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	3	90.00	0.10	0.13661	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	3	120.00	0.10	0.13661	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	0.10	0.13796	10%-25% Below	No	No
68001056703	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.10	0.13796	10%-25% Below	No	No
68001056806	CLONIDINE HCL ER 0.1 MG TABLET	2	30.00	0.55	0.24140	101%-200% Above	No	No
68001056806	CLONIDINE HCL ER 0.1 MG TABLET	3	30.00	0.55	0.24012	101%-200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	1	30.00	0.18	0.03823	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	2	30.00	0.19	0.03813	200% Above	No	No
68001058600	GLIMEPIRIDE 4 MG TABLET	3	135.00	0.17	0.04287	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	2	90.00	0.17	0.03813	200% Above	No	No
68001058603	GLIMEPIRIDE 4 MG TABLET	2	135.00	0.08	0.03813	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	1	7.00	0.26	0.04279	200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	1	30.00	0.12	0.04279	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	2	30.00	0.12	0.04176	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	3	30.00	0.12	0.04116	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	3	90.00	0.12	0.04116	101%-200% Above	No	No
68001059100	ESCITALOPRAM 5 MG TABLET	4	90.00	0.07	0.04127	76%-100% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	1	90.00	0.29	0.04247	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1089

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059200	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
68001059200	ESCITALOPRAM 10 MG TABLET	12	30.00	0.13	0.04292	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	30.00	0.10	0.04247	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	30.00	0.11	0.04247	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	30.00	0.29	0.04247	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	90.00	0.13	0.04247	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	90.00	0.29	0.04247	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	1	135.00	0.13	0.04247	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	30.00	0.10	0.04156	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	30.00	0.11	0.04156	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	2	90.00	0.13	0.04156	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	30.00	0.10	0.04099	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	30.00	0.11	0.04099	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	60.00	0.13	0.04099	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	90.00	0.08	0.04099	76%-100% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	90.00	0.09	0.04099	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	3	90.00	0.13	0.04099	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	12	30.00	0.11	0.04292	101%-200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	12	30.00	0.13	0.04292	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	12	30.00	0.29	0.04292	200% Above	No	No
68001059208	ESCITALOPRAM 10 MG TABLET	12	90.00	0.13	0.04292	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1090

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059300	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	1	180.00	0.11	0.06218	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
68001059300	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06311	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	1	15.00	0.11	0.06218	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	1	30.00	0.11	0.06218	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	1	45.00	0.25	0.06218	200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	1	60.00	0.25	0.06218	200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	1	90.00	0.25	0.06218	200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	2	15.00	0.11	0.06093	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	2	45.00	0.11	0.06093	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	2	60.00	0.11	0.06093	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	45.00	0.11	0.06049	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	60.00	0.11	0.06049	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	3	90.00	0.12	0.06049	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1091

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059308	ESCITALOPRAM 20 MG TABLET	4	30.00	0.14	0.06129	101%-200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	4	90.00	0.11	0.06129	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	30.00	0.11	0.06311	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	30.00	0.25	0.06311	200% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	45.00	0.11	0.06311	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06311	51%-75% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06311	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	90.00	0.12	0.06311	76%-100% Above	No	No
68001059308	ESCITALOPRAM 20 MG TABLET	12	180.00	0.11	0.06311	76%-100% Above	No	No
68001059406	DULOXETINE HCL DR 20 MG CAP	1	60.00	0.29	0.11613	101%-200% Above	No	No
68001059406	DULOXETINE HCL DR 20 MG CAP	3	30.00	0.50	0.12470	200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.11	0.07811	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.25	0.07811	200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	1	60.00	0.25	0.07811	200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.11	0.07822	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	2	60.00	0.11	0.07822	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	2	90.00	0.11	0.07822	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.11	0.08485	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	3	60.00	0.11	0.08485	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.11	0.09517	10%-25% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	4	60.00	0.11	0.09517	10%-25% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	12	7.00	1.14	0.07890	200% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.11	0.07890	26%-50% Above	No	No
68001059508	DULOXETINE HCL DR 30 MG CAP	12	60.00	0.11	0.07890	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1092

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001059604	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.14	0.09709	26%-50% Above	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.14	0.10237	26%-50% Above	No	No
68001059604	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.14	0.11362	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.14	0.09709	26%-50% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.32	0.09709	200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.32	0.09709	200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	1	180.00	0.14	0.09709	26%-50% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	1	180.00	0.32	0.09709	200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.14	0.10237	26%-50% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	2	90.00	0.14	0.10237	26%-50% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.14	0.11362	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.14	0.11362	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.14	0.12286	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	4	180.00	0.14	0.12286	10%-25% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	12	7.00	0.98	0.09414	200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.14	0.09414	51%-75% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	12	30.00	0.33	0.09414	200% Above	No	No
68001059608	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.14	0.09414	51%-75% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	1	28.00	0.42	0.15736	101%-200% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	1	30.00	0.18	0.15736	10%-25% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	1	90.00	0.42	0.15736	101%-200% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	2	30.00	0.18	0.15597	10%-25% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	3	30.00	0.18	0.14206	26%-50% Above	No	No
68001060400	NITROFURANTOIN MCR 50 MG CAP	12	30.00	0.19	0.15897	10%-25% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	1.23	0.34774	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1093

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.79	0.34774	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	1	20.00	0.75	0.34774	101%-200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.23	0.33183	200% Above	No	No
68001060600	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.33	0.33183	200% Above	No	No
68001060769	POLYETHYLENE GLYCOL 3350 POWD	2	510.00	0.04	0.01999	101%-200% Above	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	1	30.00	0.37	0.61376	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	1	30.00	0.76	0.61376	10%-25% Above	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	2	30.00	0.37	0.61971	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	2	90.00	0.37	0.61971	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	3	30.00	0.35	0.66756	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	3	30.00	0.37	0.66756	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	4	30.00	0.37	0.71933	26%-50% Below	No	No
68001061200	DICLOFENAC SOD ER 100 MG TAB	12	30.00	0.39	0.65063	26%-50% Below	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.43	0.08572	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	1	30.00	1.01	0.08572	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.43	0.08572	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	1	90.00	1.01	0.08572	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.43	0.07856	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.07856	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.43	0.07856	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.07923	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.03	0.07923	51%-75% Below	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.17	0.07923	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1094

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001061303	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.45	0.08751	200% Above	No	No
68001061303	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.45	0.08751	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.43	0.08572	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.33	0.07856	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.43	0.07923	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	No	No
68001061305	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.39	0.11822	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.90	0.11822	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.39	0.11822	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.89	0.11822	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.39	0.10335	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.39	0.10335	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.39	0.10733	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.39	0.11025	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.40	0.12598	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.40	0.12598	200% Above	No	No
68001061403	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.89	0.12598	200% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.39	0.11822	200% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.17	0.10335	51%-75% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.39	0.10335	200% Above	No	No
68001061404	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1095

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001061405	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.89	0.11822	200% Above	No	No
68001061405	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.39	0.10335	200% Above	No	No
68001061405	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.33	0.10733	200% Above	No	No
68001061405	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.63	0.12598	200% Above	No	No
68001061903	POTASSIUM CL ER 10 MEQ CAPSULE	4	30.00	0.11	0.13651	10%-25% Below	No	No
68001062145	DICLOFENAC SODIUM 1% GEL	2	100.00	3.24	0.09149	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.19	0.11538	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.45	0.11538	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.62	0.11538	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.19	0.11432	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.45	0.11432	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.47	0.11432	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.58	0.11432	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.14	0.11554	10%-25% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.19	0.11554	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.47	0.11554	200% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	4	21.00	0.19	0.11381	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.20	0.11636	51%-75% Above	No	No
68001062401	METHYLPREDNISOLONE 4 MG DOSEPK	12	21.00	0.45	0.11636	200% Above	No	No
68001063742	ENOXAPARIN 100 MG/ML SYRINGE	1	20.00	5.54	8.45945	26%-50% Below	No	No
68001063742	ENOXAPARIN 100 MG/ML SYRINGE	1	40.00	5.54	8.45945	26%-50% Below	No	No
68001063742	ENOXAPARIN 100 MG/ML SYRINGE	3	40.00	5.54	8.55181	26%-50% Below	No	No
68001065417	ZENATANE 30 MG CAPSULE	4	60.00	2.42	1.98699	10%-25% Above	No	No
68001065517	ZENATANE 40 MG CAPSULE	2	30.00	1.27	2.07751	26%-50% Below	No	No
68001065517	ZENATANE 40 MG CAPSULE	2	60.00	1.27	2.07751	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1096

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68001065517	ZENATANE 40 MG CAPSULE	3	60.00	1.27	2.11397	26%-50% Below	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.11	0.03148	200% Above	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	No	No
68001067008	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
68001067100	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
68001067100	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.02981	10%-25% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.02965	10%-25% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.02965	26%-50% Below	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	No	No
68001067108	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.02981	26%-50% Below	No	No
68001067203	FLUOXETINE CAP 40MG	1	90.00	0.11	.		No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.05698	76%-100% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.17	0.05698	101%-200% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	2	180.00	0.11	0.05698	76%-100% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.11	0.05426	76%-100% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	3	90.00	0.11	0.05426	76%-100% Above	No	No
68001067203	FLUOXETINE HCL 40 MG CAPSULE	4	90.00	0.11	0.05279	101%-200% Above	No	No
68094048070	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02384	26%-50% Above	No	No
68094048070	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.03	0.02388	26%-50% Above	No	No
68094048070	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.03	0.02458	26%-50% Above	No	No
68094079903	AZITHROMYCIN 500 MG TABLET	1	5.00	0.85	0.61802	26%-50% Above	No	No
68094079903	AZITHROMYCIN 500 MG TABLET	2	5.00	0.98	0.60817	51%-75% Above	No	No
68094079903	AZITHROMYCIN 500 MG TABLET	3	3.00	0.98	0.60919	51%-75% Above	No	No
68094079903	AZITHROMYCIN 500 MG TABLET	12	5.00	0.98	0.60967	51%-75% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	1	3.00	0.48	0.61802	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1097

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68094079930	AZITHROMYCIN 500 MG TABLET	1	5.00	0.72	0.61802	10%-25% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	1	5.00	0.76	0.61802	10%-25% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	1	10.00	0.48	0.61802	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	1	20.00	0.71	0.61802	10%-25% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	2	2.00	0.48	0.60817	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	2	5.00	0.21	0.60817	51%-75% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	2	5.00	0.48	0.60817	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	2	5.00	0.67	0.60817	10%-25% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	2	5.00	0.74	0.60817	10%-25% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	3	5.00	0.46	0.60919	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	3	7.00	0.67	0.60919	10%-25% Above	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	4	3.00	0.48	0.59082	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	12	3.00	0.47	0.60967	10%-25% Below	No	No
68094079930	AZITHROMYCIN 500 MG TABLET	12	7.00	0.35	0.60967	26%-50% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	1	30.00	0.05	0.05657	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	2	30.00	0.05	0.05639	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	2	60.00	0.05	0.05639	10%-25% Below	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	2	180.00	0.07	0.05639	10%-25% Above	No	No
68094080450	METFORMIN HCL ER 750 MG TABLET	4	30.00	0.05	0.05565	10%-25% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	1	6.00	0.19	0.30083	26%-50% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	1	6.00	0.41	0.30083	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.30083	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	2	6.00	0.22	0.29185	10%-25% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	2	6.00	0.41	0.29185	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	3	6.00	0.37	0.28827	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1098

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	6.00	0.41	0.28827	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	3	6.00	0.42	0.28827	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	3	6.00	0.43	0.28827	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	3	6.00	0.45	0.28827	51%-75% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	4	6.00	0.41	0.28349	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	1.00	0.41	0.31612	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	0.19	0.31612	26%-50% Below	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	0.40	0.31612	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	0.41	0.31612	26%-50% Above	No	No
68094090006	AZITHROMYCIN 250 MG TABLET	12	6.00	0.45	0.31612	26%-50% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	1	6.00	0.34	0.30083	10%-25% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	2	6.00	0.34	0.29185	10%-25% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	3	6.00	0.34	0.28827	10%-25% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	3	6.00	0.42	0.28827	26%-50% Above	No	No
68094090018	AZITHROMYCIN 250 MG TABLET	12	6.00	0.22	0.31612	26%-50% Below	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	1	6.00	0.48	0.30083	51%-75% Above	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	2	6.00	0.48	0.29185	51%-75% Above	No	No
68094090030	AZITHROMYCIN 250 MG TABLET	3	6.00	0.51	0.28827	51%-75% Above	No	No
68094090460	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.02	0.02982	10%-25% Below	No	No
68094090930	NALTREXONE 50 MG TABLET	1	10.00	0.63	1.25205	26%-50% Below	No	No
68094090930	NALTREXONE 50 MG TABLET	1	30.00	0.61	1.25205	51%-75% Below	No	No
68094090950	NALTREXONE 50 MG TABLET	1	30.00	0.63	1.25205	26%-50% Below	No	No
68094090950	NALTREXONE 50 MG TABLET	2	30.00	0.63	1.22924	26%-50% Below	No	No
68094090950	NALTREXONE 50 MG TABLET	3	30.00	0.63	1.22473	26%-50% Below	No	No
68094090950	NALTREXONE 50 MG TABLET	4	30.00	0.63	1.20952	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1099

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180011402	LEVETIRACETAM 750 MG TABLET	1	60.00	0.19	0.11345	51%-75% Above	No	No
68180011402	LEVETIRACETAM 750 MG TABLET	2	60.00	0.19	0.11417	51%-75% Above	No	No
68180011402	LEVETIRACETAM 750 MG TABLET	3	60.00	0.19	0.11512	51%-75% Above	No	No
68180011807	LEVETIRACETAM ER 750 MG TABLET	1	30.00	0.14	0.24890	26%-50% Below	Yes	No
68180011807	LEVETIRACETAM ER 750 MG TABLET	2	30.00	0.14	0.24194	26%-50% Below	Yes	No
68180011807	LEVETIRACETAM ER 750 MG TABLET	3	60.00	0.14	0.24647	26%-50% Below	Yes	No
68180011807	LEVETIRACETAM ER 750 MG TABLET	10	30.00	0.15	0.26569	26%-50% Below	Yes	No
68180011807	LEVETIRACETAM ER 750 MG TABLET	12	30.00	0.32	0.25369	10%-25% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	1	30.00	0.14	0.10053	26%-50% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	2	30.00	0.14	0.09816	26%-50% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	3	30.00	0.14	0.09722	26%-50% Above	Yes	No
68180012101	CEPHALEXIN 250 MG CAPSULE	12	30.00	0.15	0.10098	26%-50% Above	Yes	No
68180012201	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.16	0.12138	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	10.00	0.16	0.12238	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.08	0.12238	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.16	0.12238	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	14.00	0.16	0.12238	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	15.00	0.16	0.12238	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.08	0.12238	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.09	0.12238	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.16	0.12238	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.16	0.12238	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	20.00	0.36	0.12238	101%-200% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	21.00	0.07	0.12238	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	21.00	0.11	0.12238	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1100

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	21.00	0.16	0.12238	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	28.00	0.08	0.12238	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	30.00	0.08	0.12238	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	40.00	0.07	0.12238	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	1	56.00	0.36	0.12238	101%-200% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	10.00	0.09	0.12138	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.08	0.12138	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.16	0.12138	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	14.00	0.16	0.12138	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	15.00	0.08	0.12138	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.08	0.12138	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.09	0.12138	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.09	0.12138	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.16	0.12138	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	20.00	0.16	0.12138	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.07	0.12138	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	21.00	0.16	0.12138	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	25.00	0.08	0.12138	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	28.00	0.07	0.12138	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	2	40.00	0.07	0.12138	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	10.00	0.16	0.12324	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.16	0.12324	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	14.00	0.16	0.12324	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.08	0.12324	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	20.00	0.08	0.12324	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1101

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	20.00	0.09	0.12324	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.07	0.12324	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	21.00	0.08	0.12324	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.16	0.12324	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	28.00	0.16	0.12324	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	30.00	0.07	0.12324	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	30.00	0.08	0.12324	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	30.00	0.16	0.12324	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	40.00	0.07	0.12324	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	3	40.00	0.16	0.12324	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	20.00	0.16	0.12184	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	20.00	0.16	0.12184	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	4	40.00	0.16	0.12184	26%-50% Above	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	6.00	0.16	0.12515	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	12.00	0.16	0.12515	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	14.00	0.10	0.12515	10%-25% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	14.00	0.16	0.12515	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	20.00	0.16	0.12515	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	21.00	0.08	0.12515	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	21.00	0.09	0.12515	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.07	0.12515	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	28.00	0.08	0.12515	26%-50% Below	No	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	30.00	0.16	0.12515	26%-50% Above	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	40.00	0.08	0.12515	26%-50% Below	Yes	No
68180012202	CEPHALEXIN 500 MG CAPSULE	12	40.00	0.16	0.12515	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180015106	MIRABEGRON ER 25 MG TABLET	1	30.00	4.87	9.67307	26%-50% Below	Yes	No
68180015106	MIRABEGRON ER 25 MG TABLET	1	90.00	1.12	9.67307	76%-100% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	1	30.00	7.49	9.73531	10%-25% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	1	30.00	8.37	9.73531	10%-25% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	2	90.00	2.15	9.60450	76%-100% Below	No	No
68180015206	MIRABEGRON ER 50 MG TABLET	12	90.00	11.60	9.66406	10%-25% Above	No	No
68180015301	DES Loratadine 5 MG TABLET	3	30.00	0.40	0.28656	26%-50% Above	No	No
68180015301	DES Loratadine 5 MG TABLET	3	90.00	0.19	0.28656	26%-50% Below	No	No
68180018001	CEFADROXIL 500 MG CAPSULE	3	14.00	0.26	0.28594	10%-25% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	12	10.00	0.12	0.29650	51%-75% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	12	10.00	0.16	0.29650	26%-50% Below	Yes	No
68180018001	CEFADROXIL 500 MG CAPSULE	12	14.00	0.59	0.29650	76%-100% Above	No	No
68180021509	LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5 MG TAB	1	90.00	0.17	0.07768	101%-200% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	4	90.00	0.15	0.08092	76%-100% Above	No	No
68180021709	LOSARTAN-HYDROCHLOROTHIAZIDE 100-25 MG TAB	12	90.00	0.16	0.08232	76%-100% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.02	0.01053	51%-75% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.12	0.01053	200% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	2	30.00	0.12	0.01036	200% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	4	30.00	0.12	0.01138	200% Above	No	No
68180023301	AMLODIPINE BESYLATE 2.5 MG TAB	12	30.00	0.28	0.01112	200% Above	No	No
68180028101	ETHAMBUTOL HCL 400 MG TABLET	2	135.00	0.25	0.44590	26%-50% Below	No	No
68180028101	ETHAMBUTOL HCL 400 MG TABLET	3	135.00	0.25	0.44745	26%-50% Below	No	No
68180028101	ETHAMBUTOL HCL 400 MG TABLET	4	135.00	0.25	0.44929	26%-50% Below	No	No
68180029407	DULOXETINE HCL DR 20 MG CAP	2	30.00	0.16	0.12022	26%-50% Above	Yes	No
68180029503	DULOXETINE HCL DR 30 MG CAP	1	30.00	0.50	0.07811	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180029503	DULOXETINE HCL DR 30 MG CAP	1	90.00	0.25	0.07811	200% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	3	30.00	0.11	0.08485	26%-50% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	4	30.00	0.11	0.09517	10%-25% Above	No	No
68180029503	DULOXETINE HCL DR 30 MG CAP	12	30.00	0.50	0.07890	200% Above	No	No
68180029506	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.33	0.07822	200% Above	Yes	No
68180029506	DULOXETINE HCL DR 30 MG CAP	3	90.00	0.22	0.08485	101%-200% Above	Yes	No
68180029506	DULOXETINE HCL DR 30 MG CAP	3	180.00	0.11	0.08485	26%-50% Above	No	No
68180029509	DULOXETINE HCL DR 30 MG CAP	2	30.00	0.50	0.07822	200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	1	30.00	0.32	0.09709	200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.14	0.10237	26%-50% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	2	30.00	0.33	0.10237	200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.14	0.11362	10%-25% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.33	0.11362	101%-200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	3	30.00	0.45	0.11362	200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	3	60.00	0.17	0.11362	26%-50% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.14	0.11362	10%-25% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.22	0.11362	76%-100% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	4	30.00	0.14	0.12286	10%-25% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	12	60.00	0.32	0.09414	200% Above	No	No
68180029603	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.22	0.09414	101%-200% Above	No	No
68180029606	DULOXETINE HCL DR 60 MG CAP	3	90.00	0.14	0.11362	10%-25% Above	Yes	No
68180029606	DULOXETINE HCL DR 60 MG CAP	4	90.00	1.09	0.12286	200% Above	No	No
68180029609	DULOXETINE HCL DR 60 MG CAP	1	90.00	0.14	0.09709	26%-50% Above	No	No
68180029609	DULOXETINE HCL DR 60 MG CAP	12	90.00	0.33	0.09414	200% Above	No	No
68180029706	DULOXETINE HCL DR 40 MG CAP	3	30.00	0.91	1.04771	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180029706	DULOXETINE HCL DR 40 MG CAP	3	90.00	0.90	1.04771	10%-25% Below	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.23	0.08572	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.43	0.08572	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	1	30.00	1.01	0.08572	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.43	0.08572	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	14.00	0.43	0.07856	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.23	0.07856	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.43	0.07856	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.07856	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.33	0.07856	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.43	0.07856	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.43	0.07923	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.01	0.07697	76%-100% Below	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.23	0.07697	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.23	0.08751	101%-200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	12	30.00	1.01	0.08751	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.08	0.08751	10%-25% Below	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.50	0.08751	200% Above	No	No
68180031902	BUPROPION HCL XL 150 MG TABLET	12	90.00	1.01	0.08751	200% Above	No	No
68180031906	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.07923	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180031909	BUPROPION HCL XL 150 MG TABLET	1	14.00	1.01	0.08572	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.03	0.08572	51%-75% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.17	0.08572	76%-100% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.66	0.08572	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	1	90.00	1.01	0.08572	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.03	0.07856	51%-75% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.17	0.07856	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.07856	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.01	0.07856	76%-100% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.66	0.07856	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	2	180.00	0.43	0.07856	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.03	0.07923	51%-75% Below	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.07923	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.66	0.07923	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.43	0.07923	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.17	0.07697	101%-200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.66	0.07697	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.66	0.08751	200% Above	No	No
68180031909	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.63	0.08751	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.17	0.11822	26%-50% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.23	0.11822	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.33	0.11822	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.50	0.11822	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180032002	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.33	0.11822	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.33	0.11822	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.39	0.11822	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.89	0.11822	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.01	0.10335	76%-100% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.23	0.10335	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.33	0.10335	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.39	0.10335	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.50	0.10335	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.39	0.10335	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.17	0.10733	51%-75% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.50	0.10733	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.50	0.10733	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.01	0.10733	76%-100% Below	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.10733	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.33	0.10733	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.39	0.10733	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	4	30.00	0.23	0.11025	101%-200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.23	0.12598	76%-100% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.52	0.12598	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.90	0.12598	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.40	0.12598	200% Above	No	No
68180032002	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.40	0.12598	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180032002	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.66	0.12598	200% Above	No	No
68180032006	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.50	0.12598	200% Above	Yes	No
68180032009	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.90	0.11822	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.39	0.11822	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.39	0.11822	200% Above	Yes	No
68180032009	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.89	0.11822	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.39	0.10335	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.39	0.10733	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	No	No
68180032009	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	Yes	No
68180034606	DARUNAVIR 800 MG TABLET	1	30.00	11.11	2.52196	200% Above	No	No
68180034606	DARUNAVIR 800 MG TABLET	2	30.00	9.01	2.40993	200% Above	No	No
68180034606	DARUNAVIR 800 MG TABLET	3	30.00	9.01	2.27264	200% Above	No	No
68180035103	SERTRALINE HCL 25 MG TABLET	12	30.00	0.11	0.03291	200% Above	Yes	No
68180035109	SERTRALINE HCL 25 MG TABLET	12	60.00	0.11	0.03291	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	30.00	0.10	0.03881	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	30.00	0.22	0.03881	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	90.00	0.10	0.03881	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	90.00	0.22	0.03881	200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	1	270.00	0.04	0.03881	10%-25% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	2	30.00	0.10	0.03624	101%-200% Above	No	No
68180035202	SERTRALINE HCL 50 MG TABLET	12	30.00	0.22	0.03876	200% Above	No	No
68180035206	SERTRALINE HCL 50 MG TABLET	1	90.00	0.22	0.03881	200% Above	Yes	No
68180035209	SERTRALINE HCL 50 MG TABLET	3	90.00	0.01	0.03533	51%-75% Below	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	30.00	0.02	0.05254	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180035302	SERTRALINE HCL 100 MG TABLET	1	30.00	0.09	0.05254	51%-75% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	30.00	0.26	0.05254	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	1	90.00	0.26	0.05254	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	90.00	0.08	0.05182	26%-50% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	90.00	0.12	0.05182	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	2	135.00	0.12	0.05182	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	30.00	0.12	0.05186	101%-200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	60.00	0.26	0.05186	200% Above	No	No
68180035302	SERTRALINE HCL 100 MG TABLET	12	90.00	0.12	0.05186	101%-200% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	1	30.00	0.12	0.05254	101%-200% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	1	90.00	0.12	0.05254	101%-200% Above	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	2	30.00	0.02	0.05182	51%-75% Below	No	No
68180035309	SERTRALINE HCL 100 MG TABLET	12	30.00	0.12	0.05186	101%-200% Above	No	No
68180037603	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.08	0.02130	200% Above	No	No
68180037603	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	No	No
68180037603	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.27	0.02247	200% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.01	0.02130	51%-75% Below	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.12	0.02130	200% Above	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.01	0.02075	51%-75% Below	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.01	0.02102	51%-75% Below	No	No
68180037609	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.01	0.02247	51%-75% Below	No	No
68180037709	LOSARTAN POTASSIUM 50 MG TAB	2	90.00	0.08	0.03181	101%-200% Above	No	No
68180037809	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	101%-200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	1	30.00	0.16	0.11906	26%-50% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	1	30.00	0.33	0.11906	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180038909	FENOFIBRATE 145 MG TABLET	1	90.00	0.33	0.11906	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	1	90.00	0.60	0.11906	200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	2	90.00	0.17	0.11783	26%-50% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	2	90.00	0.27	0.11783	101%-200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	2	90.00	0.27	0.11783	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	2	90.00	0.44	0.11783	200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	3	90.00	0.04	0.11758	51%-75% Below	No	No
68180038909	FENOFIBRATE 145 MG TABLET	3	90.00	0.06	0.11758	51%-75% Below	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	3	90.00	0.27	0.11758	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	4	90.00	0.33	0.11850	101%-200% Above	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	12	45.00	0.27	0.11723	101%-200% Above	No	No
68180038909	FENOFIBRATE 145 MG TABLET	12	90.00	0.06	0.11723	51%-75% Below	Yes	No
68180038909	FENOFIBRATE 145 MG TABLET	12	90.00	0.27	0.11723	101%-200% Above	Yes	No
68180040401	CEFPROZIL 500 MG TABLET	3	20.00	0.46	0.91372	26%-50% Below	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	1.63	1.82235	10%-25% Below	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	3.33	1.82235	76%-100% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	4.97	1.82235	101%-200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	8.64	1.82235	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	5.67	1.81223	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	2	3.00	5.67	1.81223	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	5.00	1.77440	101%-200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	5.67	1.77440	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	5.67	1.79395	200% Above	No	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	5.67	1.79395	200% Above	Yes	No
68180042201	MOXIFLOXACIN 0.5% EYE DROPS	12	3.00	5.92	1.78532	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180044001	CEPHALEXIN 125 MG/5 ML SUSP	3	100.00	0.04	0.06374	26%-50% Below	No	No
68180044001	CEPHALEXIN 125 MG/5 ML SUSP	8	100.00	0.04	0.06952	26%-50% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	1	100.00	0.04	0.07762	51%-75% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	1	100.00	0.04	0.07762	51%-75% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	1	100.00	0.10	0.07762	26%-50% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	2	100.00	0.04	0.07474	26%-50% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	2	300.00	0.03	0.07474	51%-75% Below	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	3	100.00	0.04	0.07269	26%-50% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	3	300.00	0.05	0.07269	26%-50% Below	No	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	12	100.00	0.13	0.07881	51%-75% Above	Yes	No
68180044101	CEPHALEXIN 250 MG/5 ML SUSP	12	300.00	0.07	0.07881	10%-25% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.03	0.05592	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.05	0.05592	10%-25% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.05	0.05592	10%-25% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	1	200.00	0.09	0.05592	51%-75% Above	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.03	0.05354	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.04	0.05354	26%-50% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	2	200.00	0.04	0.05354	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.03	0.05285	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.04	0.05285	26%-50% Below	No	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.04	0.05285	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	3	200.00	0.12	0.05285	101%-200% Above	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	3	400.00	0.04	0.05285	26%-50% Below	Yes	No
68180044102	CEPHALEXIN 250 MG/5 ML SUSP	4	200.00	0.12	0.05132	101%-200% Above	Yes	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	1	30.00	0.10	0.03125	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180044501	QUETIAPINE FUMARATE 25 MG TAB	1	60.00	0.01	0.03125	51%-75% Below	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	1	60.00	0.10	0.03125	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	2	30.00	0.10	0.02970	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	3	30.00	0.10	0.02893	200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	3	60.00	0.08	0.02893	101%-200% Above	No	No
68180044501	QUETIAPINE FUMARATE 25 MG TAB	12	30.00	0.10	0.03188	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.11	0.03501	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.12	0.03501	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	1	30.00	0.24	0.03501	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	1	90.00	0.24	0.03501	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.11	0.03276	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	2	30.00	0.12	0.03276	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	2	60.00	0.11	0.03276	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	2	90.00	0.11	0.03276	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	2	90.00	0.11	0.03276	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	3	60.00	0.11	0.03133	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	3	60.00	0.11	0.03133	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	3	90.00	0.11	0.03133	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	4	30.00	0.13	0.03114	200% Above	No	No
68180044601	QUETIAPINE FUMARATE 50 MG TAB	4	90.00	0.11	0.03114	200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	1	30.00	0.12	0.05292	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	1	90.00	0.10	0.05292	76%-100% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	3	30.00	0.12	0.05126	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	3	60.00	0.12	0.05126	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	3	90.00	0.10	0.05126	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180044701	QUETIAPINE FUMARATE 100 MG TAB	4	30.00	0.12	0.05168	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	4	30.00	0.14	0.05168	101%-200% Above	No	No
68180044701	QUETIAPINE FUMARATE 100 MG TAB	12	90.00	0.12	0.05355	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	1	30.00	0.12	0.05292	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	2	30.00	0.12	0.05134	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	3	30.00	0.12	0.05126	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	3	90.00	0.12	0.05126	101%-200% Above	No	No
68180044703	QUETIAPINE FUMARATE 100 MG TAB	12	30.00	0.12	0.05355	101%-200% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	2	30.00	0.14	0.08728	51%-75% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	3	90.00	0.12	0.08807	26%-50% Above	No	No
68180044801	QUETIAPINE FUMARATE 200 MG TAB	12	30.00	1.72	0.08448	200% Above	No	No
68180045001	QUETIAPINE FUMARATE 400 MG TAB	1	90.00	0.28	0.17815	51%-75% Above	No	No
68180045001	QUETIAPINE FUMARATE 400 MG TAB	2	90.00	0.01	0.18010	76%-100% Below	No	No
68180045001	QUETIAPINE FUMARATE 400 MG TAB	3	90.00	0.28	0.18345	51%-75% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01107	101%-200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01107	101%-200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.25	0.01107	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	31.00	0.25	0.01107	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	60.00	0.25	0.01107	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01107	26%-50% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.25	0.01107	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.11	0.01085	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	2	60.00	0.11	0.01085	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180045502	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.11	0.01085	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.11	0.01069	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	51%-75% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01036	76%-100% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01036	101%-200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.11	0.01036	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.23	0.01111	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	12	60.00	0.11	0.01111	200% Above	No	No
68180045502	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.23	0.01111	200% Above	No	No
68180045901	AMLODIPINE-BENAZEPRIL 5-20 MG	2	90.00	0.14	0.10600	26%-50% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	1	30.00	0.21	0.05445	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	1	30.00	0.47	0.05445	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	1	90.00	0.21	0.05445	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	1	90.00	0.47	0.05445	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	30.00	0.21	0.05466	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	45.00	0.01	0.05466	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	2	90.00	0.21	0.05466	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	30.00	0.21	0.05467	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	90.00	0.01	0.05467	76%-100% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	90.00	0.03	0.05467	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	3	90.00	0.21	0.05467	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	4	30.00	0.21	0.05463	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	4	90.00	0.21	0.05463	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1114

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.21	0.05378	200% Above	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	90.00	0.03	0.05378	26%-50% Below	No	No
68180046403	SIMVASTATIN 40 MG TABLET	12	90.00	0.21	0.05378	200% Above	No	No
68180046503	SIMVASTATIN 80 MG TABLET	3	90.00	0.13	0.09993	10%-25% Above	No	No
68180046509	SIMVASTATIN 80 MG TABLET	2	30.00	0.13	0.09795	26%-50% Above	No	No
68180046509	SIMVASTATIN 80 MG TABLET	2	90.00	0.13	0.09795	26%-50% Above	Yes	No
68180046703	LOVASTATIN 10 MG TABLET	2	90.00	0.01	0.03931	51%-75% Below	No	No
68180046707	LOVASTATIN 10 MG TABLET	1	30.00	0.33	0.04156	200% Above	No	No
68180046707	LOVASTATIN 10 MG TABLET	2	30.00	0.14	0.03931	200% Above	No	No
68180046707	LOVASTATIN 10 MG TABLET	2	90.00	0.14	0.03931	200% Above	Yes	No
68180046707	LOVASTATIN 10 MG TABLET	3	30.00	0.14	0.03761	200% Above	No	No
68180046707	LOVASTATIN 10 MG TABLET	12	30.00	0.15	0.04278	200% Above	No	No
68180046801	LOVASTATIN 20 MG TABLET	1	30.00	0.15	0.04434	200% Above	No	No
68180046801	LOVASTATIN 20 MG TABLET	2	30.00	0.15	0.04305	200% Above	No	No
68180046801	LOVASTATIN 20 MG TABLET	12	30.00	0.15	0.04449	200% Above	No	No
68180046807	LOVASTATIN 20 MG TABLET	1	90.00	0.33	0.04434	200% Above	Yes	No
68180046807	LOVASTATIN 20 MG TABLET	3	90.00	0.15	0.04213	200% Above	Yes	No
68180046807	LOVASTATIN 20 MG TABLET	4	90.00	0.15	0.04282	200% Above	Yes	No
68180046903	LOVASTATIN 40 MG TABLET	1	180.00	0.31	0.05456	200% Above	No	No
68180046903	LOVASTATIN 40 MG TABLET	3	90.00	0.14	0.05583	101%-200% Above	No	No
68180046903	LOVASTATIN 40 MG TABLET	3	180.00	0.14	0.05583	101%-200% Above	No	No
68180046903	LOVASTATIN 40 MG TABLET	12	90.00	0.31	0.05412	200% Above	No	No
68180046907	LOVASTATIN 40 MG TABLET	3	90.00	0.03	0.05583	51%-75% Below	Yes	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	1	30.00	0.40	0.11546	200% Above	No	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	2	15.00	0.41	0.11455	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1115

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	3	30.00	0.13	0.11625	10%-25% Above	Yes	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	3	90.00	0.32	0.11625	101%-200% Above	Yes	No
68180047201	AMLODIPINE-BENAZEPRIL 10-20 MG	4	90.00	0.17	0.11604	26%-50% Above	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	1	90.00	0.30	0.15328	76%-100% Above	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	1	90.00	0.30	0.15328	76%-100% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	2	90.00	0.22	0.15722	26%-50% Above	No	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	2	90.00	0.30	0.15722	76%-100% Above	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	3	90.00	0.14	0.15776	10%-25% Below	Yes	No
68180047301	AMLODIPINE-BENAZEPRIL 10-40 MG	12	30.00	0.14	0.15359	10%-25% Below	Yes	No
68180047802	SIMVASTATIN 10 MG TABLET	1	90.00	0.13	0.02861	200% Above	No	No
68180047802	SIMVASTATIN 10 MG TABLET	2	90.00	0.01	0.02786	51%-75% Below	Yes	No
68180047803	SIMVASTATIN 10 MG TABLET	1	30.00	0.01	0.02861	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	1	30.00	0.13	0.02861	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	1	30.00	0.28	0.02861	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	2	30.00	0.01	0.02786	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	2	30.00	0.13	0.02786	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	2	90.00	0.01	0.02786	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	3	30.00	0.01	0.02806	51%-75% Below	No	No
68180047803	SIMVASTATIN 10 MG TABLET	3	30.00	0.13	0.02806	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	3	90.00	0.13	0.02806	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	4	30.00	0.13	0.02802	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	12	30.00	0.13	0.02806	200% Above	No	No
68180047803	SIMVASTATIN 10 MG TABLET	12	90.00	0.13	0.02806	200% Above	No	No
68180047901	SIMVASTATIN 20 MG TABLET	1	30.00	0.01	0.03148	51%-75% Below	Yes	No
68180047902	SIMVASTATIN 20 MG TABLET	1	30.00	0.49	0.03148	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1116

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180047902	SIMVASTATIN 20 MG TABLET	2	30.00	0.22	0.03103	200% Above	No	No
68180047902	SIMVASTATIN 20 MG TABLET	2	90.00	0.22	0.03103	200% Above	No	No
68180047902	SIMVASTATIN 20 MG TABLET	3	30.00	0.22	0.03024	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	1	30.00	0.22	0.03148	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	1	30.00	0.49	0.03148	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	1	90.00	0.01	0.03148	51%-75% Below	No	No
68180047903	SIMVASTATIN 20 MG TABLET	1	90.00	0.22	0.03148	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	2	30.00	0.22	0.03103	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	2	90.00	0.22	0.03103	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	30.00	0.22	0.03024	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	3	90.00	0.22	0.03024	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	4	30.00	0.22	0.03002	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	30.00	0.22	0.03168	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	30.00	0.49	0.03168	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	90.00	0.22	0.03168	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	90.00	0.45	0.03168	200% Above	No	No
68180047903	SIMVASTATIN 20 MG TABLET	12	90.00	0.49	0.03168	200% Above	No	No
68180051201	LISINOPRIL 2.5 MG TABLET	1	90.00	0.01	0.01447	51%-75% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	1	90.00	0.01	0.01447	10%-25% Below	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	3	90.00	0.05	0.01446	200% Above	Yes	No
68180051201	LISINOPRIL 2.5 MG TABLET	12	30.00	0.05	0.01458	200% Above	Yes	No
68180051202	LISINOPRIL 2.5 MG TABLET	2	90.00	0.01	0.01449	26%-50% Below	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	3	90.00	0.05	0.01446	200% Above	No	No
68180051202	LISINOPRIL 2.5 MG TABLET	4	30.00	0.05	0.01437	200% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	1	90.00	0.09	0.01491	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1117

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051301	LISINOPRIL 5 MG TABLET	2	90.00	0.09	0.01495	200% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	3	90.00	0.09	0.01476	200% Above	No	No
68180051301	LISINOPRIL 5 MG TABLET	3	90.00	0.09	0.01476	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	1	30.00	0.01	0.01491	26%-50% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	1	30.00	0.01	0.01491	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	1	30.00	0.09	0.01491	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	1	30.00	0.20	0.01491	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01491	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01491	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	1	90.00	0.09	0.01491	200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	1	90.00	0.20	0.01491	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	2	30.00	0.03	0.01495	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	2	30.00	0.04	0.01495	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	2	30.00	0.09	0.01495	200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	2	90.00	0.01	0.01495	10%-25% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.03	0.01476	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.03	0.01476	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	30.00	0.04	0.01476	101%-200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.00	0.01476	51%-75% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01476	10%-25% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01476	26%-50% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.09	0.01476	200% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	3	90.00	0.09	0.01476	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	4	30.00	0.03	0.01475	76%-100% Above	No	No
68180051303	LISINOPRIL 5 MG TABLET	4	30.00	0.09	0.01475	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1118

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.01	0.01505	51%-75% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	12	30.00	0.01	0.01505	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	12	30.00	0.02	0.01505	51%-75% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.00	0.01505	51%-75% Below	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.01	0.01505	10%-25% Below	No	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.02	0.01505	10%-25% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.09	0.01505	200% Above	Yes	No
68180051303	LISINOPRIL 5 MG TABLET	12	90.00	0.20	0.01505	200% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	30.00	0.05	0.03027	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.02	0.03027	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.05	0.03027	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.11	0.03027	200% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	30.00	0.05	0.02941	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	0.02	0.02941	26%-50% Below	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	30.00	0.05	0.02902	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.05	0.02902	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.05	0.02844	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	30.00	0.05	0.03068	51%-75% Above	Yes	No
68180051801	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	90.00	0.05	0.03068	51%-75% Above	Yes	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	30.00	0.05	0.03027	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.05	0.03027	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.11	0.03027	200% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	30.00	0.05	0.02941	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	90.00	0.01	0.02941	51%-75% Below	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	30.00	0.05	0.02902	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1119

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.05	0.02844	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	90.00	0.05	0.02844	51%-75% Above	No	No
68180051802	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	30.00	0.05	0.03068	51%-75% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.15	0.04008	200% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.15	0.04008	200% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.07	0.03856	51%-75% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.07	0.03856	51%-75% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.07	0.03760	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.03	0.03760	10%-25% Below	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.07	0.03760	76%-100% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.07	0.03760	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	30.00	0.07	0.03677	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.02	0.03677	26%-50% Below	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.07	0.03677	76%-100% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.07	0.04135	51%-75% Above	No	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.07	0.04135	51%-75% Above	Yes	No
68180051901	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.15	0.04135	200% Above	Yes	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.07	0.04008	51%-75% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.15	0.04008	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.07	0.04008	51%-75% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.15	0.04008	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	180.00	0.15	0.04008	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.15	0.03856	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	90.00	0.07	0.03856	51%-75% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.07	0.03760	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.15	0.03760	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	60.00	0.07	0.03760	51%-75% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.03	0.03760	10%-25% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.07	0.03760	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	120.00	0.07	0.03760	51%-75% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	180.00	0.07	0.03760	76%-100% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	60.00	0.01	0.03677	51%-75% Below	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.15	0.04135	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	30.00	0.16	0.04135	200% Above	No	No
68180051902	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	12	90.00	0.07	0.04135	51%-75% Above	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.15	0.04148	200% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.01	0.04148	51%-75% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.04148	51%-75% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.04148	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.03	0.04148	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.03	0.04148	10%-25% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.07	0.04148	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	180.00	0.02	0.04148	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.07	0.04024	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.02	0.04024	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.03	0.04024	26%-50% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.07	0.04024	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	135.00	0.07	0.04024	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.07	0.04004	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.02	0.04004	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.04	0.04004	10%-25% Below	No	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.07	0.04004	51%-75% Above	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.02	0.04012	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	4	90.00	0.02	0.04012	26%-50% Below	Yes	No
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.07	0.04281	51%-75% Above	Yes	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.07	0.04148	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.15	0.04148	200% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	30.00	0.07	0.04024	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.03	0.04024	26%-50% Below	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.07	0.04024	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	180.00	0.07	0.04024	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	270.00	0.07	0.04024	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	30.00	0.07	0.04004	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	3	90.00	0.07	0.04004	51%-75% Above	No	No
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	0.07	0.04281	51%-75% Above	No	No
68180056801	TRANDOLAPRIL 4 MG TABLET	1	180.00	0.65	0.18221	200% Above	No	No
68180059001	RAMIPRIL 5 MG CAPSULE	3	90.00	0.06	0.05270	10%-25% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	1	90.00	0.25	0.07120	200% Above	Yes	No
68180059101	RAMIPRIL 10 MG CAPSULE	1	180.00	0.11	0.07120	51%-75% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.21	0.42481	26%-50% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	0.50	0.42481	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	1	30.00	1.76	0.42481	200% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	15.00	0.76	0.42556	76%-100% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.21	0.42556	26%-50% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.50	0.42556	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.76	0.42556	76%-100% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	30.00	0.76	0.42556	76%-100% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	90.00	0.76	0.42556	76%-100% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	2	270.00	0.21	0.42556	26%-50% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.21	0.43987	51%-75% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.50	0.43987	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.76	0.43987	51%-75% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	30.00	0.76	0.43987	51%-75% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	90.00	0.50	0.43987	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	3	90.00	0.76	0.43987	51%-75% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	4	30.00	0.76	0.44861	51%-75% Above	No	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	4	90.00	0.50	0.44861	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	0.21	0.42875	26%-50% Below	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	0.50	0.42875	10%-25% Above	Yes	No
68180059206	DESVENLAFAXINE SUCCNT ER 50 MG	12	90.00	0.79	0.42875	76%-100% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	0.82	0.44513	76%-100% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	1	90.00	0.50	0.44513	10%-25% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	2	30.00	0.82	0.43204	76%-100% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	2	30.00	0.82	0.43204	76%-100% Above	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.22	0.43204	26%-50% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.24	0.43204	26%-50% Below	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	3	30.00	0.82	0.43287	76%-100% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	4	30.00	0.82	0.42872	76%-100% Above	No	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	12	30.00	0.22	0.44549	26%-50% Below	Yes	No
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	12	30.00	0.86	0.44549	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180059306	DESVENLAFAXINE SUCCNT ER 100 MG	12	90.00	1.91	0.44549	200% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	1	30.00	0.66	0.45630	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	1	30.00	1.54	0.45630	200% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	2	30.00	0.66	0.45919	26%-50% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	2	30.00	0.66	0.45919	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	2	90.00	0.66	0.45919	26%-50% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	3	30.00	0.66	0.44405	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	3	90.00	0.66	0.44405	26%-50% Above	Yes	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	4	90.00	0.66	0.44024	26%-50% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	12	30.00	0.69	0.44951	51%-75% Above	No	No
68180060406	DESVENLAFAXINE SUCCNT ER 25 MG	12	30.00	0.69	0.44951	51%-75% Above	Yes	No
68180065001	DOXYCYCLINE MONO 50 MG CAP	1	60.00	0.13	0.15757	10%-25% Below	Yes	No
68180065001	DOXYCYCLINE MONO 50 MG CAP	2	60.00	0.13	0.16273	10%-25% Below	Yes	No
68180065001	DOXYCYCLINE MONO 50 MG CAP	3	60.00	0.13	0.15747	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	1	20.00	0.29	0.23295	10%-25% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	1	60.00	0.19	0.23295	10%-25% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	14.00	0.02	0.23018	76%-100% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	14.00	0.19	0.23018	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	14.00	0.29	0.23018	26%-50% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	14.00	0.32	0.23018	26%-50% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	20.00	0.19	0.23018	10%-25% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	2	20.00	0.19	0.23018	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	3	14.00	0.32	0.23184	26%-50% Above	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	3	20.00	0.19	0.23184	10%-25% Below	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	3	20.00	0.29	0.23184	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180065208	DOXYCYCLINE MONO 100 MG CAP	3	28.00	0.19	0.23184	10%-25% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	14.00	0.19	0.23036	10%-25% Below	No	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	20.00	0.29	0.23036	10%-25% Above	Yes	No
68180065208	DOXYCYCLINE MONO 100 MG CAP	4	28.00	0.19	0.23036	10%-25% Below	No	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	1	120.00	0.15	0.22744	26%-50% Below	No	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	2	60.00	0.15	0.23409	26%-50% Below	No	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	2	120.00	0.15	0.23409	26%-50% Below	No	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	3	120.00	0.15	0.23287	26%-50% Below	No	No
68180065701	DOXYCYCLINE 25 MG/5 ML SUSP	4	120.00	0.15	0.23356	26%-50% Below	No	No
68180067511	OSELTAMIVIR PHOS 30 MG CAPSULE	1	10.00	1.50	0.83226	76%-100% Above	No	No
68180067511	OSELTAMIVIR PHOS 30 MG CAPSULE	12	10.00	1.61	0.82937	76%-100% Above	No	No
68180067611	OSELTAMIVIR PHOS 45 MG CAPSULE	1	10.00	1.49	1.09827	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.17	0.90366	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.21	0.90366	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.27	0.90366	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.50	0.90366	51%-75% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.13	0.90366	200% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	7.00	1.78	0.88849	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	0.99	0.88849	10%-25% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.18	0.88849	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.27	0.88849	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	Yes	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	2	14.00	1.78	0.88849	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.00	0.90290	10%-25% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.13	0.90290	10%-25% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.78	0.90290	76%-100% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.82	0.90290	101%-200% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.18	0.91339	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.22	0.91339	26%-50% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.49	0.91339	51%-75% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.86	0.91339	101%-200% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	4.13	0.91339	200% Above	No	No
68180067711	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	4.13	0.91339	200% Above	Yes	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.40	0.16549	101%-200% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	1	120.00	0.40	0.16549	101%-200% Above	Yes	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	1	180.00	0.09	0.16549	26%-50% Below	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.17	0.15187	10%-25% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.25	0.15187	51%-75% Above	Yes	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	2	60.00	0.25	0.15187	51%-75% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.17	0.15187	10%-25% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.06	0.15187	51%-75% Below	Yes	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	2	180.00	0.17	0.15187	10%-25% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	3	60.00	0.25	0.14975	51%-75% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.17	0.14975	10%-25% Above	Yes	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	3	180.00	0.08	0.14975	26%-50% Below	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.00	0.40	0.17004	101%-200% Above	No	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.06	0.17004	51%-75% Below	Yes	No
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.08	0.17004	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180067801	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.12	0.17004	26%-50% Below	Yes	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	2	30.00	0.59	1.00093	26%-50% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	3	30.00	0.33	0.94725	51%-75% Below	No	No
68180069706	TRAMADOL HCL ER 100 MG TABLET	3	30.00	0.58	0.94725	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	1	30.00	0.98	1.63005	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	2	30.00	0.90	1.52122	26%-50% Below	No	No
68180069806	TRAMADOL HCL ER 200 MG TABLET	3	30.00	0.90	1.36838	26%-50% Below	No	No
68180070906	RIVAROXABAN 2.5 MG TABLET	1	180.00	0.51	1.12892	51%-75% Below	Yes	No
68180070906	RIVAROXABAN 2.5 MG TABLET	4	180.00	0.41	0.95591	51%-75% Below	Yes	No
68180071160	CEFDINIR 300 MG CAPSULE	1	14.00	0.89	0.47087	76%-100% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	20.00	0.25	0.47087	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	1	20.00	0.56	0.47087	10%-25% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	14.00	0.25	0.46767	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	14.00	0.71	0.46767	51%-75% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	14.00	0.96	0.46767	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.46767	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	20.00	0.25	0.46767	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	0.46767	51%-75% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	2	28.00	0.87	0.46767	76%-100% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	14.00	0.25	0.46980	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	14.00	0.89	0.46980	76%-100% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	14.00	0.96	0.46980	101%-200% Above	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	20.00	0.25	0.46980	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	3	20.00	0.25	0.46980	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180071160	CEFDINIR 300 MG CAPSULE	3	20.00	0.35	0.46980	10%-25% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	4	42.00	0.25	0.46278	26%-50% Below	No	No
68180071160	CEFDINIR 300 MG CAPSULE	12	20.00	0.25	0.47521	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01632	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.24	0.01632	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.11	0.01632	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.24	0.01632	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01581	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.04	0.01581	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.11	0.01581	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01581	51%-75% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01575	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01575	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.11	0.01575	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	10%-25% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.01	0.01531	26%-50% Below	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.04	0.01531	101%-200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	26%-50% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1128

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.01671	76%-100% Above	Yes	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.11	0.01671	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.24	0.01671	200% Above	No	No
68180072103	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.24	0.01671	200% Above	Yes	No
68180072109	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01632	51%-75% Above	No	No
68180072205	CEFDINIR 125 MG/5 ML SUSP	12	100.00	0.12	0.10712	10%-25% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.17	0.12698	26%-50% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.24	0.12698	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.29	0.12698	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	1	60.00	0.33	0.12698	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	2	60.00	0.17	0.12499	26%-50% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	2	120.00	0.24	0.12499	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.08	0.12507	26%-50% Below	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.24	0.12507	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.25	0.12507	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.33	0.12507	101%-200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	3	60.00	0.83	0.12507	200% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	4	60.00	0.24	0.12493	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.15	0.12957	10%-25% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.25	0.12957	76%-100% Above	No	No
68180072304	CEFDINIR 250 MG/5 ML SUSP	12	60.00	0.29	0.12957	101%-200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.15	0.12787	10%-25% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.50	0.12787	200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	1	100.00	0.56	0.12787	200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.08	0.12156	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1129

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180072305	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.15	0.12156	10%-25% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.15	0.12156	10%-25% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.20	0.12156	51%-75% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	2	100.00	0.24	0.12156	76%-100% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	3	100.00	0.10	0.11868	10%-25% Below	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	3	100.00	0.24	0.11868	101%-200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	4	100.00	0.24	0.11593	101%-200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	12	100.00	0.50	0.13104	200% Above	No	No
68180072305	CEFDINIR 250 MG/5 ML SUSP	12	160.00	0.09	0.13104	26%-50% Below	No	No
68180073973	ENSKYCE 28 TABLET	1	84.00	0.01	0.14016	76%-100% Below	No	No
68180073973	ENSKYCE 28 TABLET	4	84.00	0.07	0.13240	26%-50% Below	No	No
68180075501	AMLODIPINE-BENAZEPRIL 2.5-10	1	30.00	0.05	0.09528	26%-50% Below	No	No
68180075501	AMLODIPINE-BENAZEPRIL 2.5-10	2	30.00	0.05	0.09367	26%-50% Below	No	No
68180075501	AMLODIPINE-BENAZEPRIL 2.5-10	3	90.00	0.05	0.09360	26%-50% Below	No	No
68180075501	AMLODIPINE-BENAZEPRIL 2.5-10	12	30.00	0.05	0.09626	26%-50% Below	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	1	90.00	0.28	0.09687	101%-200% Above	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	2	90.00	0.05	0.09801	51%-75% Below	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	3	90.00	0.06	0.09988	26%-50% Below	No	No
68180075601	AMLODIPINE-BENAZEPRIL 5-10 MG	4	90.00	0.12	0.10071	10%-25% Above	No	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	1	30.00	0.21	0.11713	76%-100% Above	No	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	1	30.00	0.47	0.11713	200% Above	No	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	3	30.00	0.21	0.11686	76%-100% Above	No	No
68180077904	ZOLPIDEM TART ER 6.25 MG TAB	12	90.00	0.21	0.11520	76%-100% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.16	0.11158	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.16	0.11158	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1130

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.17	0.11158	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.37	0.11158	200% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	0.50	0.11158	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	1	30.00	1.65	0.11158	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.16	0.11099	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.16	0.11099	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.17	0.11099	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.17	0.11099	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.17	0.11099	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	0.50	0.11099	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	30.00	1.65	0.11099	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	2	90.00	0.50	0.11099	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	3	30.00	0.16	0.11078	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	3	30.00	0.17	0.11078	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	3	30.00	0.17	0.11078	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	3	30.00	0.17	0.11078	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	3	30.00	1.65	0.11078	200% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	3	90.00	0.17	0.11078	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	4	30.00	0.16	0.11086	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	4	30.00	0.17	0.11086	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	4	30.00	0.17	0.11086	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	4	30.00	0.17	0.11086	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	12	30.00	0.16	0.11174	26%-50% Above	Yes	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	12	30.00	0.17	0.11174	26%-50% Above	No	No
68180078004	ZOLPIDEM TART ER 12.5 MG TAB	12	30.00	0.33	0.11174	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1131

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180083773	TRI-LO-MARZIA TABLET	1	84.00	0.01	0.11270	76%-100% Below	No	No
68180083773	TRI-LO-MARZIA TABLET	1	84.00	0.06	0.11270	26%-50% Below	Yes	No
68180083773	TRI-LO-MARZIA TABLET	2	84.00	0.19	0.11258	51%-75% Above	Yes	No
68180083773	TRI-LO-MARZIA TABLET	12	84.00	0.06	0.11475	26%-50% Below	Yes	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	1	28.00	0.30	0.12299	101%-200% Above	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	3	28.00	0.07	0.12394	26%-50% Below	No	No
68180084073	NORG-ETHIN ESTRA 0.25-0.035 MG	12	84.00	0.06	0.12304	26%-50% Below	No	No
68180084313	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	4	91.00	0.08	0.15734	51%-75% Below	Yes	No
68180084473	KURVELO-28 TABLET	1	28.00	0.06	0.11371	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	2	28.00	0.06	0.11168	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	3	28.00	0.06	0.11231	26%-50% Below	No	No
68180084473	KURVELO-28 TABLET	3	84.00	0.06	0.11231	26%-50% Below	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	1	91.00	0.30	0.12708	101%-200% Above	No	No
68180084613	DAYSEE 0.15-0.03-0.01 MG TAB	3	91.00	0.13	0.11654	10%-25% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	1	10.00	0.35	0.30083	10%-25% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	2	4.00	0.65	0.29185	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	2	5.00	0.64	0.29185	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.29185	51%-75% Above	Yes	No
68180086106	AZITHROMYCIN 250 MG TABLET	2	10.00	0.65	0.29185	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	3	5.00	0.64	0.28827	101%-200% Above	No	No
68180086106	AZITHROMYCIN 250 MG TABLET	3	6.00	0.16	0.28827	26%-50% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.41	0.30083	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.42	0.30083	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.44	0.30083	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.45	0.30083	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1132

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	6.00	0.47	0.30083	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.55	0.30083	76%-100% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.30083	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	0.65	0.30083	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	1.50	0.30083	200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	1	6.00	1.50	0.30083	200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.40	0.29185	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.42	0.29185	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.44	0.29185	26%-50% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.45	0.29185	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.29185	51%-75% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.47	0.29185	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.48	0.29185	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.55	0.29185	76%-100% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.59	0.29185	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.10	0.28827	51%-75% Below	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.17	0.28827	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.40	0.28827	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.42	0.28827	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.44	0.28827	51%-75% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.47	0.28827	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.50	0.28827	51%-75% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.55	0.28827	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1133

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	6.00	0.65	0.28827	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	3	6.00	0.65	0.28827	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.40	0.28349	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.42	0.28349	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.44	0.28349	51%-75% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.45	0.28349	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.47	0.28349	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.48	0.28349	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	4	6.00	0.65	0.28349	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.17	0.31612	26%-50% Below	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.42	0.31612	26%-50% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.48	0.31612	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.51	0.31612	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.51	0.31612	51%-75% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.67	0.31612	101%-200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	0.67	0.31612	101%-200% Above	Yes	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	1.50	0.31612	200% Above	No	No
68180086111	AZITHROMYCIN 250 MG TABLET	12	6.00	1.50	0.31612	200% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	1	2.00	0.90	0.61802	26%-50% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	1	2.00	1.15	0.61802	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	1	2.00	2.03	0.61802	200% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	1	3.00	2.67	0.61802	200% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	1	5.00	0.91	0.61802	26%-50% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	1	5.00	1.15	0.61802	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180086206	AZITHROMYCIN 500 MG TABLET	1	5.00	2.67	0.61802	200% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	1	10.00	0.75	0.61802	10%-25% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	1.00	1.15	0.60817	76%-100% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	3.00	0.83	0.60817	26%-50% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	3.00	1.15	0.60817	76%-100% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	3.00	1.15	0.60817	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	5.00	1.15	0.60817	76%-100% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	2	5.00	1.15	0.60817	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	3	5.00	1.15	0.60919	76%-100% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	3	5.00	1.15	0.60919	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	3	7.00	1.15	0.60919	76%-100% Above	No	No
68180086206	AZITHROMYCIN 500 MG TABLET	4	5.00	1.15	0.59082	76%-100% Above	Yes	No
68180086206	AZITHROMYCIN 500 MG TABLET	12	5.00	0.91	0.60967	26%-50% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	1	2.00	0.90	0.61802	26%-50% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	1	3.00	1.15	0.61802	76%-100% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	1	5.00	2.67	0.61802	200% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	2	2.00	1.15	0.60817	76%-100% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	2	3.00	0.93	0.60817	51%-75% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	2	3.00	1.15	0.60817	76%-100% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	4	7.00	1.15	0.59082	76%-100% Above	Yes	No
68180086211	AZITHROMYCIN 500 MG TABLET	12	3.00	1.20	0.60967	76%-100% Above	Yes	No
68180086473	BLISOVI 24 FE TABLET	1	84.00	0.02	0.21477	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	1	84.00	0.11	0.21477	26%-50% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	1	84.00	0.14	0.21477	26%-50% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	2	28.00	0.01	0.20703	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1135

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180086473	BLISOVI 24 FE TABLET	2	28.00	0.11	0.20703	26%-50% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	3	28.00	0.11	0.20356	26%-50% Below	Yes	No
68180086473	BLISOVI 24 FE TABLET	3	28.00	0.14	0.20356	26%-50% Below	No	No
68180086473	BLISOVI 24 FE TABLET	3	84.00	0.01	0.20356	76%-100% Below	No	No
68180086473	BLISOVI 24 FE TABLET	3	84.00	0.14	0.20356	26%-50% Below	No	No
68180086473	BLISOVI 24 FE TABLET	4	28.00	0.14	0.21521	26%-50% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	1	112.00	0.06	0.13571	51%-75% Below	Yes	No
68180086573	BLISOVI FE 1-20 TABLET	3	84.00	0.02	0.12767	76%-100% Below	No	No
68180086573	BLISOVI FE 1-20 TABLET	3	84.00	0.06	0.12767	51%-75% Below	Yes	No
68180086673	BLISOVI FE 1.5-30 TABLET	2	28.00	0.08	0.13030	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.04	0.16832	51%-75% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.09	0.16832	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.27	0.16832	51%-75% Above	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	1	84.00	0.12	0.16832	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	1	84.00	0.27	0.16832	51%-75% Above	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	2	28.00	0.09	0.16398	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	2	28.00	0.12	0.16398	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.09	0.15747	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.12	0.15747	10%-25% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	3	84.00	0.12	0.15747	10%-25% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	4	28.00	0.09	0.16062	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	4	28.00	0.12	0.16062	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	12	28.00	0.12	0.17314	26%-50% Below	No	No
68180086873	DROSPIRENONE-EE 3-0.03 MG TAB	12	28.00	0.13	0.17314	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.06	0.08940	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1136

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180087673	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.14	0.08940	51%-75% Above	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	1	84.00	0.01	0.08940	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.01	0.09326	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.06	0.09326	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	2	84.00	0.06	0.09326	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.01	0.09445	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.05	0.09445	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.06	0.09445	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	3	84.00	0.01	0.09445	76%-100% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	4	28.00	0.06	0.09225	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	6	28.00	0.07	0.09062	10%-25% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	11	28.00	0.06	0.08717	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	12	28.00	0.06	0.08490	26%-50% Below	No	No
68180087673	NORETHINDRONE 0.35 MG TABLET	12	28.00	0.14	0.08490	51%-75% Above	No	No
68180087773	JENCYCLA 0.35 MG TABLET	1	28.00	0.05	0.08940	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	1	28.00	0.06	0.08940	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	1	28.00	0.14	0.08940	51%-75% Above	No	No
68180087773	JENCYCLA 0.35 MG TABLET	1	84.00	0.06	0.08940	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	2	28.00	0.05	0.09326	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	2	28.00	0.06	0.09326	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	2	84.00	0.01	0.09326	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	28.00	0.01	0.09445	76%-100% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	28.00	0.05	0.09445	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	3	84.00	0.06	0.09445	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	4	28.00	0.05	0.09225	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1137

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	28.00	0.06	0.08490	26%-50% Below	No	No
68180087773	JENCYCLA 0.35 MG TABLET	12	84.00	0.06	0.08490	26%-50% Below	No	No
68180088671	NIKKI 3 MG-0.02 MG TABLET	1	28.00	0.29	0.16709	51%-75% Above	No	No
68180088671	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.13	0.16614	10%-25% Below	No	No
68180088671	NIKKI 3 MG-0.02 MG TABLET	3	28.00	0.13	0.16384	10%-25% Below	No	No
68180088671	NIKKI 3 MG-0.02 MG TABLET	4	28.00	0.13	0.16558	10%-25% Below	No	No
68180088671	NIKKI 3 MG-0.02 MG TABLET	12	28.00	0.09	0.16111	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	28.00	0.09	0.16709	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	28.00	0.13	0.16709	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	28.00	0.29	0.16709	51%-75% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	28.00	0.29	0.16709	51%-75% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	84.00	0.13	0.16709	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	84.00	0.13	0.16709	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	1	84.00	0.29	0.16709	51%-75% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.08	0.16614	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.09	0.16614	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.13	0.16614	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	28.00	0.13	0.16614	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	84.00	0.01	0.16614	76%-100% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	84.00	0.08	0.16614	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	84.00	0.13	0.16614	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	84.00	0.13	0.16614	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	2	112.00	0.13	0.16614	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	28.00	0.09	0.16384	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	28.00	0.13	0.16384	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1138

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.13	0.16384	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	84.00	0.08	0.16384	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	84.00	0.13	0.16384	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	84.00	0.13	0.16384	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	84.00	0.24	0.16384	26%-50% Above	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	3	112.00	0.13	0.16384	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	4	84.00	0.13	0.16558	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	28.00	0.08	0.16111	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	28.00	0.12	0.16111	26%-50% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	28.00	0.13	0.16111	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	28.00	0.29	0.16111	76%-100% Above	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	84.00	0.08	0.16111	26%-50% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	84.00	0.13	0.16111	10%-25% Below	No	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	84.00	0.13	0.16111	10%-25% Below	Yes	No
68180088673	NIKKI 3 MG-0.02 MG TABLET	12	84.00	0.29	0.16111	76%-100% Above	No	No
68180089513	TURQOZ-28 TABLET	1	28.00	0.21	0.35376	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	1	28.00	0.24	0.35376	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	1	84.00	0.04	0.35376	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	2	28.00	0.04	0.32309	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	2	28.00	0.21	0.32309	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	2	84.00	0.21	0.32309	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	3	28.00	0.03	0.29884	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	3	28.00	0.21	0.29884	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	4	28.00	0.03	0.30544	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	4	28.00	0.21	0.30544	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1139

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	84.00	0.03	0.30544	76%-100% Below	No	No
68180089513	TURQOZ-28 TABLET	12	28.00	0.20	0.38126	26%-50% Below	No	No
68180089513	TURQOZ-28 TABLET	12	84.00	0.24	0.38126	26%-50% Below	No	No
68180091173	MIBELAS 24 FE CHEWABLE TABLET	2	84.00	0.26	0.37707	26%-50% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	1	150.00	0.25	0.41331	26%-50% Below	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	1	225.00	1.32	0.41331	200% Above	Yes	No
68180094111	TESTOSTERONE 1.62% GEL PUMP	12	75.00	0.21	0.39747	26%-50% Below	Yes	No
68180094702	BETAMETHASONE DP AUG 0.05% OIN	2	50.00	0.32	0.48092	26%-50% Below	No	No
68180094902	DESOXIMETASONE 0.05% CREAM	3	60.00	0.84	1.33169	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.09	1.84934	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.10	1.84934	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.18	1.84934	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.58	1.84934	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	1.62	1.84934	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	8.50	2.55	1.84934	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	1	25.50	2.55	1.84934	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.09	1.77266	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.10	1.77266	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.30	1.77266	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	1.58	1.77266	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	8.50	2.26	1.77266	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	17.00	1.10	1.77266	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	17.00	1.56	1.77266	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	2	25.50	1.58	1.77266	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.10	1.74120	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.16	1.74120	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	1.18	1.74120	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	8.50	2.26	1.74120	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	3	17.00	1.56	1.74120	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	1.10	1.70516	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	4	8.50	2.26	1.70516	26%-50% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.09	1.90691	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.15	1.90691	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.18	1.90691	26%-50% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.58	1.90691	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	1.63	1.90691	10%-25% Below	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	2.26	1.90691	10%-25% Above	No	No
68180096301	ALBUTEROL HFA 90 MCG INHALER	12	8.50	2.55	1.90691	26%-50% Above	No	No
68180096501	LEVOTHYROXINE 25 MCG TABLET	4	90.00	0.01	0.03796	51%-75% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.12	0.03841	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.05	0.03758	10%-25% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.12	0.03758	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.12	0.03758	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.02	0.03749	26%-50% Below	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.05	0.03749	10%-25% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.12	0.03749	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.12	0.03749	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.05	0.03796	26%-50% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	4	30.00	0.12	0.03796	200% Above	No	No
68180096503	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.12	0.03948	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1141

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096509	LEVOTHYROXINE 25 MCG TABLET	1	30.00	0.12	0.03841	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	1	45.00	0.12	0.03841	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	1	60.00	0.12	0.03841	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.12	0.03841	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	1	90.00	0.25	0.03841	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.12	0.03758	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	2	45.00	0.12	0.03758	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.12	0.03758	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.12	0.03749	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	3	45.00	0.12	0.03749	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.12	0.03749	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	4	90.00	0.12	0.03796	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	12	30.00	0.12	0.03948	200% Above	No	No
68180096509	LEVOTHYROXINE 25 MCG TABLET	12	45.00	0.12	0.03948	200% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.01	0.04706	51%-75% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.01	0.04610	51%-75% Below	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.15	0.04588	200% Above	No	No
68180096601	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.04588	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.04	0.04706	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.15	0.04706	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.28	0.04706	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.15	0.04706	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1142

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.28	0.04706	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.15	0.04610	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.04	0.04610	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.15	0.04610	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	3	30.00	0.15	0.04588	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.03	0.04588	10%-25% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.15	0.04588	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.03	0.04736	26%-50% Below	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.15	0.04736	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	12	30.00	0.28	0.05022	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.15	0.05022	200% Above	No	No
68180096603	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.28	0.05022	200% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	1	30.00	0.06	0.04706	10%-25% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	2	30.00	0.05	0.04610	10%-25% Above	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.04	0.04588	10%-25% Below	No	No
68180096609	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.04	0.04736	10%-25% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.01	0.04850	51%-75% Below	No	No
68180096701	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.01	0.04697	51%-75% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	1	30.00	0.31	0.04954	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.04954	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.04954	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.31	0.04954	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.31	0.04850	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.31	0.04850	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1143

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096703	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.31	0.04697	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	4	30.00	0.31	0.04924	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.03	0.04924	26%-50% Below	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	4	90.00	0.31	0.04924	200% Above	No	No
68180096703	LEVOTHYROXINE 75 MCG TABLET	12	30.00	0.31	0.05283	200% Above	No	No
68180096709	LEVOTHYROXINE 75 MCG TABLET	2	30.00	0.31	0.04850	200% Above	No	No
68180096709	LEVOTHYROXINE 75 MCG TABLET	3	30.00	0.31	0.04697	200% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.04	0.05372	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.32	0.05372	200% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.04	0.05347	10%-25% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.06	0.05347	10%-25% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.17	0.05347	200% Above	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.04	0.05416	26%-50% Below	No	No
68180096801	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.17	0.05416	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	1	30.00	0.17	0.05372	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	1	30.00	0.32	0.05372	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.17	0.05372	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.32	0.05372	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	2	30.00	0.17	0.05355	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.17	0.05355	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	3	19.00	0.17	0.05347	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	3	30.00	0.17	0.05347	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	3	90.00	0.17	0.05347	200% Above	No	No
68180096803	LEVOTHYROXINE 88 MCG TABLET	4	30.00	0.17	0.05416	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.31	0.05499	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1144

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180096903	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.31	0.05259	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05259	26%-50% Below	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.31	0.05259	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.31	0.05258	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	4	90.00	0.31	0.05322	200% Above	No	No
68180096903	LEVOTHYROXINE 100 MCG TABLET	12	30.00	0.31	0.05712	200% Above	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.02	0.05499	51%-75% Below	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.31	0.05499	200% Above	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.32	0.05499	200% Above	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.31	0.05259	200% Above	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	3	30.00	0.31	0.05258	200% Above	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.02	0.05258	51%-75% Below	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.31	0.05258	200% Above	No	No
68180096909	LEVOTHYROXINE 100 MCG TABLET	12	90.00	0.32	0.05712	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	1	30.00	0.29	0.06476	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	1	30.00	0.37	0.06476	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.29	0.06476	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	2	30.00	0.29	0.06335	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.29	0.06335	200% Above	No	No
68180097003	LEVOTHYROXINE 112 MCG TABLET	3	30.00	0.29	0.06320	200% Above	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.02	0.06476	51%-75% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	1	90.00	0.37	0.06476	200% Above	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	2	90.00	0.04	0.06335	26%-50% Below	No	No
68180097009	LEVOTHYROXINE 112 MCG TABLET	3	90.00	0.04	0.06320	26%-50% Below	No	No
68180097101	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.17	0.06065	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1145

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097103	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.05	0.06435	10%-25% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	1	30.00	0.06	0.06435	10%-25% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.38	0.06435	200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.05	0.06065	10%-25% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	2	30.00	0.17	0.06065	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.17	0.06065	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.04	0.06093	26%-50% Below	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	4	30.00	0.17	0.06176	101%-200% Above	No	No
68180097103	LEVOTHYROXINE 125 MCG TABLET	12	93.00	0.38	0.06648	200% Above	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.17	0.06065	101%-200% Above	No	No
68180097109	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.17	0.06093	101%-200% Above	No	No
68180097201	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.05	0.07013	10%-25% Below	No	No
68180097203	LEVOTHYROXINE 137 MCG TABLET	4	90.00	0.04	0.06499	26%-50% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	1	30.00	0.19	0.07463	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.19	0.07463	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.38	0.07463	200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	2	30.00	0.19	0.07013	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	2	90.00	0.19	0.07013	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.19	0.06694	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	4	30.00	0.19	0.06499	101%-200% Above	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	12	30.00	0.04	0.07547	51%-75% Below	No	No
68180097209	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.20	0.07547	101%-200% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.29	0.07024	200% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	2	30.00	0.29	0.06752	200% Above	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.29	0.06715	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1146

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097303	LEVOTHYROXINE 150 MCG TABLET	12	30.00	0.06	0.07399	10%-25% Below	No	No
68180097303	LEVOTHYROXINE 150 MCG TABLET	12	30.00	0.30	0.07399	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	1	90.00	0.39	0.07024	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	2	90.00	0.29	0.06752	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	3	30.00	0.29	0.06715	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.29	0.06736	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	12	30.00	0.39	0.07399	200% Above	No	No
68180097309	LEVOTHYROXINE 150 MCG TABLET	12	90.00	0.30	0.07399	200% Above	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	2	90.00	0.32	0.09701	200% Above	No	No
68180097401	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.32	0.08783	200% Above	No	No
68180097403	LEVOTHYROXINE 175 MCG TABLET	1	30.00	0.32	0.10563	200% Above	No	No
68180097403	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.05	0.10563	51%-75% Below	No	No
68180097403	LEVOTHYROXINE 175 MCG TABLET	3	30.00	0.32	0.08783	200% Above	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	1	90.00	0.46	0.10563	200% Above	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	2	90.00	0.32	0.09701	200% Above	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	4	90.00	0.32	0.08105	200% Above	No	No
68180097409	LEVOTHYROXINE 175 MCG TABLET	12	30.00	0.46	0.10601	200% Above	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	1	30.00	0.46	0.08263	200% Above	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	2	30.00	0.35	0.08128	200% Above	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	3	30.00	0.07	0.07969	10%-25% Below	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	3	30.00	0.35	0.07969	200% Above	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	4	30.00	0.07	0.08116	10%-25% Below	No	No
68180097503	LEVOTHYROXINE 200 MCG TABLET	4	30.00	0.35	0.08116	200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	1	90.00	0.05	0.08263	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	2	30.00	0.35	0.08128	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1147

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097509	LEVOTHYROXINE 200 MCG TABLET	2	45.00	0.35	0.08128	200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.35	0.08128	200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.06	0.07969	10%-25% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	3	90.00	0.35	0.07969	200% Above	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	4	90.00	0.04	0.08116	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	12	90.00	0.06	0.08400	26%-50% Below	No	No
68180097509	LEVOTHYROXINE 200 MCG TABLET	12	90.00	0.36	0.08400	200% Above	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	1	30.00	0.05	0.03284	26%-50% Above	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	1	90.00	0.11	0.03284	200% Above	Yes	No
68180097802	SERTRALINE HCL 25 MG TABLET	1	90.00	0.25	0.03284	200% Above	Yes	No
68180097802	SERTRALINE HCL 25 MG TABLET	2	90.00	0.05	0.03199	26%-50% Above	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	3	30.00	0.01	0.03177	51%-75% Below	No	No
68180097802	SERTRALINE HCL 25 MG TABLET	3	90.00	0.11	0.03177	200% Above	Yes	No
68180097802	SERTRALINE HCL 25 MG TABLET	4	90.00	0.11	0.02999	200% Above	Yes	No
68180097802	SERTRALINE HCL 25 MG TABLET	4	135.00	0.11	0.02999	200% Above	Yes	No
68180097803	SERTRALINE HCL 25 MG TABLET	1	30.00	0.06	0.03284	76%-100% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	1	30.00	0.06	0.03284	76%-100% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	2	30.00	0.06	0.03199	76%-100% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	2	30.00	0.06	0.03199	76%-100% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	2	30.00	0.11	0.03199	200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	2	50.00	0.07	0.03199	101%-200% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	2	90.00	0.06	0.03199	76%-100% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	3	30.00	0.06	0.03177	76%-100% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	3	30.00	0.06	0.03177	76%-100% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1148

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180097803	SERTRALINE HCL 25 MG TABLET	12	30.00	0.06	0.03291	76%-100% Above	No	No
68180097803	SERTRALINE HCL 25 MG TABLET	12	90.00	0.38	0.03291	200% Above	No	No
68180097901	LISINOPRIL 40 MG TABLET	1	90.00	0.10	0.04639	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	1	30.00	0.01	0.04639	76%-100% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	1	30.00	0.05	0.04639	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	30.00	0.10	0.04639	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	1	30.00	0.22	0.04639	200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	45.00	0.22	0.04639	200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	90.00	0.05	0.04639	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	90.00	0.10	0.04639	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	1	90.00	0.10	0.04639	101%-200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	1	90.00	0.22	0.04639	200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	2	30.00	0.01	0.04680	76%-100% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.04	0.04680	10%-25% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.05	0.04680	10%-25% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.05	0.04680	10%-25% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	2	90.00	0.10	0.04680	101%-200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	3	30.00	0.01	0.04735	76%-100% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	30.00	0.05	0.04735	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	3	30.00	0.10	0.04735	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.01	0.04735	51%-75% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	3	90.00	0.10	0.04735	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	4	90.00	0.04	0.04738	10%-25% Below	No	No
68180097903	LISINOPRIL 40 MG TABLET	4	90.00	0.10	0.04738	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	12	30.00	0.02	0.04676	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1149

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.06	0.04676	26%-50% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	30.00	0.10	0.04676	101%-200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.01	0.04676	51%-75% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.04	0.04676	10%-25% Below	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.05	0.04676	10%-25% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.10	0.04676	101%-200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.10	0.04676	101%-200% Above	Yes	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.22	0.04676	200% Above	No	No
68180097903	LISINOPRIL 40 MG TABLET	12	90.00	0.22	0.04676	200% Above	Yes	No
68180098001	LISINOPRIL 10 MG TABLET	1	30.00	0.02	0.01891	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01891	51%-75% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01891	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.09	0.01891	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.09	0.01891	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.20	0.01891	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	30.00	0.20	0.01891	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01891	51%-75% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01891	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.01	0.01891	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.02	0.01891	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.02	0.01891	10%-25% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.09	0.01891	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.09	0.01891	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	1	90.00	0.20	0.01891	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01884	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1150

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.01	0.01884	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01884	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.09	0.01884	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	30.00	0.09	0.01884	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01884	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01884	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.01	0.01884	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01884	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01884	10%-25% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.09	0.01884	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	2	90.00	0.09	0.01884	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01888	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.04	0.01888	76%-100% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	30.00	0.09	0.01888	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01888	51%-75% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01888	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.02	0.01888	10%-25% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	3	90.00	0.09	0.01888	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.01	0.01873	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.02	0.01873	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.09	0.01873	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	4	90.00	0.09	0.01873	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.01	0.01877	51%-75% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.03	0.01877	26%-50% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.03	0.01877	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1151

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.09	0.01877	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	30.00	0.20	0.01877	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01877	51%-75% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01877	26%-50% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.01	0.01877	10%-25% Below	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.02	0.01877	10%-25% Below	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.09	0.01877	200% Above	Yes	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.13	0.01877	200% Above	No	No
68180098003	LISINOPRIL 10 MG TABLET	12	90.00	0.20	0.01877	200% Above	Yes	No
68180098101	LISINOPRIL 20 MG TABLET	1	30.00	0.01	0.02626	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	1	30.00	0.20	0.02626	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	2	30.00	0.01	0.02624	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02624	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	2	90.00	0.09	0.02624	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	3	30.00	0.01	0.02621	51%-75% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	3	90.00	0.02	0.02621	10%-25% Below	No	No
68180098101	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	No	No
68180098101	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02625	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.01	0.02626	51%-75% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.03	0.02626	10%-25% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.04	0.02626	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.04	0.02626	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.04	0.02626	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.04	0.02626	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.09	0.02626	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180098103	LISINOPRIL 20 MG TABLET	1	30.00	0.20	0.02626	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	60.00	0.09	0.02626	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	60.00	0.20	0.02626	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.01	0.02626	51%-75% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02626	10%-25% Below	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.09	0.02626	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.09	0.02626	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.20	0.02626	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	1	90.00	0.20	0.02626	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	30.00	0.04	0.02624	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	30.00	0.04	0.02624	26%-50% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	30.00	0.04	0.02624	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	30.00	0.09	0.02624	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	2	60.00	0.09	0.02624	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.01	0.02624	51%-75% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02624	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.04	0.02624	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.09	0.02624	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	2	90.00	0.09	0.02624	200% 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	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	30.00	0.04	0.02621	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	30.00	0.09	0.02621	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	60.00	0.03	0.02621	10%-25% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	0.02	0.02621	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1153

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.09	0.02621	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	3	180.00	0.09	0.02621	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	30.00	0.09	0.02587	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	0.09	0.02587	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	4	90.00	0.09	0.02587	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	30.00	0.04	0.02625	26%-50% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	30.00	0.04	0.02625	51%-75% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	30.00	0.09	0.02625	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	30.00	0.20	0.02625	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	60.00	0.09	0.02625	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.02	0.02625	10%-25% Below	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.09	0.02625	200% Above	No	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.09	0.02625	200% Above	Yes	No
68180098103	LISINOPRIL 20 MG TABLET	12	90.00	0.20	0.02625	200% Above	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	1	90.00	0.10	0.05444	76%-100% Above	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	2	30.00	0.10	0.05441	76%-100% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	3	90.00	0.10	0.05433	76%-100% Above	No	No
68180098201	LISINOPRIL 30 MG TABLET	12	90.00	0.02	0.05510	51%-75% Below	No	No
68180098201	LISINOPRIL 30 MG TABLET	12	90.00	0.06	0.05510	10%-25% Above	Yes	No
68180098201	LISINOPRIL 30 MG TABLET	12	90.00	0.11	0.05510	76%-100% Above	No	No
68180098202	LISINOPRIL 30 MG TABLET	2	90.00	0.10	0.05441	76%-100% Above	Yes	No
68180098202	LISINOPRIL 30 MG TABLET	3	90.00	0.10	0.05433	76%-100% Above	Yes	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.26	0.77586	51%-75% Below	No	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	1.27	0.77586	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	2	60.00	0.25	0.75026	51%-75% Below	No	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	2	60.00	0.25	0.75026	51%-75% Below	Yes	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	2	60.00	0.55	0.75026	26%-50% Below	No	No
68180098430	BUDESONIDE 0.5 MG/2 ML SUSP	3	60.00	0.25	0.71992	51%-75% Below	No	No
68180098602	SERTRALINE HCL 50 MG TABLET	2	90.00	0.10	0.03624	101%-200% Above	Yes	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	30.00	0.10	0.03881	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	30.00	0.22	0.03881	200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	45.00	0.10	0.03881	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	60.00	0.10	0.03881	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	90.00	0.01	0.03881	51%-75% Below	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	90.00	0.06	0.03881	26%-50% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	90.00	0.10	0.03881	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	90.00	0.22	0.03881	200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	90.00	0.22	0.03881	200% Above	Yes	No
68180098603	SERTRALINE HCL 50 MG TABLET	1	135.00	0.22	0.03881	200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	2	30.00	0.10	0.03624	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	2	45.00	0.10	0.03624	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	2	77.00	0.10	0.03624	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	2	90.00	0.10	0.03624	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	2	90.00	0.10	0.03624	101%-200% Above	Yes	No
68180098603	SERTRALINE HCL 50 MG TABLET	3	30.00	0.01	0.03533	51%-75% Below	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	3	30.00	0.10	0.03533	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	3	45.00	0.10	0.03533	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	3	90.00	0.10	0.03533	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	4	30.00	0.10	0.03450	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68180098603	SERTRALINE HCL 50 MG TABLET	4	90.00	0.01	0.03450	51%-75% Below	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	4	90.00	0.10	0.03450	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	12	30.00	0.10	0.03876	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	12	30.00	0.15	0.03876	200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	12	90.00	0.10	0.03876	101%-200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	12	90.00	0.22	0.03876	200% Above	No	No
68180098603	SERTRALINE HCL 50 MG TABLET	12	90.00	0.38	0.03876	200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	1	30.00	0.12	0.05254	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	1	90.00	0.12	0.05254	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	1	135.00	0.26	0.05254	200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	2	30.00	0.12	0.05182	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	2	90.00	0.12	0.05182	101%-200% Above	Yes	No
68180099202	SERTRALINE HCL 100 MG TABLET	2	180.00	0.12	0.05182	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	3	30.00	0.12	0.05082	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	3	90.00	0.01	0.05082	76%-100% Below	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	Yes	No
68180099202	SERTRALINE HCL 100 MG TABLET	4	90.00	0.12	0.04965	101%-200% Above	No	No
68180099202	SERTRALINE HCL 100 MG TABLET	12	90.00	0.12	0.05186	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	30.00	0.07	0.05254	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.05254	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	30.00	0.12	0.05254	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	60.00	0.12	0.05254	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	90.00	0.06	0.05254	10%-25% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	90.00	0.12	0.05254	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	90.00	0.12	0.05254	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1156

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180099203	SERTRALINE HCL 100 MG TABLET	1	180.00	0.12	0.05254	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	180.00	0.12	0.05254	101%-200% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	1	180.00	0.26	0.05254	200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	2	30.00	0.02	0.05182	51%-75% Below	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	2	30.00	0.07	0.05182	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	2	30.00	0.08	0.05182	51%-75% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	2	30.00	0.12	0.05182	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	2	60.00	0.12	0.05182	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	2	90.00	0.01	0.05182	51%-75% Below	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05182	10%-25% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	2	90.00	0.12	0.05182	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	30.00	0.02	0.05082	51%-75% Below	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	30.00	0.07	0.05082	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	30.00	0.12	0.05082	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	45.00	0.01	0.05082	76%-100% Below	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	60.00	0.08	0.05082	51%-75% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	60.00	0.12	0.05082	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	90.00	0.06	0.05082	10%-25% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	90.00	0.07	0.05082	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	120.00	0.12	0.05082	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	135.00	0.12	0.05082	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	3	180.00	0.12	0.05082	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	4	30.00	0.02	0.04965	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1157

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68180099203	SERTRALINE HCL 100 MG TABLET	4	30.00	0.12	0.04965	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	4	60.00	0.08	0.04965	51%-75% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	4	90.00	0.06	0.04965	10%-25% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	4	90.00	0.12	0.04965	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	4	90.00	0.12	0.04965	101%-200% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	30.00	0.12	0.05186	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	30.00	0.26	0.05186	200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	45.00	0.38	0.05186	200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	60.00	0.12	0.05186	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	90.00	0.07	0.05186	26%-50% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	90.00	0.08	0.05186	51%-75% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	90.00	0.12	0.05186	101%-200% Above	Yes	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	90.00	0.38	0.05186	200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	180.00	0.12	0.05186	101%-200% Above	No	No
68180099203	SERTRALINE HCL 100 MG TABLET	12	180.00	0.26	0.05186	200% Above	No	No
68308015260	NYSTATIN 100,000 UNIT/GM POWD	12	60.00	0.15	0.27906	26%-50% Below	No	No
68308034260	DAPSONE 7.5% GEL PUMP	2	60.00	1.74	0.86612	101%-200% Above	No	No
68308066355	METRONIDAZOLE TOP 1% GEL PUMP	12	55.00	0.36	0.52669	26%-50% Below	No	No
68308070145	IVERMECTIN 1% CREAM	1	45.00	1.80	3.18141	26%-50% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	2	30.00	0.01	0.10882	76%-100% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	2	90.00	0.09	0.10882	10%-25% Below	No	No
68382000105	PAROXETINE HCL 40 MG TABLET	12	30.00	0.13	0.10938	10%-25% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	1	30.00	0.13	0.10838	10%-25% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	2	30.00	0.13	0.10882	10%-25% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	2	90.00	0.13	0.10882	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1158

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382000106	PAROXETINE HCL 40 MG TABLET	3	30.00	0.13	0.11309	10%-25% Above	No	No
68382000106	PAROXETINE HCL 40 MG TABLET	12	30.00	0.13	0.10938	10%-25% Above	No	No
68382000116	PAROXETINE HCL 40 MG TABLET	1	90.00	0.29	0.10838	101%-200% Above	No	No
68382000116	PAROXETINE HCL 40 MG TABLET	2	30.00	0.13	0.10882	10%-25% Above	No	No
68382000116	PAROXETINE HCL 40 MG TABLET	3	90.00	0.13	0.11309	10%-25% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	1	30.00	0.39	0.12906	200% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	1	60.00	0.44	0.12906	200% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	2	30.00	0.17	0.13084	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	2	30.00	0.39	0.13084	200% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	2	60.00	0.20	0.13084	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	3	30.00	0.01	0.13037	76%-100% Below	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	3	60.00	0.20	0.13037	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	3	90.00	0.20	0.13037	26%-50% Above	No	No
68382000301	AZATHIOPRINE 50 MG TABLET	4	60.00	0.20	0.13337	26%-50% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	2	30.00	0.06	0.02913	101%-200% Above	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	3	30.00	0.06	0.02924	101%-200% Above	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	3	60.00	0.07	0.02924	101%-200% Above	No	No
68382000601	LAMOTRIGINE 25 MG TABLET	3	360.00	0.06	0.02924	76%-100% Above	Yes	No
68382000601	LAMOTRIGINE 25 MG TABLET	12	30.00	0.07	0.03008	101%-200% Above	Yes	No
68382000610	LAMOTRIGINE 25 MG TABLET	1	90.00	0.17	0.02947	200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	2	46.00	0.08	0.02913	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	3	180.00	0.08	0.02924	101%-200% Above	No	No
68382000610	LAMOTRIGINE 25 MG TABLET	4	30.00	0.08	0.02939	101%-200% Above	No	No
68382000801	LAMOTRIGINE 100 MG TABLET	12	90.00	0.06	0.04582	10%-25% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	1	90.00	0.06	0.04550	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1159

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382000810	LAMOTRIGINE 100 MG TABLET	1	90.00	0.20	0.04550	200% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	3	60.00	0.09	0.04414	101%-200% Above	No	No
68382000810	LAMOTRIGINE 100 MG TABLET	4	60.00	0.09	0.04454	101%-200% Above	No	No
68382000905	LAMOTRIGINE 150 MG TABLET	2	180.00	0.08	0.06466	10%-25% Above	No	No
68382000914	LAMOTRIGINE 150 MG TABLET	1	30.00	0.20	0.06777	101%-200% Above	Yes	No
68382000914	LAMOTRIGINE 150 MG TABLET	2	30.00	0.09	0.06466	26%-50% Above	Yes	No
68382000914	LAMOTRIGINE 150 MG TABLET	3	30.00	0.09	0.06504	26%-50% Above	Yes	No
68382000914	LAMOTRIGINE 150 MG TABLET	12	30.00	0.09	0.06625	26%-50% Above	Yes	No
68382001005	LAMOTRIGINE 200 MG TABLET	1	180.00	0.06	0.08016	10%-25% Below	No	No
68382001005	LAMOTRIGINE 200 MG TABLET	2	180.00	0.01	0.08077	76%-100% Below	No	No
68382001005	LAMOTRIGINE 200 MG TABLET	3	90.00	0.18	0.08161	101%-200% Above	No	No
68382001014	LAMOTRIGINE 200 MG TABLET	2	90.00	0.07	0.08077	10%-25% Below	Yes	No
68382001014	LAMOTRIGINE 200 MG TABLET	2	90.00	0.18	0.08077	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	1	30.00	0.06	0.02341	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	1	30.00	0.07	0.02341	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	1	90.00	0.11	0.02341	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	2	90.00	0.05	0.02255	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	2	90.00	0.06	0.02255	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	2	90.00	0.11	0.02255	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	3	30.00	0.06	0.02249	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	3	90.00	0.11	0.02249	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	4	90.00	0.11	0.02266	200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	30.00	0.06	0.02424	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	90.00	0.06	0.02424	101%-200% Above	Yes	No
68382002210	ATENOLOL 25 MG TABLET	12	90.00	0.12	0.02424	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1160

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382002310	ATENOLOL 50 MG TABLET	1	15.00	0.11	0.02603	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	1	30.00	0.13	0.02603	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	1	90.00	0.06	0.02603	101%-200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	1	90.00	0.08	0.02603	101%-200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	1	90.00	0.11	0.02603	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	2	90.00	0.11	0.02542	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	3	90.00	0.11	0.02524	200% Above	No	No
68382002310	ATENOLOL 50 MG TABLET	3	90.00	0.11	0.02524	200% Above	Yes	No
68382002310	ATENOLOL 50 MG TABLET	12	15.00	0.01	0.02627	51%-75% Below	Yes	No
68382002401	ATENOLOL 100 MG TABLET	1	30.00	0.13	0.04004	200% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	1	90.00	0.08	0.04004	101%-200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	1	90.00	0.10	0.04004	101%-200% Above	Yes	No
68382002401	ATENOLOL 100 MG TABLET	2	90.00	0.11	0.03879	101%-200% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	3	90.00	0.11	0.03836	101%-200% Above	No	No
68382002401	ATENOLOL 100 MG TABLET	12	90.00	0.11	0.04244	101%-200% Above	Yes	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.11	0.09204	10%-25% Above	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.11	0.09070	10%-25% Above	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.11	0.09025	10%-25% Above	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	3	180.00	0.11	0.09025	10%-25% Above	No	No
68382003510	VENLAFAXINE HCL ER 75 MG CAP	12	180.00	0.11	0.09163	10%-25% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	1	45.00	0.03	0.05331	26%-50% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	1	120.00	0.11	0.05331	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	2	9.00	0.11	0.05280	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	2	28.00	0.04	0.05280	10%-25% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	2	30.00	0.04	0.05280	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1161

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382004001	PROMETHAZINE 12.5 MG TABLET	3	20.00	0.11	0.05383	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	3	40.00	0.03	0.05383	26%-50% Below	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	4	21.00	0.11	0.05113	101%-200% Above	No	No
68382004001	PROMETHAZINE 12.5 MG TABLET	12	30.00	0.02	0.05130	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	20.00	0.04	0.04836	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	28.00	0.22	0.04836	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	30.00	0.03	0.04836	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	30.00	0.09	0.04836	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	1	30.00	0.22	0.04836	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	5.00	0.09	0.04710	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	20.00	0.02	0.04710	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	20.00	0.04	0.04710	10%-25% Below	Yes	No
68382004101	PROMETHAZINE 25 MG TABLET	2	20.00	0.04	0.04710	10%-25% Below	Yes	No
68382004101	PROMETHAZINE 25 MG TABLET	2	28.00	0.09	0.04710	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	30.00	0.03	0.04710	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	30.00	0.04	0.04710	10%-25% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	2	30.00	0.09	0.04710	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	2.00	0.25	0.04774	200% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	12.00	0.09	0.04774	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	16.00	0.01	0.04774	76%-100% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	20.00	0.02	0.04774	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	20.00	0.09	0.04774	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	28.00	0.03	0.04774	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	30.00	0.09	0.04774	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	3	60.00	0.09	0.04774	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1162

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	15.00	0.09	0.04708	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	20.00	0.02	0.04708	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	4	30.00	0.03	0.04708	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	6.00	0.10	0.04917	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	15.00	0.10	0.04917	76%-100% Above	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	20.00	0.02	0.04917	51%-75% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	30.00	0.03	0.04917	26%-50% Below	No	No
68382004101	PROMETHAZINE 25 MG TABLET	12	30.00	0.04	0.04917	10%-25% Below	No	No
68382004105	PROMETHAZINE 25 MG TABLET	1	30.00	0.09	0.04836	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	1	30.00	0.22	0.04836	200% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	2	30.00	0.09	0.04710	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	3	6.00	0.10	0.04774	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	3	30.00	0.09	0.04774	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	4	20.00	0.09	0.04708	76%-100% Above	No	No
68382004105	PROMETHAZINE 25 MG TABLET	12	30.00	0.10	0.04917	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	14.00	0.01	0.01708	26%-50% Below	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	20.00	0.04	0.01708	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	30.00	0.03	0.01708	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	30.00	0.07	0.01708	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	30.00	0.15	0.01708	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	1	90.00	0.15	0.01708	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	14.00	0.05	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	14.00	0.07	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	14.00	0.07	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	30.00	0.03	0.01652	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1163

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.01652	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	30.00	0.04	0.01652	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	30.00	0.07	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	90.00	0.03	0.01652	51%-75% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	2	90.00	0.07	0.01652	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	10.00	0.07	0.01641	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	14.00	0.07	0.01641	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	20.00	0.04	0.01641	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	30.00	0.04	0.01641	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	30.00	0.07	0.01641	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	60.00	0.03	0.01641	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	60.00	0.07	0.01641	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	90.00	0.02	0.01641	26%-50% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	3	90.00	0.07	0.01641	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	4	30.00	0.07	0.01657	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	30.00	0.03	0.01742	76%-100% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	30.00	0.04	0.01742	101%-200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	30.00	0.07	0.01742	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	30.00	0.15	0.01742	200% Above	No	No
68382005005	MELOXICAM 7.5 MG TABLET	12	30.00	0.28	0.01742	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.02016	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.02016	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	1	30.00	0.06	0.02016	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	1	90.00	0.06	0.02016	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	1	90.00	0.06	0.02016	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1164

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.13	0.02016	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01971	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	2	30.00	0.06	0.01971	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	2	90.00	0.06	0.01971	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.01965	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	3	30.00	0.06	0.01965	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	3	90.00	0.02	0.01965	10%-25% Below	No	No
68382005101	MELOXICAM 15 MG TABLET	3	90.00	0.06	0.01965	101%-200% Above	Yes	No
68382005101	MELOXICAM 15 MG TABLET	4	30.00	0.04	0.01933	76%-100% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	4	30.00	0.06	0.01933	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	4	90.00	0.06	0.01933	200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	12	30.00	0.06	0.02019	101%-200% Above	No	No
68382005101	MELOXICAM 15 MG TABLET	12	90.00	0.01	0.02019	26%-50% Below	No	No
68382005101	MELOXICAM 15 MG TABLET	12	90.00	0.02	0.02019	10%-25% Below	No	No
68382005101	MELOXICAM 15 MG TABLET	12	90.00	0.06	0.02019	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	10.00	0.01	0.02016	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	1	21.00	0.13	0.02016	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	28.00	0.03	0.02016	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.01	0.02016	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.02016	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.02016	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1165

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	30.00	0.04	0.02016	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.02016	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.02016	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.06	0.02016	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.13	0.02016	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	30.00	0.16	0.02016	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.02016	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	1	90.00	0.02	0.02016	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	1	90.00	0.03	0.02016	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	90.00	0.06	0.02016	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	90.00	0.08	0.02016	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	1	90.00	0.13	0.02016	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	7.00	0.06	0.01971	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	14.00	0.06	0.01971	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	20.00	0.04	0.01971	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	28.00	0.03	0.01971	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.01	0.01971	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01971	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01971	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.04	0.01971	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.05	0.01971	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	30.00	0.06	0.01971	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1166

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.16	0.01971	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	45.00	0.03	0.01971	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	45.00	0.06	0.01971	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01971	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	2	90.00	0.06	0.01971	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	14.00	0.06	0.01965	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	28.00	0.03	0.01965	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.01	0.01965	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.01	0.01965	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	26%-50% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.01965	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.01965	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.01965	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.06	0.01965	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	30.00	0.16	0.01965	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	45.00	0.06	0.01965	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	60.00	0.02	0.01965	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	3	90.00	0.02	0.01965	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	3	90.00	0.02	0.01965	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	3	90.00	0.02	0.01965	10%-25% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	3	90.00	0.06	0.01965	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	15.00	0.05	0.01933	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1167

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.01	0.01933	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.01933	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	30.00	0.06	0.01933	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	4	42.00	0.01	0.01933	26%-50% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	4	90.00	0.06	0.01933	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	7.00	0.01	0.02019	51%-75% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	12	7.00	0.13	0.02019	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	28.00	0.03	0.02019	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.00	0.02019	76%-100% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.02019	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.02019	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.04	0.02019	51%-75% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.04	0.02019	76%-100% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.06	0.02019	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.13	0.02019	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	30.00	0.16	0.02019	200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	42.00	0.02	0.02019	10%-25% Below	No	No
68382005105	MELOXICAM 15 MG TABLET	12	90.00	0.06	0.02019	101%-200% Above	No	No
68382005105	MELOXICAM 15 MG TABLET	12	90.00	0.29	0.02019	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	2	15.00	0.17	0.10310	51%-75% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	21.00	0.28	0.10611	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	21.00	0.32	0.10611	200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	45.00	0.27	0.10611	101%-200% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	60.00	0.17	0.10611	51%-75% Above	No	No
68382009101	BENZONATATE 200 MG CAPSULE	12	60.00	0.17	0.10611	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1168

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.03	0.01685	51%-75% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	1	60.00	0.06	0.01685	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	1	180.00	0.02	0.01685	26%-50% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	2	60.00	0.06	0.01685	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	2	180.00	0.03	0.01685	26%-50% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	2	180.00	0.06	0.01685	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	60.00	0.06	0.01709	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	3	180.00	0.06	0.01709	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	60.00	0.03	0.01650	76%-100% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	60.00	0.06	0.01650	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	60.00	0.14	0.01650	200% Above	No	No
68382009205	CARVEDILOL 3.125 MG TABLET	12	180.00	0.01	0.01650	26%-50% Below	No	No
68382009301	CARVEDILOL 6.25 MG TABLET	2	180.00	0.05	0.01849	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	60.00	0.05	0.01861	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	180.00	0.02	0.01861	10%-25% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	1	180.00	0.02	0.01861	26%-50% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	60.00	0.01	0.01849	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	60.00	0.05	0.01849	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	2	180.00	0.03	0.01849	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	3	60.00	0.01	0.01849	26%-50% Below	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	3	60.00	0.03	0.01849	51%-75% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	3	60.00	0.05	0.01849	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	3	180.00	0.05	0.01849	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	4	60.00	0.05	0.01848	101%-200% Above	No	No
68382009305	CARVEDILOL 6.25 MG TABLET	4	180.00	0.05	0.01848	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1169

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.12	0.01872	200% Above	No	No
68382009401	CARVEDIOL 12.5 MG TABLET	3	180.00	0.01	0.02087	26%-50% Below	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	1	60.00	0.13	0.02095	200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	1	180.00	0.06	0.02095	101%-200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	1	180.00	0.13	0.02095	200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	2	60.00	0.06	0.02089	101%-200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	2	180.00	0.02	0.02089	10%-25% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	2	180.00	0.06	0.02089	101%-200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	60.00	0.03	0.02087	51%-75% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	60.00	0.06	0.02087	101%-200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	180.00	0.01	0.02087	51%-75% Below	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	180.00	0.02	0.02087	10%-25% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	180.00	0.03	0.02087	26%-50% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	3	180.00	0.03	0.02087	51%-75% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	4	60.00	0.06	0.02100	101%-200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	4	180.00	0.02	0.02100	10%-25% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	12	60.00	0.06	0.02137	101%-200% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	12	180.00	0.01	0.02137	51%-75% Below	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	12	180.00	0.02	0.02137	10%-25% Above	No	No
68382009405	CARVEDIOL 12.5 MG TABLET	12	180.00	0.08	0.02137	200% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	30.00	0.11	0.03190	200% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	60.00	0.01	0.03190	51%-75% Below	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	60.00	0.11	0.03190	200% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	90.00	0.11	0.03190	200% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	180.00	0.01	0.03190	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1170

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009505	CARVEDIOL 25 MG TABLET	1	180.00	0.04	0.03190	10%-25% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	180.00	0.05	0.03190	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	1	180.00	0.11	0.03190	200% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	2	60.00	0.05	0.03159	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	2	90.00	0.05	0.03159	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	2	180.00	0.04	0.03159	10%-25% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	2	180.00	0.05	0.03159	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	60.00	0.01	0.03159	51%-75% Below	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	60.00	0.05	0.03159	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	90.00	0.05	0.03159	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	180.00	0.04	0.03159	10%-25% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	180.00	0.05	0.03159	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	3	360.00	0.01	0.03159	51%-75% Below	No	No
68382009505	CARVEDIOL 25 MG TABLET	4	60.00	0.01	0.03153	51%-75% Below	No	No
68382009505	CARVEDIOL 25 MG TABLET	4	60.00	0.05	0.03153	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	4	180.00	0.01	0.03153	51%-75% Below	No	No
68382009505	CARVEDIOL 25 MG TABLET	4	180.00	0.05	0.03153	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	4	180.00	0.05	0.03153	51%-75% Above	Yes	No
68382009505	CARVEDIOL 25 MG TABLET	12	60.00	0.04	0.03228	10%-25% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	12	90.00	0.05	0.03228	51%-75% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	12	180.00	0.04	0.03228	10%-25% Above	No	No
68382009505	CARVEDIOL 25 MG TABLET	12	180.00	0.05	0.03228	51%-75% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	2	120.00	0.45	0.16204	101%-200% Above	No	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	2	135.00	0.45	0.16204	101%-200% Above	Yes	No
68382009601	HYDROXYCHLOROQUINE 200 MG TAB	12	180.00	0.55	0.16076	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1171

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	1	30.00	0.45	0.16212	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	1	30.00	0.50	0.16212	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	1	60.00	0.33	0.16212	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	1	180.00	1.03	0.16212	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	30.00	0.45	0.16204	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	30.00	0.50	0.16204	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	60.00	0.33	0.16204	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	0.45	0.16204	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	30.00	0.45	0.16363	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	30.00	0.50	0.16363	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	45.00	0.45	0.16363	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	0.33	0.16363	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	3	180.00	0.45	0.16363	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	4	30.00	0.50	0.16217	200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	0.33	0.16076	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	0.46	0.16076	101%-200% Above	No	No
68382009605	HYDROXYCHLOROQUINE 200 MG TAB	12	180.00	1.03	0.16076	200% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	1	30.00	0.12	0.06816	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	1	90.00	0.26	0.06816	200% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	2	30.00	0.12	0.06721	51%-75% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	3	30.00	0.12	0.06603	76%-100% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	4	90.00	0.12	0.06490	76%-100% Above	No	No
68382009705	PAROXETINE HCL 10 MG TABLET	12	30.00	0.12	0.07080	51%-75% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	1	30.00	0.26	0.06816	200% Above	No	No
68382009706	PAROXETINE HCL 10 MG TABLET	2	90.00	0.12	0.06721	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1172

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382009706	PAROXETINE HCL 10 MG TABLET	3	90.00	0.08	0.06603	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	1	30.00	0.09	0.06816	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	2	30.00	0.08	0.06721	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	2	90.00	0.08	0.06721	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	3	7.00	0.12	0.06603	76%-100% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	3	90.00	0.08	0.06603	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	8	30.00	0.09	0.06783	26%-50% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	12	30.00	0.08	0.07080	10%-25% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	12	30.00	0.24	0.07080	200% Above	No	No
68382009716	PAROXETINE HCL 10 MG TABLET	12	60.00	0.06	0.07080	10%-25% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	30.00	0.01	0.07218	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	30.00	0.08	0.07218	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	30.00	0.12	0.07218	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	30.00	0.27	0.07218	200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	90.00	0.06	0.07218	10%-25% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	1	90.00	0.11	0.07218	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	25.00	0.12	0.06975	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.01	0.06975	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.08	0.06975	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.10	0.06975	26%-50% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	30.00	0.12	0.06975	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	90.00	0.06	0.06975	10%-25% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	2	90.00	0.11	0.06975	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	30.00	0.01	0.06882	76%-100% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	30.00	0.12	0.06882	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1173

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.06	0.06882	10%-25% Below	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	90.00	0.08	0.06882	10%-25% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	3	90.00	0.11	0.06882	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	4	30.00	0.12	0.06903	76%-100% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	30.00	0.12	0.07395	51%-75% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	30.00	0.27	0.07395	200% Above	No	No
68382009810	PAROXETINE HCL 20 MG TABLET	12	90.00	0.11	0.07395	26%-50% Above	No	No
68382009816	PAROXETINE HCL 20 MG TABLET	3	90.00	0.02	0.06882	51%-75% Below	No	No
68382009905	PAROXETINE HCL 30 MG TABLET	3	30.00	0.13	0.09832	26%-50% Above	No	No
68382009910	PAROXETINE HCL 30 MG TABLET	1	60.00	0.08	0.09781	10%-25% Below	No	No
68382009910	PAROXETINE HCL 30 MG TABLET	2	60.00	0.08	0.09713	10%-25% Below	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	1	45.00	0.20	0.09781	101%-200% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	3	7.00	0.20	0.09832	101%-200% Above	No	No
68382009916	PAROXETINE HCL 30 MG TABLET	3	45.00	0.20	0.09832	101%-200% Above	No	No
68382011414	RISPERIDONE 1 MG TABLET	1	60.00	0.02	0.04426	51%-75% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	3	60.00	0.02	0.04223	51%-75% Below	No	No
68382011414	RISPERIDONE 1 MG TABLET	4	30.00	0.04	0.04073	10%-25% Below	No	No
68382011514	RISPERIDONE 2 MG TABLET	3	60.00	0.07	0.05033	26%-50% Above	No	No
68382011514	RISPERIDONE 2 MG TABLET	4	60.00	0.07	0.05110	26%-50% Above	No	No
68382011614	RISPERIDONE 3 MG TABLET	3	60.00	0.18	0.07024	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.14	0.05214	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.31	0.05214	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	60.00	0.31	0.05214	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.31	0.05214	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.36	0.05214	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1174

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.38	0.05214	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.14	0.05214	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.17	0.05214	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	14.00	0.36	0.05215	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	20.00	0.35	0.05215	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.14	0.05215	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.17	0.05215	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	0.14	0.05215	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	2	180.00	0.14	0.05215	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.14	0.05135	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.17	0.05135	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	0.14	0.05135	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.14	0.05135	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.14	0.05054	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.17	0.05054	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	60.00	0.14	0.05054	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.14	0.05054	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.33	0.05054	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.38	0.05054	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.14	0.05153	101%-200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.56	0.05153	200% Above	No	No
68382013201	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.56	0.05153	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.14	0.05214	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.31	0.05214	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.33	0.05214	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1175

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	60.00	0.14	0.05214	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	60.00	0.31	0.05214	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.14	0.05214	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	90.00	0.31	0.05214	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.25	0.05214	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	1	180.00	0.33	0.05214	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.14	0.05215	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.33	0.05215	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	30.00	0.35	0.05215	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	60.00	0.14	0.05215	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.08	0.05215	26%-50% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.14	0.05215	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	90.00	0.22	0.05215	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	2	180.00	0.14	0.05215	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	4.00	0.14	0.05135	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	5.00	0.14	0.05135	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	10.00	0.14	0.05135	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	28.00	0.14	0.05135	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.14	0.05135	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.33	0.05135	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.34	0.05135	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	30.00	0.46	0.05135	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	0.14	0.05135	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	60.00	0.17	0.05135	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.01	0.05135	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1176

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.14	0.05135	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	3	90.00	0.22	0.05135	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.14	0.05054	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	30.00	0.33	0.05054	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	60.00	0.14	0.05054	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.14	0.05054	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	180.00	0.17	0.05054	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	4	180.00	0.33	0.05054	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	14.00	0.31	0.05153	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.14	0.05153	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.31	0.05153	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	30.00	0.39	0.05153	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	60.00	0.14	0.05153	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.00	0.05153	76%-100% Below	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.08	0.05153	26%-50% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.14	0.05153	101%-200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	90.00	0.35	0.05153	200% Above	No	No
68382013210	TAMSULOSIN HCL 0.4 MG CAPSULE	12	180.00	0.17	0.05153	200% Above	No	No
68382013506	LOSARTAN POTASSIUM 25 MG TAB	1	90.00	0.27	0.02130	200% Above	No	No
68382013510	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.12	0.02102	200% Above	No	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02075	200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.05	0.02102	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.06	0.02102	101%-200% Above	Yes	No
68382013516	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.12	0.02102	200% Above	Yes	No
68382013616	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03302	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1177

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013616	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.11	0.03302	200% Above	Yes	No
68382013616	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.11	0.03109	200% Above	Yes	No
68382013710	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.15	0.04195	200% Above	No	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.28	0.04195	200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.12	0.04254	101%-200% Above	Yes	No
68382013716	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	101%-200% Above	Yes	No
68382013805	TOPIRAMATE 25 MG TABLET	2	90.00	0.07	0.02556	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	2	120.00	0.02	0.02556	10%-25% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	3	60.00	0.01	0.02602	51%-75% Below	No	No
68382013805	TOPIRAMATE 25 MG TABLET	3	180.00	0.07	0.02602	101%-200% Above	No	No
68382013805	TOPIRAMATE 25 MG TABLET	12	120.00	0.02	0.02658	10%-25% Below	No	No
68382013814	TOPIRAMATE 25 MG TABLET	1	90.00	0.07	0.02634	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	30.00	0.09	0.03682	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	90.00	0.09	0.03682	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	120.00	0.06	0.03682	51%-75% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	120.00	0.09	0.03682	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	1	180.00	0.09	0.03682	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	30.00	0.09	0.03531	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	60.00	0.07	0.03531	76%-100% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	60.00	0.09	0.03531	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	90.00	0.09	0.03531	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	2	180.00	0.09	0.03531	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	3	30.00	0.09	0.03492	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	3	180.00	0.06	0.03492	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1178

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382013905	TOPIRAMATE 50 MG TABLET	3	180.00	0.09	0.03492	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	4	60.00	0.09	0.03475	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	12	30.00	0.09	0.03828	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	12	60.00	0.09	0.03828	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	12	180.00	0.09	0.03828	101%-200% Above	No	No
68382013905	TOPIRAMATE 50 MG TABLET	12	180.00	0.09	0.03828	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	1	30.00	0.07	0.03682	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	1	60.00	0.01	0.03682	51%-75% Below	No	No
68382013914	TOPIRAMATE 50 MG TABLET	1	90.00	0.09	0.03682	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	1	180.00	0.09	0.03682	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	1	225.00	0.09	0.03682	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	2	30.00	0.07	0.03531	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	2	60.00	0.01	0.03531	51%-75% Below	No	No
68382013914	TOPIRAMATE 50 MG TABLET	2	180.00	0.07	0.03531	76%-100% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	3	30.00	0.07	0.03492	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	3	270.00	0.09	0.03492	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	4	90.00	0.09	0.03475	101%-200% Above	No	No
68382013914	TOPIRAMATE 50 MG TABLET	12	90.00	0.01	0.03828	51%-75% Below	No	No
68382013914	TOPIRAMATE 50 MG TABLET	12	90.00	0.09	0.03828	101%-200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	30.00	0.17	0.06053	101%-200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	60.00	0.08	0.06053	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	60.00	0.17	0.06053	101%-200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	1	180.00	0.08	0.06053	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	2	30.00	0.08	0.05898	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	2	60.00	0.08	0.05898	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1179

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382014005	TOPIRAMATE 100 MG TABLET	2	180.00	0.08	0.05898	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	3	30.00	0.08	0.05872	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	3	60.00	0.08	0.05872	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	3	90.00	0.08	0.05872	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	3	180.00	0.07	0.05872	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	3	180.00	0.08	0.05872	26%-50% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	12	30.00	0.08	0.06156	10%-25% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	12	60.00	0.17	0.06156	101%-200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	12	90.00	0.17	0.06156	101%-200% Above	No	No
68382014005	TOPIRAMATE 100 MG TABLET	12	180.00	0.08	0.06156	26%-50% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	1	90.00	0.17	0.06053	101%-200% Above	No	No
68382014014	TOPIRAMATE 100 MG TABLET	2	90.00	0.08	0.05898	26%-50% Above	No	No
68382014114	TOPIRAMATE 200 MG TABLET	1	30.00	0.01	0.10923	76%-100% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	1	60.00	0.09	0.10923	10%-25% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	1	60.00	0.25	0.10923	101%-200% Above	No	No
68382014114	TOPIRAMATE 200 MG TABLET	2	60.00	0.09	0.10519	10%-25% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	2	180.00	0.01	0.10519	76%-100% Below	No	No
68382014114	TOPIRAMATE 200 MG TABLET	3	60.00	0.09	0.10408	10%-25% Below	No	No
68382014501	RAMIPRIL 2.5 MG CAPSULE	2	90.00	0.13	0.05620	101%-200% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	1	90.00	0.11	0.07120	51%-75% Above	No	No
68382014701	RAMIPRIL 10 MG CAPSULE	4	90.00	0.11	0.07358	51%-75% Above	No	No
68382018105	BUSPIRONE HCL 10 MG TABLET	1	180.00	0.11	0.02956	200% Above	Yes	No
68382018105	BUSPIRONE HCL 10 MG TABLET	4	180.00	0.05	0.02946	51%-75% Above	Yes	No
68382018201	BUSPIRONE HCL 15 MG TABLET	3	90.00	0.06	0.04340	26%-50% Above	No	No
68382018314	BUSPIRONE HCL 30 MG TABLET	2	180.00	0.34	0.11322	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1180

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382018401	GLIPIZIDE-METFORMIN 2.5-250 MG	3	180.00	0.02	0.24615	76%-100% Below	No	No
68382018601	GLIPIZIDE-METFORMIN 5-500 MG	1	180.00	0.11	0.22236	26%-50% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	1	30.00	0.02	0.14410	76%-100% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	1	90.00	0.19	0.14410	26%-50% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	1	90.00	1.31	0.14410	200% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	1	90.00	1.31	0.14410	200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	2	30.00	0.02	0.13823	76%-100% Below	No	No
68382020906	ANASTROZOLE 1 MG TABLET	3	12.00	0.07	0.13880	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	3	36.00	0.59	0.13880	200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	3	45.00	0.59	0.13880	200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	3	90.00	0.07	0.13880	26%-50% Below	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	3	90.00	0.59	0.13880	200% Above	Yes	No
68382020906	ANASTROZOLE 1 MG TABLET	4	90.00	0.19	0.13765	26%-50% Above	No	No
68382020906	ANASTROZOLE 1 MG TABLET	4	90.00	0.59	0.13765	200% Above	Yes	No
68382024701	BENZONATATE 100 MG CAPSULE	1	15.00	0.15	0.07212	101%-200% Above	No	No
68382024701	BENZONATATE 100 MG CAPSULE	1	15.00	0.33	0.07212	200% Above	No	No
68382024701	BENZONATATE 100 MG CAPSULE	12	15.00	0.15	0.07319	101%-200% Above	No	No
68382024705	BENZONATATE 100 MG CAPSULE	2	20.00	0.15	0.06993	101%-200% Above	No	No
68382025505	OXYBUTYNIN CL ER 5 MG TABLET	3	30.00	0.23	0.08944	101%-200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	2	30.00	0.25	0.10443	101%-200% Above	No	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	2	90.00	0.25	0.10443	101%-200% Above	Yes	No
68382025601	OXYBUTYNIN CL ER 10 MG TABLET	3	30.00	0.23	0.10111	101%-200% Above	No	No
68382025701	OXYBUTYNIN CL ER 15 MG TABLET	3	90.00	0.29	0.11638	101%-200% Above	No	No
68382031601	MINOCYCLINE 50 MG CAPSULE	3	60.00	0.13	0.17482	10%-25% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	1	30.00	0.16	0.36728	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1181

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382031818	MINOCYCLINE 100 MG CAPSULE	1	30.00	0.29	0.36728	10%-25% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	2	30.00	0.18	0.36499	51%-75% Below	No	No
68382031818	MINOCYCLINE 100 MG CAPSULE	2	60.00	0.18	0.36499	51%-75% Below	No	No
68382031818	MINOCYCLINE 100 MG CAPSULE	12	30.00	0.17	0.36221	51%-75% Below	Yes	No
68382031818	MINOCYCLINE 100 MG CAPSULE	12	180.00	0.16	0.36221	51%-75% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	1	15.00	0.16	0.45832	51%-75% Below	No	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	2	30.00	0.17	0.45163	51%-75% Below	Yes	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	4	15.00	0.17	0.44258	51%-75% Below	No	No
68382037001	NYSTATIN 100,000 UNIT/GM POWD	12	15.00	0.13	0.47299	51%-75% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	1	60.00	0.17	0.27772	26%-50% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	2	60.00	0.17	0.27574	26%-50% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	2	60.00	0.17	0.27574	26%-50% Below	Yes	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	3	60.00	0.17	0.27546	26%-50% Below	No	No
68382037003	NYSTATIN 100,000 UNIT/GM POWD	3	60.00	0.17	0.27546	26%-50% Below	Yes	No
68382038306	EXEMESTANE 25 MG TABLET	12	30.00	2.02	0.61723	200% Above	No	No
68382041101	OMEPRazole DR 10 MG CAPSULE	2	30.00	0.15	0.07108	101%-200% Above	Yes	No
68382041101	OMEPRazole DR 10 MG CAPSULE	3	30.00	0.15	0.07157	101%-200% Above	Yes	No
68382047178	TELMISARTAN 20 MG TABLET	3	30.00	0.33	0.10440	200% Above	No	No
68382048116	PITAVASTATIN 1 MG TABLET	3	90.00	0.73	1.16164	26%-50% Below	No	No
68382048216	PITAVASTATIN 2 MG TABLET	3	90.00	0.14	1.26790	76%-100% Below	No	No
68382048216	PITAVASTATIN 2 MG TABLET	12	90.00	5.89	1.32109	200% Above	No	No
68382048316	PITAVASTATIN 4 MG TABLET	3	90.00	0.09	1.38181	76%-100% Below	No	No
68382048316	PITAVASTATIN 4 MG TABLET	12	90.00	0.01	1.54796	76%-100% Below	No	No
68382050001	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	Yes	No
68382050001	OMEPRazole DR 40 MG CAPSULE	1	90.00	0.26	0.05157	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	Yes	No
68382050001	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	Yes	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.14	0.05157	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.15	0.05157	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.15	0.05157	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	1	60.00	0.15	0.05157	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.13	0.05157	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.14	0.05157	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.12	0.05079	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.14	0.05079	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.15	0.05079	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	2	60.00	0.14	0.05079	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.13	0.05079	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.14	0.05044	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.15	0.05044	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	3	60.00	0.14	0.05044	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.14	0.05044	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.15	0.05044	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.12	0.05055	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	No	No
68382050005	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.00	0.05199	76%-100% Below	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.15	0.05157	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.12	0.05199	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.26	0.05199	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.98	0.05199	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	60.00	0.12	0.05199	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.12	0.05199	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.12	0.05199	101%-200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.16	0.05199	200% Above	No	No
68382050010	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.26	0.05199	200% Above	No	No
68382052001	SIROLIMUS 0.5 MG TABLET	3	30.00	4.66	1.45250	200% Above	Yes	No
68382052842	CHOLESTYRAMINE POWDER	1	378.00	0.05	0.09766	26%-50% Below	No	No
68382052842	CHOLESTYRAMINE POWDER	3	378.00	0.05	0.09483	26%-50% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	1	180.00	0.08	0.17243	51%-75% Below	No	No
68382053701	POTASSIUM CITRATE ER 10 MEQ TB	1	180.00	0.61	0.17243	200% Above	No	No
68382053801	POTASSIUM CITRATE ER 15 MEQ TB	1	60.00	0.25	0.19636	26%-50% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.01	0.05703	76%-100% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.11	0.05703	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.17	0.05703	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.19	0.05703	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.22	0.05703	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1184

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.26	0.05703	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.26	0.05703	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.21	0.05703	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.22	0.05703	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.26	0.05703	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	1	180.00	0.21	0.05703	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.01	0.05629	76%-100% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.17	0.05629	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	45.00	0.11	0.05629	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.17	0.05629	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.21	0.05629	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.21	0.05629	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.01	0.05630	76%-100% Below	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	45.00	0.11	0.05630	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.18	0.05630	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.22	0.05630	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.24	0.05863	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.17	0.05863	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.22	0.05863	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.12	0.05730	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.17	0.05730	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.12	0.05730	101%-200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.17	0.05730	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1185

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.21	0.05730	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.22	0.05730	200% Above	No	No
68382056401	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.26	0.05730	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	1	15.00	0.26	0.05703	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.17	0.05703	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.21	0.05703	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	15.00	0.11	0.05629	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	45.00	0.21	0.05629	200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	15.00	0.11	0.05630	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	60.00	0.17	0.05630	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.17	0.05630	101%-200% Above	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.02	0.05730	51%-75% Below	No	No
68382056410	METOPROLOL SUCC ER 25 MG TAB	12	180.00	0.17	0.05730	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.11	0.06092	51%-75% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.06092	51%-75% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.11	0.05456	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.21	0.05456	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	60.00	0.11	0.05456	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.11	0.05456	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.11	0.05352	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.21	0.05352	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.11	0.05352	76%-100% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.20	0.05352	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1186

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.21	0.05352	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.11	0.05251	101%-200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.11	0.06399	51%-75% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.20	0.06399	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.21	0.06399	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.25	0.06399	200% Above	No	No
68382056501	METOPROLOL SUCC ER 50 MG TAB	12	180.00	0.19	0.06399	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.18	0.06092	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.11	0.05456	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.19	0.05456	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.18	0.05352	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.11	0.05352	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.16	0.05352	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	3	90.00	0.19	0.05352	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	3	180.00	0.11	0.05352	76%-100% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.11	0.05251	101%-200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.18	0.05251	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	12	30.00	0.21	0.06399	200% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.11	0.06399	51%-75% Above	No	No
68382056510	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.25	0.06399	200% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.15	0.08180	76%-100% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.15	0.08180	76%-100% Above	No	No
68382056601	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.35	0.08718	200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.15	0.08665	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.35	0.08665	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1187

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382056610	METOPROLOL SUCC ER 100 MG TAB	1	90.00	0.15	0.08665	51%-75% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	1	180.00	0.35	0.08665	200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.05	0.08224	26%-50% Below	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.15	0.08224	76%-100% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.15	0.08224	76%-100% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.15	0.08180	76%-100% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	3	62.00	0.15	0.08180	76%-100% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.17	0.08180	101%-200% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	4	30.00	0.15	0.08130	76%-100% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	12	30.00	0.05	0.08718	26%-50% Below	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	12	30.00	0.16	0.08718	76%-100% Above	No	No
68382056610	METOPROLOL SUCC ER 100 MG TAB	12	180.00	0.16	0.08718	76%-100% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	1	30.00	0.14	0.21709	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	1	60.00	0.29	0.21709	26%-50% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	1	90.00	0.29	0.21709	26%-50% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	1	270.00	0.29	0.21709	26%-50% Above	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	2	30.00	0.14	0.21353	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	3	30.00	0.14	0.20929	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	3	90.00	0.14	0.20929	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	4	90.00	0.14	0.21610	26%-50% Below	No	No
68382058201	LIOTHYRONINE SOD 5 MCG TAB	12	30.00	0.29	0.23344	10%-25% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.32	0.11873	101%-200% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	2	180.00	0.14	0.11604	10%-25% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	0.14	0.11183	10%-25% Above	No	No
68382062301	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	0.25	0.11183	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1188

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.08	0.04583	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.08	0.04559	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.08	0.04559	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.08	0.04504	51%-75% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.18	0.04901	200% Above	No	No
68382066001	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.08	0.04901	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.18	0.04751	200% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	1	180.00	0.08	0.04751	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.08	0.04583	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	2	60.00	0.08	0.04583	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.08	0.04559	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.10	0.04559	101%-200% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	12	60.00	0.08	0.04901	51%-75% Above	No	No
68382066005	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.09	0.04901	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.08	0.04751	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.09	0.04751	76%-100% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.18	0.04751	200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.07	0.04751	26%-50% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.18	0.04751	200% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.09	0.04583	76%-100% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	2	60.00	0.08	0.04583	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.07	0.04583	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.08	0.04559	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.09	0.04559	76%-100% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	3	45.00	0.08	0.04559	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1189

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.08	0.04504	51%-75% Above	No	No
68382066010	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.08	0.04504	51%-75% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.21	0.09514	101%-200% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	2	60.00	0.15	0.09227	51%-75% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	2	60.00	0.18	0.09227	76%-100% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.15	0.09176	51%-75% Above	No	No
68382066101	SPIRONOLACTONE 50 MG TABLET	3	60.00	0.18	0.09176	76%-100% Above	No	No
68382066105	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.21	0.09514	101%-200% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.22	0.18132	10%-25% Above	No	No
68382066201	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.11	0.17983	26%-50% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	1.00	0.43	0.23295	76%-100% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	14.00	0.19	0.23295	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	14.00	0.30	0.23295	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	14.00	0.43	0.23295	76%-100% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	20.00	0.19	0.23295	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	20.00	0.29	0.23295	10%-25% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	1	20.00	0.31	0.23295	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	10.00	0.19	0.23018	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	2	20.00	0.19	0.23018	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	7.00	0.34	0.23184	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	14.00	0.19	0.23184	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	3	20.00	0.19	0.23184	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	4	20.00	0.19	0.23036	10%-25% Below	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	12	14.00	0.35	0.23968	26%-50% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	12	14.00	0.43	0.23968	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1190

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	20.00	0.43	0.23968	76%-100% Above	No	No
68382070718	DOXYCYCLINE MONO 100 MG CAP	12	60.00	0.30	0.23968	26%-50% Above	No	No
68382071119	MESALAMINE DR 1.2 GM TABLET	12	180.00	2.64	0.87347	200% Above	Yes	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	2	90.00	0.28	0.50245	26%-50% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	2	90.00	1.81	0.50245	200% Above	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	3	28.00	0.25	0.51543	51%-75% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	3	90.00	0.28	0.51543	26%-50% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	4	90.00	0.08	0.52299	76%-100% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	4	90.00	0.28	0.52299	26%-50% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	12	90.00	0.29	0.51274	26%-50% Below	No	No
68382072001	BUDESONIDE DR 3 MG CAPSULE	12	90.00	1.89	0.51274	200% Above	No	No
68382073201	NADOLOL 20 MG TABLET	1	90.00	0.50	0.19048	101%-200% Above	No	No
68382073301	NADOLOL 40 MG TABLET	2	30.00	0.50	0.27551	76%-100% Above	No	No
68382073301	NADOLOL 40 MG TABLET	3	30.00	0.50	0.30363	51%-75% Above	No	No
68382074516	TIADYLT ER 120 MG CAPSULE	2	90.00	0.14	0.09030	51%-75% Above	Yes	No
68382074616	TIADYLT ER 180 MG CAPSULE	1	30.00	0.14	0.11860	10%-25% Above	Yes	No
68382074616	TIADYLT ER 180 MG CAPSULE	2	30.00	0.14	0.11604	10%-25% Above	Yes	No
68382074616	TIADYLT ER 180 MG CAPSULE	3	30.00	0.14	0.11577	10%-25% Above	Yes	No
68382074716	TIADYLT ER 240 MG CAPSULE	1	90.00	0.51	0.15217	200% Above	Yes	No
68382074816	TIADYLT ER 300 MG CAPSULE	1	90.00	0.33	0.17266	76%-100% Above	Yes	No
68382074916	TIADYLT ER 360 MG CAPSULE	3	90.00	0.24	0.32596	26%-50% Below	Yes	No
68382077501	METHOTREXATE 2.5 MG TABLET	2	32.00	0.47	0.16022	101%-200% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	2	104.00	0.19	0.16022	10%-25% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	3	32.00	0.47	0.15848	101%-200% Above	No	No
68382077501	METHOTREXATE 2.5 MG TABLET	3	84.00	0.19	0.15848	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1191

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382077501	METHOTREXATE 2.5 MG TABLET	3	130.00	0.19	0.15848	10%-25% Above	No	No
68382078501	DOXAZOSIN MESYLATE 4 MG TAB	1	30.00	0.31	0.09736	200% Above	No	No
68382079101	ACYCLOVIR 400 MG TABLET	1	21.00	0.11	0.09133	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	1	180.00	0.24	0.09133	101%-200% Above	No	No
68382079101	ACYCLOVIR 400 MG TABLET	2	25.00	0.12	0.09122	26%-50% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	2	30.00	0.10	0.09122	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	3	180.00	0.11	0.09659	10%-25% Above	Yes	No
68382079101	ACYCLOVIR 400 MG TABLET	4	60.00	0.08	0.09805	10%-25% Below	No	No
68382079101	ACYCLOVIR 400 MG TABLET	12	180.00	0.28	0.09243	200% Above	No	No
68382079201	ACYCLOVIR 800 MG TABLET	3	35.00	0.19	0.16934	10%-25% Above	Yes	No
68382079201	ACYCLOVIR 800 MG TABLET	12	20.00	0.55	0.16354	200% Above	No	No
68382080501	TRAZODONE 50 MG TABLET	2	30.00	0.01	0.03401	51%-75% Below	No	No
68382080501	TRAZODONE 50 MG TABLET	2	180.00	0.08	0.03401	101%-200% Above	No	No
68382080501	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
68382080501	TRAZODONE 50 MG TABLET	3	60.00	0.08	0.03351	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	1	30.00	0.18	0.03479	200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	1	90.00	0.18	0.03479	200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	2	90.00	0.08	0.03401	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	45.00	0.05	0.03351	51%-75% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	60.00	0.08	0.03351	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	3	90.00	0.01	0.03351	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1192

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382080510	TRAZODONE 50 MG TABLET	3	90.00	0.08	0.03351	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	4	30.00	0.06	0.03309	76%-100% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
68382080510	TRAZODONE 50 MG TABLET	12	30.00	0.18	0.03489	200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	1	30.00	0.09	0.05198	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	1	90.00	0.08	0.05198	26%-50% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	1	90.00	0.21	0.05198	200% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	2	30.00	0.01	0.05068	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	2	30.00	0.09	0.05068	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	2	30.00	0.09	0.05068	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	3	30.00	0.01	0.05082	76%-100% Below	No	No
68382080601	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05082	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	3	90.00	0.08	0.05082	26%-50% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	3	90.00	0.08	0.05082	51%-75% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	3	135.00	0.09	0.05082	76%-100% Above	No	No
68382080601	TRAZODONE 100 MG TABLET	4	30.00	0.09	0.05004	76%-100% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	1	90.00	0.21	0.05198	200% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	3	90.00	0.11	0.05082	101%-200% Above	No	No
68382080605	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	1	30.00	0.09	0.05198	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	1	30.00	0.21	0.05198	200% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	1	45.00	0.09	0.05198	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	1	60.00	0.08	0.05198	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	1	90.00	0.09	0.05198	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	1	90.00	0.09	0.05198	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1193

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.09	0.05068	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	2	90.00	0.09	0.05068	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05082	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	45.00	0.09	0.05082	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	90.00	0.09	0.05082	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	90.00	0.09	0.05082	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	3	180.00	0.09	0.05082	76%-100% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	12	60.00	0.08	0.05459	51%-75% Above	No	No
68382080610	TRAZODONE 100 MG TABLET	12	90.00	0.09	0.05459	51%-75% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	1	30.00	0.23	0.09212	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	1	60.00	0.26	0.09212	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	1	90.00	0.12	0.09212	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	1	90.00	0.26	0.09212	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	2	30.00	0.01	0.08889	76%-100% Below	No	No
68382080701	TRAZODONE 150 MG TABLET	2	30.00	0.23	0.08889	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	2	90.00	0.23	0.08889	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	3	30.00	0.23	0.09019	101%-200% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	3	90.00	0.12	0.09019	26%-50% Above	No	No
68382080701	TRAZODONE 150 MG TABLET	4	30.00	0.01	0.08780	76%-100% Below	No	No
68382080701	TRAZODONE 150 MG TABLET	4	30.00	0.12	0.08780	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	1	30.00	0.26	0.09212	101%-200% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	2	30.00	0.12	0.08889	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	4	90.00	0.12	0.08780	26%-50% Above	No	No
68382080705	TRAZODONE 150 MG TABLET	4	180.00	0.12	0.08780	26%-50% Above	No	No
68382085601	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.11	0.09680	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1194

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	90.00	0.14	0.09680	26%-50% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	30.00	0.12	0.09622	10%-25% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.08	0.09622	10%-25% Below	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.12	0.09622	26%-50% Above	No	No
68382085605	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	4	90.00	0.14	0.09559	26%-50% Above	No	No
68382085701	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	3	45.00	0.13	0.11468	10%-25% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	2	12.00	0.24	0.14032	51%-75% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	2	12.00	0.69	0.14032	200% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	2	21.00	0.48	0.14032	200% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	3	12.00	0.24	0.13236	76%-100% Above	No	No
68382091601	METHYLPREDNISOLONE 4 MG TABLET	12	10.00	0.68	0.14280	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	1	21.00	0.45	0.11538	200% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	2	21.00	0.19	0.11432	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.19	0.11554	51%-75% Above	No	No
68382091634	METHYLPREDNISOLONE 4 MG DOSEPK	3	21.00	0.24	0.11554	101%-200% Above	No	No
68382091911	METHYLPREDNISOLONE 32 MG TAB	3	2.00	1.27	2.53641	26%-50% Below	Yes	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	1	6.00	6.46	1.89356	200% Above	No	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	1	12.00	2.14	1.89356	10%-25% Above	Yes	No
68382092386	ELETRIPTAN HBR 40 MG TABLET	12	6.00	6.74	1.85381	200% Above	No	No
68382096906	ROFLUMILAST 500 MCG TABLET	1	30.00	2.49	0.33639	200% Above	No	No
68382096906	ROFLUMILAST 500 MCG TABLET	2	30.00	2.49	0.32617	200% Above	No	No
68382096906	ROFLUMILAST 500 MCG TABLET	3	30.00	2.49	0.31183	200% Above	No	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.04	0.08632	51%-75% Below	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.16	0.08632	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.33	0.08632	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1195

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68382097001	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.37	0.08632	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	45.00	0.37	0.08632	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	45.00	0.47	0.08632	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.16	0.08632	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.37	0.08632	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.02	0.08331	51%-75% Below	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	2	30.00	0.33	0.08331	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.16	0.08331	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.33	0.08331	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	15.00	0.16	0.08534	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	30.00	0.02	0.08534	51%-75% Below	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	30.00	0.16	0.08534	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	30.00	0.16	0.08534	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	45.00	0.19	0.08534	101%-200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	3	90.00	0.16	0.08534	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	4	30.00	0.16	0.09012	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	4	30.00	0.16	0.09012	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	4	90.00	0.16	0.09012	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	12	30.00	0.16	0.08869	76%-100% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	12	30.00	0.33	0.08869	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	12	45.00	0.47	0.08869	200% Above	Yes	No
68382097001	CHLORTHALIDONE 25 MG TABLET	12	90.00	0.17	0.08869	76%-100% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	1	90.00	0.33	0.14208	101%-200% Above	Yes	No
68382097101	CHLORTHALIDONE 50 MG TABLET	2	90.00	0.17	0.13374	26%-50% Above	Yes	No
68382098006	LAMOTRIGINE ER 50 MG TABLET	4	90.00	1.45	0.62729	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1196

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	360.00	2.99	0.68329	200% Above	No	No
68382098406	LAMOTRIGINE ER 300 MG TABLET	3	30.00	0.70	1.27563	26%-50% Below	No	No
68382098406	LAMOTRIGINE ER 300 MG TABLET	3	30.00	0.78	1.27563	26%-50% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	2	3.00	0.12	0.22991	26%-50% Below	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	2	5.00	0.64	0.22991	101%-200% Above	No	No
68462010230	FLUCONAZOLE 100 MG TABLET	3	4.00	0.64	0.23483	101%-200% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	1	2.00	0.36	0.46051	10%-25% Below	Yes	No
68462010430	FLUCONAZOLE 200 MG TABLET	1	5.00	2.06	0.46051	200% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	2	3.00	0.93	0.44876	101%-200% Above	No	No
68462010430	FLUCONAZOLE 200 MG TABLET	3	8.00	0.93	0.43495	101%-200% Above	No	No
68462010530	ONDANSETRON HCL 4 MG TABLET	2	18.00	0.19	0.06502	101%-200% Above	Yes	No
68462010530	ONDANSETRON HCL 4 MG TABLET	4	18.00	0.19	0.06330	101%-200% Above	No	No
68462010630	ONDANSETRON HCL 8 MG TABLET	12	18.00	0.24	0.09811	101%-200% Above	Yes	No
68462010805	TOPIRAMATE 25 MG TABLET	3	90.00	0.07	0.02602	101%-200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	12	60.00	0.28	0.02658	200% Above	No	No
68462010805	TOPIRAMATE 25 MG TABLET	12	90.00	0.07	0.02658	101%-200% Above	No	No
68462010810	TOPIRAMATE 25 MG TABLET	1	42.00	0.07	0.02634	101%-200% Above	No	No
68462010810	TOPIRAMATE 25 MG TABLET	2	180.00	0.07	0.02556	101%-200% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	1	90.00	0.08	0.06053	10%-25% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	3	60.00	0.08	0.05872	26%-50% Above	No	No
68462010905	TOPIRAMATE 100 MG TABLET	4	60.00	0.08	0.05982	26%-50% Above	No	No
68462011940	FLUCONAZOLE 150 MG TABLET	12	2.00	1.19	0.57907	101%-200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	1	10.00	2.17	0.54498	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	2	2.00	2.17	0.49006	200% Above	No	No
68462011944	FLUCONAZOLE 150 MG TABLET	3	3.00	2.16	0.43470	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1197

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462011944	FLUCONAZOLE 150 MG TABLET	4	1.00	2.16	0.42729	200% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	1	30.00	0.13	0.06907	76%-100% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	1	90.00	0.13	0.06907	76%-100% Above	No	No
68462012605	GABAPENTIN 600 MG TABLET	1	120.00	0.06	0.06907	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	1	180.00	0.02	0.06907	51%-75% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	2	30.00	0.06	0.06838	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	2	360.00	0.06	0.06838	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	3	30.00	0.06	0.06908	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	3	120.00	0.06	0.06908	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	4	30.00	0.06	0.06919	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	4	120.00	0.06	0.06919	10%-25% Below	No	No
68462012605	GABAPENTIN 600 MG TABLET	12	120.00	0.06	0.06871	10%-25% Below	No	No
68462012705	GABAPENTIN 800 MG TABLET	2	270.00	0.04	0.09833	51%-75% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	0.09	0.17326	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	0.09	0.17326	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	21.00	0.14	0.17326	10%-25% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	63.00	0.09	0.17326	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	1	84.00	0.02	0.17326	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	2	21.00	0.09	0.17219	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	2	21.00	0.09	0.17219	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	2	63.00	0.09	0.17219	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	2	84.00	0.02	0.17219	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	3	21.00	0.09	0.16742	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	3	63.00	0.09	0.16742	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	3	84.00	0.01	0.16742	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1198

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	4	21.00	0.02	0.16522	76%-100% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	4	63.00	0.09	0.16522	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	8	21.00	0.09	0.17597	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	9	21.00	0.09	0.17215	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	10	21.00	0.09	0.17028	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	11	21.00	0.09	0.16650	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	12	21.00	0.09	0.16870	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	12	21.00	0.11	0.16870	26%-50% Below	No	No
68462013281	NORETHIND-ETH ESTRAD 1-0.02 MG	12	84.00	0.00	0.16870	76%-100% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	2	60.00	0.07	0.10870	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	3	60.00	0.07	0.10594	26%-50% Below	No	No
68462013701	OXCARBAZEPINE 150 MG TABLET	12	60.00	0.16	0.11526	26%-50% Above	No	No
68462013901	OXCARBAZEPINE 600 MG TABLET	3	60.00	0.17	0.32392	26%-50% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	1	40.00	0.08	0.10622	10%-25% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	2	28.00	0.08	0.10488	26%-50% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	2	45.00	0.07	0.10488	26%-50% Below	No	No
68462014301	CLINDAMYCIN HCL 150 MG CAPSULE	4	21.00	0.09	0.10593	10%-25% Below	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	1	14.00	0.27	0.18306	26%-50% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	1	14.00	0.28	0.18306	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	1	14.00	0.31	0.18306	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	1	20.00	0.25	0.18306	26%-50% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	1	20.00	0.31	0.18306	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	1	21.00	0.26	0.18306	26%-50% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	1	24.00	0.31	0.18306	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	2	15.00	0.26	0.17934	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1199

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.30	0.17934	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	4	14.00	0.28	0.17631	51%-75% Above	No	No
68462014401	CLINDAMYCIN HCL 300 MG CAPSULE	4	21.00	0.25	0.17631	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	3.00	0.26	0.15835	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	4.00	0.59	0.15835	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	6.00	0.19	0.15835	10%-25% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	9.00	0.12	0.15835	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.11	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.13	0.15835	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.26	0.15835	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	10.00	0.59	0.15835	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.11	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.11	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.12	0.15835	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	12.00	0.26	0.15835	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.10	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.11	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.26	0.15835	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	15.00	0.59	0.15835	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.09	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.10	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.11	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.11	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.11	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.13	0.15835	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1200

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.26	0.15835	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	18.00	0.59	0.15835	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	20.00	0.59	0.15835	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	1	30.00	0.08	0.15835	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	3.00	0.22	0.15367	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	4.00	0.27	0.15367	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	5.00	0.22	0.15367	26%-50% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	5.00	0.26	0.15367	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.27	0.15367	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.11	0.15367	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.12	0.15367	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.26	0.15367	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.10	0.15367	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.11	0.15367	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.13	0.15367	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.26	0.15367	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	14.00	0.26	0.15367	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.26	0.15367	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.10	0.15367	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.11	0.15367	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.11	0.15367	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	2	30.00	0.08	0.15367	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1201

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	6.00	0.27	0.15006	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.12	0.15006	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.13	0.15006	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.26	0.15006	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.12	0.15006	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.12	0.15006	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.26	0.15006	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.11	0.15006	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.26	0.15006	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.15006	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.11	0.15006	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.26	0.15006	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	9.00	0.12	0.13980	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	10.00	0.26	0.13980	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.26	0.13980	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.26	0.13980	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.10	0.13980	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	5.00	0.37	0.15481	101%-200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	5.00	0.52	0.15481	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	6.00	0.52	0.15481	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	8.00	0.13	0.15481	10%-25% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	9.00	0.59	0.15481	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	10.00	0.11	0.15481	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.11	0.15481	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1202

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12.00	0.11	0.15481	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.26	0.15481	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.52	0.15481	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	12.00	0.59	0.15481	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	14.00	0.11	0.15481	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	14.00	0.59	0.15481	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	15.00	0.26	0.15481	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.11	0.15481	26%-50% Below	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.26	0.15481	51%-75% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.52	0.15481	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	18.00	0.59	0.15481	200% Above	No	No
68462015713	ONDANSETRON ODT 4 MG TABLET	12	20.00	0.11	0.15481	26%-50% Below	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	1	6.00	0.27	0.17101	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.61	0.17101	200% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	2	6.00	0.21	0.16841	26%-50% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	2	15.00	0.27	0.16841	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	2	18.00	0.27	0.16841	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	3	18.00	0.27	0.16990	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	3	30.00	0.27	0.16990	51%-75% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	12	18.00	0.41	0.17277	101%-200% Above	No	No
68462015813	ONDANSETRON ODT 8 MG TABLET	12	18.00	5.07	0.17277	200% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	1	60.00	0.13	0.01685	200% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	1	180.00	0.06	0.01685	200% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	2	60.00	0.06	0.01685	200% Above	No	No
68462016205	CARVEDILOL 3.125 MG TABLET	3	180.00	0.06	0.01709	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1203

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	CARVEDIOL 3.125 MG TABLET	4	180.00	0.06	0.01718	200% Above	No	No
68462016301	CARVEDIOL 6.25 MG TABLET	1	60.00	0.05	0.01861	101%-200% Above	Yes	No
68462016301	CARVEDIOL 6.25 MG TABLET	4	180.00	0.05	0.01848	101%-200% Above	Yes	No
68462016305	CARVEDIOL 6.25 MG TABLET	1	60.00	0.03	0.01861	51%-75% Above	No	No
68462016305	CARVEDIOL 6.25 MG TABLET	1	180.00	0.01	0.01861	26%-50% Below	No	No
68462016305	CARVEDIOL 6.25 MG TABLET	1	180.00	0.05	0.01861	101%-200% Above	No	No
68462016305	CARVEDIOL 6.25 MG TABLET	2	60.00	0.05	0.01849	101%-200% Above	No	No
68462016305	CARVEDIOL 6.25 MG TABLET	3	60.00	0.05	0.01849	101%-200% Above	No	No
68462016305	CARVEDIOL 6.25 MG TABLET	4	60.00	0.05	0.01848	101%-200% Above	No	No
68462016305	CARVEDIOL 6.25 MG TABLET	12	60.00	0.05	0.01872	101%-200% Above	No	No
68462016405	CARVEDIOL 12.5 MG TABLET	2	180.00	0.06	0.02089	101%-200% Above	No	No
68462016405	CARVEDIOL 12.5 MG TABLET	3	180.00	0.06	0.02087	101%-200% Above	No	No
68462016501	CARVEDIOL 25 MG TABLET	3	180.00	0.05	0.03159	51%-75% Above	Yes	No
68462016505	CARVEDIOL 25 MG TABLET	2	60.00	0.04	0.03159	10%-25% Above	No	No
68462016505	CARVEDIOL 25 MG TABLET	2	60.00	0.04	0.03159	26%-50% Above	No	No
68462017901	NAPROXEN SODIUM 550 MG TAB	12	15.00	0.43	0.19169	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.17	0.13574	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.25	0.13574	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.27	0.13574	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.27	0.13574	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.29	0.13574	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.29	0.13574	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	22.00	0.38	0.13574	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	30.00	0.38	0.13574	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	1	44.00	0.38	0.13574	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462018022	MUPIROCIN 2% OINTMENT	2	22.00	0.17	0.13256	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	2	22.00	0.26	0.13256	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	2	22.00	0.29	0.13256	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	2	22.00	0.29	0.13256	101%-200% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	0.17	0.13224	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	0.17	0.13224	26%-50% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	0.25	0.13224	76%-100% Above	Yes	No
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	0.29	0.13224	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	3	22.00	0.35	0.16880	101%-200% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	0.17	0.13303	26%-50% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	4	22.00	0.27	0.13303	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.00	0.17	0.13656	10%-25% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.00	0.27	0.13656	76%-100% Above	No	No
68462018022	MUPIROCIN 2% OINTMENT	12	22.00	0.29	0.13656	101%-200% Above	No	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	1	30.00	0.28	0.13152	101%-200% Above	No	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	3	30.00	0.12	0.13810	10%-25% Below	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	4	30.00	0.12	0.13585	10%-25% Below	Yes	No
68462018135	CLOTRIMAZOLE 1% TOPICAL CREAM	12	30.00	0.28	0.13370	101%-200% Above	Yes	No
68462018147	CLOTRIMAZOLE 1% TOPICAL CREAM	2	45.00	0.11	0.18599	26%-50% Below	Yes	No
68462018147	CLOTRIMAZOLE 1% TOPICAL CREAM	2	45.00	0.33	0.18599	76%-100% Above	Yes	No
68462018147	CLOTRIMAZOLE 1% TOPICAL CREAM	2	90.00	0.11	0.18599	26%-50% Below	Yes	No
68462018147	CLOTRIMAZOLE 1% TOPICAL CREAM	3	45.00	0.11	0.19228	26%-50% Below	Yes	No
68462018147	CLOTRIMAZOLE 1% TOPICAL CREAM	3	45.00	0.33	0.19228	51%-75% Above	Yes	No
68462018147	CLOTRIMAZOLE 1% TOPICAL CREAM	4	45.00	0.33	0.19502	51%-75% Above	Yes	No
68462018449	METRONIDAZOLE VAGINAL 0.75% GL	3	70.00	0.25	0.16968	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1205

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462019001	NAPROXEN 500 MG TABLET	2	20.00	0.08	0.06095	26%-50% Above	No	No
68462019001	NAPROXEN 500 MG TABLET	3	14.00	0.08	0.06107	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	1	20.00	0.08	0.06287	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	1	28.00	0.18	0.06287	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	1	30.00	0.04	0.06287	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	1	30.00	0.04	0.06287	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	1	60.00	0.18	0.06287	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	1	90.00	0.02	0.06287	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	2	14.00	0.08	0.06095	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	2	20.00	0.08	0.06095	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	2	30.00	0.08	0.06095	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	2	60.00	0.08	0.06095	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	3	20.00	0.08	0.06107	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	3	30.00	0.08	0.06107	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	3	60.00	0.08	0.06107	26%-50% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	4	14.00	0.17	0.06459	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	4	20.00	0.04	0.06325	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	4	60.00	0.04	0.06325	26%-50% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	12	10.00	0.16	0.06544	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	12	14.00	0.05	0.06544	10%-25% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	12	14.00	0.18	0.06544	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	12	20.00	0.08	0.06544	10%-25% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	12	30.00	0.02	0.06544	51%-75% Below	No	No
68462019005	NAPROXEN 500 MG TABLET	12	30.00	0.18	0.06544	101%-200% Above	No	No
68462019005	NAPROXEN 500 MG TABLET	12	40.00	0.18	0.06544	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1206

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462022101	LITHIUM CARBONATE 300 MG CAP	2	60.00	0.04	0.09447	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	2	60.00	0.04	0.09447	51%-75% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	2	180.00	0.04	0.09447	51%-75% Below	No	No
68462022101	LITHIUM CARBONATE 300 MG CAP	3	180.00	0.03	0.09391	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	4	180.00	0.04	0.09260	51%-75% Below	Yes	No
68462022101	LITHIUM CARBONATE 300 MG CAP	12	90.00	0.03	0.10729	51%-75% Below	Yes	No
68462022201	LITHIUM CARBONATE 600 MG CAP	1	60.00	0.13	0.24828	26%-50% Below	No	No
68462022201	LITHIUM CARBONATE 600 MG CAP	3	30.00	0.13	0.24909	26%-50% Below	No	No
68462022605	EZETIMIBE 10 MG TABLET	1	30.00	0.66	0.07565	200% Above	No	No
68462022630	EZETIMIBE 10 MG TABLET	1	30.00	0.66	0.07565	200% Above	No	No
68462022630	EZETIMIBE 10 MG TABLET	2	30.00	0.30	0.07371	200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	1	30.00	0.03	0.04737	26%-50% Below	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	1	90.00	0.24	0.04737	200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	2	60.00	0.11	0.04684	101%-200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	4	90.00	0.11	0.04759	101%-200% Above	No	No
68462025301	ROPINIROLE HCL 0.25 MG TABLET	12	30.00	0.03	0.04732	26%-50% Below	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	1	30.00	0.10	0.04459	101%-200% Above	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	2	30.00	0.10	0.04323	101%-200% Above	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	3	30.00	0.10	0.04261	101%-200% Above	No	No
68462025401	ROPINIROLE HCL 0.5 MG TABLET	4	90.00	0.05	0.04330	10%-25% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	1	90.00	0.03	0.05341	26%-50% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	2	90.00	0.11	0.05201	101%-200% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	2	270.00	0.11	0.05201	101%-200% Above	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	3	90.00	0.02	0.05220	51%-75% Below	No	No
68462025501	ROPINIROLE HCL 1 MG TABLET	3	90.00	0.11	0.05220	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1207

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462025501	ROPINIROLE HCL 1 MG TABLET	12	90.00	0.33	0.05494	200% Above	No	No
68462025601	ROPINIROLE HCL 2 MG TABLET	1	5.00	0.17	0.06736	101%-200% Above	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	2	5.00	0.18	0.08363	101%-200% Above	No	No
68462025801	ROPINIROLE HCL 4 MG TABLET	3	90.00	0.04	0.08516	51%-75% Below	No	No
68462025901	ROPINIROLE HCL 5 MG TABLET	3	60.00	0.11	0.07624	26%-50% Above	No	No
68462026110	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.02	0.03451	26%-50% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	1	15.00	0.25	0.03547	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.01	0.03547	51%-75% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	3	12.00	0.25	0.03451	200% Above	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.03451	51%-75% Below	No	No
68462026190	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.06	0.03451	76%-100% Above	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03934	26%-50% Below	No	No
68462026210	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.50	0.03934	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.50	0.03934	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.22	0.03828	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.02	0.03828	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.22	0.03777	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.22	0.03787	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.02	0.03787	51%-75% Below	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	1.97	0.03787	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.22	0.03993	200% Above	No	No
68462026290	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.01	0.03993	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1208

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.22	0.04807	200% Above	No	No
68462026310	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.22	0.05168	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.17	0.05022	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.22	0.05022	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.17	0.04848	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.22	0.04848	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.02	0.04848	26%-50% Below	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	No	No
68462026390	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.35	0.06506	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.33	0.06506	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.35	0.06506	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.35	0.06240	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.35	0.06008	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.35	0.06008	200% Above	No	No
68462026430	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.36	0.06575	200% Above	No	No
68462026530	ATOMOXETINE HCL 10 MG CAPSULE	3	180.00	1.67	0.40580	200% Above	No	No
68462026730	ATOMOXETINE HCL 25 MG CAPSULE	1	60.00	0.25	0.43998	26%-50% Below	No	No
68462026730	ATOMOXETINE HCL 25 MG CAPSULE	3	30.00	1.58	0.41911	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	0.50	0.55737	10%-25% Below	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	1	30.00	4.13	0.55737	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	0.33	0.53121	26%-50% Below	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	2	30.00	1.78	0.53121	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	3	30.00	1.78	0.50707	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	3	60.00	1.78	0.50707	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1209

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	4	30.00	1.78	0.49646	200% Above	No	No
68462026830	ATOMOXETINE HCL 40 MG CAPSULE	12	90.00	2.06	0.58121	200% Above	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	1	30.00	1.82	0.47805	200% Above	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	1	30.00	4.22	0.47805	200% Above	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	2	30.00	1.82	0.48322	200% Above	No	No
68462026930	ATOMOXETINE HCL 60 MG CAPSULE	3	30.00	1.82	0.52543	200% Above	No	No
68462027030	ATOMOXETINE HCL 80 MG CAPSULE	3	30.00	1.91	0.54988	200% Above	No	No
68462029201	VERAPAMIL ER 120 MG TABLET	3	30.00	0.14	0.19939	26%-50% Below	Yes	No
68462029201	VERAPAMIL ER 120 MG TABLET	4	90.00	0.14	0.19427	26%-50% Below	Yes	No
68462029301	VERAPAMIL ER 180 MG TABLET	3	90.00	0.11	0.19151	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	3	170.00	0.14	0.19151	26%-50% Below	No	No
68462029301	VERAPAMIL ER 180 MG TABLET	12	90.00	0.11	0.18960	26%-50% Below	No	No
68462029735	CICLOPIROX 0.77% CREAM	1	30.00	0.10	0.17582	26%-50% Below	No	No
68462029735	CICLOPIROX 0.77% CREAM	1	30.00	0.39	0.17582	101%-200% Above	No	No
68462029735	CICLOPIROX 0.77% CREAM	2	30.00	0.10	0.19218	26%-50% Below	No	No
68462029792	CICLOPIROX 0.77% CREAM	1	90.00	0.17	0.10279	51%-75% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	1	50.00	0.12	0.13802	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	1	90.00	0.28	0.13802	101%-200% Above	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	2	20.00	0.12	0.13640	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	2	21.00	0.12	0.13640	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	2	50.00	0.11	0.13640	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	2	50.00	0.12	0.13640	10%-25% Below	No	No
68462030201	INDOMETHACIN 50 MG CAPSULE	12	60.00	0.20	0.13467	26%-50% Above	No	No
68462030205	INDOMETHACIN 50 MG CAPSULE	2	6.00	0.17	0.13640	10%-25% Above	No	No
68462030205	INDOMETHACIN 50 MG CAPSULE	2	21.00	0.12	0.13640	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1210

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462030205	INDOMETHACIN 50 MG CAPSULE	2	30.00	0.12	0.13640	10%-25% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	1	28.00	0.01	0.08940	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	1	28.00	0.05	0.08940	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	1	28.00	0.06	0.08940	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	1	28.00	0.14	0.08940	51%-75% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	1	84.00	0.14	0.08940	51%-75% Above	No	No
68462030329	HEATHER 0.35 MG TABLET	2	28.00	0.01	0.09326	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	2	28.00	0.05	0.09326	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	2	28.00	0.06	0.09326	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	3	28.00	0.01	0.09445	76%-100% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	3	28.00	0.05	0.09445	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	3	28.00	0.06	0.09445	26%-50% Below	No	No
68462030329	HEATHER 0.35 MG TABLET	3	84.00	0.06	0.09445	26%-50% Below	No	No
68462030450	NORETHINDRONE 5 MG TABLET	1	30.00	0.36	0.29740	10%-25% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	1	30.00	0.50	0.29740	51%-75% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	1	30.00	0.50	0.29740	51%-75% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	1	30.00	0.67	0.29740	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	1	60.00	0.42	0.29740	26%-50% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	1	90.00	0.36	0.29740	10%-25% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	1	90.00	0.83	0.29740	101%-200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	2	7.00	1.10	0.29461	200% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	2	14.00	0.56	0.29461	76%-100% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	2	30.00	0.50	0.29461	51%-75% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	2	30.00	0.66	0.29461	101%-200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	2	270.00	0.15	0.29461	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462030450	NORETHINDRONE 5 MG TABLET	3	10.00	0.56	0.28947	76%-100% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	3	90.00	0.36	0.28947	10%-25% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	4	30.00	0.66	0.29903	101%-200% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	4	90.00	0.50	0.29903	51%-75% Above	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	10	30.00	0.58	0.30149	76%-100% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	11	30.00	0.58	0.29675	76%-100% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	12	30.00	0.16	0.30191	26%-50% Below	Yes	No
68462030450	NORETHINDRONE 5 MG TABLET	12	30.00	0.50	0.30191	51%-75% Above	No	No
68462030450	NORETHINDRONE 5 MG TABLET	12	90.00	0.83	0.30191	101%-200% Above	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.06	0.08940	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.14	0.08940	51%-75% Above	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	1	28.00	0.14	0.08940	51%-75% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	1	84.00	0.04	0.08940	51%-75% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	2	28.00	0.06	0.09326	26%-50% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	3	28.00	0.06	0.09445	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	3	84.00	0.04	0.09445	51%-75% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	3	84.00	0.06	0.09445	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	4	28.00	0.06	0.09225	26%-50% Below	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	4	84.00	0.04	0.09225	51%-75% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	4	84.00	0.06	0.09225	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	12	28.00	0.14	0.08490	51%-75% Above	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	12	28.00	0.21	0.08490	101%-200% Above	No	No
68462030529	NORETHINDRONE 0.35 MG TABLET	12	84.00	0.06	0.08490	26%-50% Below	Yes	No
68462030529	NORETHINDRONE 0.35 MG TABLET	12	84.00	0.14	0.08490	51%-75% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	28.00	0.01	0.12299	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	28.00	0.06	0.12299	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	84.00	0.01	0.12299	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	84.00	0.06	0.12299	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	1	84.00	0.30	0.12299	101%-200% Above	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	2	28.00	0.06	0.12401	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	2	84.00	0.06	0.12401	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	28.00	0.01	0.12394	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	28.00	0.06	0.12394	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	3	84.00	0.06	0.12394	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	4	84.00	0.01	0.12601	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	28.00	0.00	0.12304	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	28.00	0.06	0.12304	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	84.00	0.00	0.12304	76%-100% Below	No	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	84.00	0.06	0.12304	26%-50% Below	Yes	No
68462030929	NORG-ETHIN ESTRA 0.25-0.035 MG	12	84.00	0.30	0.12304	101%-200% Above	Yes	No
68462031065	CALCIPOTRIENE 0.005% OINTMENT	12	60.00	1.84	2.28249	10%-25% Below	No	No
68462032560	INDOMETHACIN ER 75 MG CAPSULE	1	30.00	0.16	0.20904	10%-25% Below	No	No
68462032560	INDOMETHACIN ER 75 MG CAPSULE	3	30.00	0.16	0.20305	10%-25% Below	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	10.00	0.30	0.05671	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.08	0.05671	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.08	0.05671	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.17	0.05671	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	30.00	0.23	0.05671	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.08	0.05671	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.17	0.05671	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.17	0.05671	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.22	0.05671	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	1	90.00	0.22	0.05671	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	10.00	0.08	0.05504	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	26.00	0.24	0.05504	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.08	0.05504	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.08	0.05504	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.23	0.05504	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.24	0.05504	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	30.00	0.29	0.05504	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.08	0.05504	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	2	90.00	0.08	0.05504	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	7.00	0.37	0.05516	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	10.00	0.25	0.05516	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.08	0.05516	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.08	0.05516	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.16	0.05516	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.23	0.05516	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.23	0.05516	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.23	0.05516	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.24	0.05516	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.08	0.05516	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.08	0.05516	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.17	0.05516	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.22	0.05516	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462034690	LEVOCETIRIZINE 5 MG TABLET	3	90.00	0.22	0.05516	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.08	0.05470	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.08	0.05470	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.16	0.05470	101%-200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	30.00	0.20	0.05470	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.03	0.05470	26%-50% Below	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.08	0.05470	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	4	90.00	0.26	0.05470	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	10.00	0.25	0.05681	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.08	0.05681	26%-50% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.17	0.05681	200% Above	No	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	30.00	0.23	0.05681	200% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.08	0.05681	26%-50% Above	Yes	No
68462034690	LEVOCETIRIZINE 5 MG TABLET	12	90.00	0.26	0.05681	200% Above	Yes	No
68462038201	ESZOPICLONE 1 MG TABLET	1	7.00	0.67	0.11132	200% Above	No	No
68462038301	ESZOPICLONE 2 MG TABLET	1	30.00	0.61	0.08658	200% Above	No	No
68462039429	ALYACEN 1-35 28 TABLET	2	84.00	0.12	0.20538	26%-50% Below	No	No
68462039429	ALYACEN 1-35 28 TABLET	2	84.00	0.12	0.20538	26%-50% Below	Yes	No
68462039429	ALYACEN 1-35 28 TABLET	3	28.00	0.10	0.20344	26%-50% Below	Yes	No
68462039429	ALYACEN 1-35 28 TABLET	12	84.00	0.11	0.22173	51%-75% Below	Yes	No
68462039610	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.06	0.02971	101%-200% Above	No	No
68462039610	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.10	0.02971	200% Above	No	No
68462039610	OMEPRazole DR 20 MG CAPSULE	1	30.00	0.23	0.02971	200% Above	No	No
68462039610	OMEPRazole DR 20 MG CAPSULE	1	90.00	0.05	0.02971	76%-100% Above	No	No
68462039610	OMEPRazole DR 20 MG CAPSULE	1	90.00	0.08	0.02971	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.10	0.02971	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.23	0.02971	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	180.00	0.10	0.02971	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	1	180.00	0.23	0.02971	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.10	0.02921	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.02921	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.08	0.02921	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.10	0.02921	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	2	180.00	0.10	0.02921	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	20.00	0.07	0.02884	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	28.00	0.06	0.02884	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.10	0.02884	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.10	0.02884	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	3	180.00	0.10	0.02884	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.10	0.02847	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.05	0.02847	76%-100% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	4	180.00	0.10	0.02847	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.10	0.03007	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.23	0.03007	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.07	0.03007	101%-200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.10	0.03007	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.23	0.03007	200% Above	No	No
68462039610	OMEPRAZOLE DR 20 MG CAPSULE	12	180.00	0.10	0.03007	200% Above	No	No
68462039701	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.12	0.05157	101%-200% Above	No	No
68462039701	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.12	0.05199	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
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	0.12	0.05157	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.14	0.05157	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.16	0.05157	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.19	0.05157	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	30.00	0.26	0.05157	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.12	0.05157	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.26	0.05157	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	180.00	0.13	0.05157	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	1	180.00	0.26	0.05157	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.12	0.05079	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.14	0.05079	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.15	0.05079	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.16	0.05079	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	30.00	0.19	0.05079	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.12	0.05079	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.14	0.05079	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	90.00	0.17	0.05079	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	2	180.00	0.12	0.05079	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.14	0.05044	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.15	0.05044	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.16	0.05044	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.19	0.05044	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.12	0.05044	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.14	0.05044	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	90.00	0.15	0.05044	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	3	180.00	0.12	0.05044	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	28.00	0.12	0.05055	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	30.00	0.12	0.05055	101%-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	0.12	0.05055	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	120.00	0.12	0.05055	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	4	180.00	0.03	0.05055	26%-50% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.14	0.05244	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	5	30.00	0.24	0.05244	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.03	0.05199	26%-50% Below	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.12	0.05199	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.14	0.05199	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.16	0.05199	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	30.00	0.26	0.05199	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	60.00	0.12	0.05199	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.12	0.05199	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.12	0.05199	101%-200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.16	0.05199	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.26	0.05199	200% Above	No	No
68462039710	OMEPRAZOLE DR 40 MG CAPSULE	12	90.00	0.98	0.05199	200% Above	No	No
68462039730	OMEPRAZOLE DR 40 MG CAPSULE	3	30.00	0.12	0.05044	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	1	90.00	0.26	0.05157	200% Above	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	2	180.00	0.12	0.05079	101%-200% Above	Yes	No
68462039790	OMEPRAZOLE DR 40 MG CAPSULE	4	90.00	0.12	0.05055	101%-200% Above	Yes	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	1	20.00	0.61	1.54663	51%-75% Below	Yes	No
68462040401	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	12	18.00	0.63	1.65008	51%-75% Below	No	No
68462040467	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	2	20.00	0.75	1.56901	51%-75% Below	No	No
68462040467	ATOVAQUONE-PROGUANIL 250-100 MG TABLET	4	22.00	0.06	1.54304	76%-100% Below	No	No
68462040610	INDOMETHACIN 25 MG CAPSULE	9	40.00	0.08	0.10542	10%-25% Below	No	No
68462040610	INDOMETHACIN 25 MG CAPSULE	11	40.00	0.08	0.10577	10%-25% Below	No	No
68462040960	PROPAFENONE HCL ER 325 MG CAP	2	60.00	0.17	0.42643	51%-75% Below	No	No
68462041827	LIDOCAINE 5% OINTMENT	1	50.00	0.11	0.14401	10%-25% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	1	28.00	0.02	0.13571	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	1	28.00	0.35	0.13571	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	1	84.00	0.02	0.13571	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	1	84.00	0.35	0.13571	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	2	28.00	0.35	0.12836	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	2	84.00	0.02	0.12836	76%-100% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	2	84.00	0.04	0.12836	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	2	84.00	0.24	0.12836	76%-100% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	2	84.00	0.35	0.12836	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	3	28.00	0.35	0.12767	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	3	84.00	0.04	0.12767	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	3	84.00	0.06	0.12767	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	3	84.00	0.35	0.12767	101%-200% Above	No	No
68462041929	HAILEY FE 1-20 TABLET	4	28.00	0.35	0.12836	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462041929	HAILEY FE 1-20 TABLET	4	84.00	0.04	0.12836	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	12	84.00	0.05	0.14161	51%-75% Below	No	No
68462041929	HAILEY FE 1-20 TABLET	12	84.00	0.10	0.14161	26%-50% Below	No	No
68462043318	COLESEVELAM 625 MG TABLET	2	120.00	0.04	0.28991	76%-100% Below	No	No
68462043630	OLMESARTAN MEDOXOMIL 5 MG TAB	3	90.00	0.20	0.05809	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.17	0.07415	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.21	0.07415	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.21	0.07415	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.46	0.07415	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.17	0.07315	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.21	0.07315	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.17	0.07348	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.21	0.07348	101%-200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.50	0.07348	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.22	0.07348	200% Above	No	No
68462043730	OLMESARTAN MEDOXOMIL 20 MG TAB	12	30.00	0.46	0.07454	200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.21	0.07315	101%-200% Above	No	No
68462043790	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.21	0.07348	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.17	0.12345	26%-50% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.33	0.12345	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.44	0.12345	200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	0.34	0.12264	101%-200% Above	No	No
68462043830	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	0.67	0.11752	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	1	30.00	0.34	0.12345	101%-200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	1	30.00	0.75	0.12345	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.33	0.12345	101%-200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.75	0.12345	200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	2	30.00	0.34	0.12340	101%-200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	0.34	0.12340	101%-200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	0.34	0.12264	101%-200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	4	30.00	0.34	0.11752	101%-200% Above	No	No
68462043890	OLMESARTAN MEDOXOMIL 40 MG TAB	12	30.00	0.34	0.12283	101%-200% Above	No	No
68462047301	URSODIOL 250 MG TABLET	12	30.00	0.33	0.41270	10%-25% Below	No	No
68462047401	URSODIOL 500 MG TABLET	2	180.00	0.57	0.65973	10%-25% Below	Yes	No
68462050329	HAILEY FE 1.5-30 TABLET	1	28.00	0.34	0.14004	101%-200% Above	No	No
68462050329	HAILEY FE 1.5-30 TABLET	1	84.00	0.10	0.13767	10%-25% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	2	28.00	0.29	0.14583	76%-100% Above	No	No
68462050329	HAILEY FE 1.5-30 TABLET	2	84.00	0.02	0.13030	76%-100% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	2	84.00	0.05	0.13030	51%-75% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	2	84.00	0.08	0.13030	26%-50% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	3	28.00	0.05	0.13707	51%-75% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	3	28.00	0.26	0.14837	51%-75% Above	No	No
68462050329	HAILEY FE 1.5-30 TABLET	4	28.00	0.09	0.14744	26%-50% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	4	84.00	0.05	0.14287	51%-75% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	5	28.00	0.09	0.14566	26%-50% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	6	28.00	0.05	0.15386	51%-75% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	7	28.00	0.05	0.14835	51%-75% Below	No	No
68462050329	HAILEY FE 1.5-30 TABLET	12	28.00	0.05	0.14564	51%-75% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	1	21.00	0.21	0.37792	26%-50% Below	No	No
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	2	84.00	0.22	0.34861	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462050481	HAILEY 21 1.5 MG-30 MCG TAB	12	21.00	0.23	0.39151	26%-50% Below	No	No
68462053435	TACROLIMUS 0.1% OINTMENT	4	30.00	1.16	0.96975	10%-25% Above	Yes	No
68462053435	TACROLIMUS 0.1% OINTMENT	12	30.00	0.45	1.02890	51%-75% Below	Yes	No
68462053465	TACROLIMUS 0.1% OINTMENT	1	60.00	2.70	0.88978	200% Above	No	No
68462053465	TACROLIMUS 0.1% OINTMENT	2	60.00	0.57	0.88777	26%-50% Below	Yes	No
68462053465	TACROLIMUS 0.1% OINTMENT	2	60.00	1.48	0.88777	51%-75% Above	No	No
68462053465	TACROLIMUS 0.1% OINTMENT	12	60.00	2.70	0.96208	101%-200% Above	Yes	No
68462053494	TACROLIMUS 0.1% OINTMENT	1	100.00	1.16	0.93243	10%-25% Above	Yes	No
68462053494	TACROLIMUS 0.1% OINTMENT	12	100.00	1.21	0.97833	10%-25% Above	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	2	10.00	1.00	0.68360	26%-50% Above	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	2	12.00	0.51	0.68360	10%-25% Below	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	3	12.00	0.51	0.68030	10%-25% Below	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	4	12.00	0.51	0.66444	10%-25% Below	No	No
68462053670	IMIQUIMOD 5% CREAM PACKET	12	10.00	0.31	0.67492	51%-75% Below	No	No
68462057901	BENZAEPRI- HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.27	0.23564	10%-25% Above	No	No
68462058101	FENOFIBRATE 134 MG CAPSULE	3	90.00	0.28	0.11024	101%-200% Above	No	No
68462060935	PIMECROLIMUS 1% CREAM	1	30.00	1.22	2.68170	51%-75% Below	Yes	No
68462060935	PIMECROLIMUS 1% CREAM	12	30.00	3.94	3.01950	26%-50% Above	Yes	No
68462060965	PIMECROLIMUS 1% CREAM	1	60.00	1.35	3.10749	51%-75% Below	No	No
68462060965	PIMECROLIMUS 1% CREAM	12	60.00	1.72	3.21325	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	1	25.00	0.10	0.14912	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2	25.00	0.11	0.15542	26%-50% Below	No	No
68462063945	NITROGLYCERIN 0.4 MG TABLET SL	2	25.00	0.12	0.15542	10%-25% Below	No	No
68462064901	DEXTROAMP- AMPHETAMIN 10 MG TAB	2	30.00	0.18	0.24258	10%-25% Below	No	No
68462065101	DEXTROAMP- AMPHETAMIN 15 MG TAB	4	60.00	0.19	0.24786	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462065101	DEXTROAMP-AMPHETAMIN 15 MG TAB	12	30.00	0.11	0.27525	51%-75% Below	No	No
68462065201	DEXTROAMP-AMPHETAMIN 20 MG TAB	1	60.00	0.17	0.31944	26%-50% Below	No	No
68462065201	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	30.00	0.12	0.32297	51%-75% Below	No	No
68462065201	DEXTROAMP-AMPHETAMIN 20 MG TAB	12	60.00	0.23	0.32297	26%-50% Below	No	No
68462065301	DEXTROAMP-AMPHETAMIN 30 MG TAB	1	60.00	0.14	0.31528	51%-75% Below	No	No
68462065301	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	60.00	0.18	0.31166	26%-50% Below	No	No
68462065629	NORETHIND-ETH ESTRAD 0.5-2.5	2	28.00	0.60	0.84998	26%-50% Below	No	No
68462065629	NORETHIND-ETH ESTRAD 0.5-2.5	4	28.00	0.54	0.91197	26%-50% Below	No	No
68462065790	NORETHIN-ETH ESTRAD 1 MG-5 MCG	1	90.00	0.42	0.88790	51%-75% Below	No	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	3	91.00	0.09	0.15146	26%-50% Below	No	No
68462067295	LEVONORGESTREL-ETH ESTRAD 0.15 MG-0.03 MG TABLET	12	91.00	0.10	0.16398	26%-50% Below	No	No
68462068060	LACOSAMIDE 150 MG TABLET	3	120.00	0.92	0.22023	200% Above	Yes	No
68462068060	LACOSAMIDE 150 MG TABLET	12	120.00	0.10	0.24364	51%-75% Below	Yes	No
68462068160	LACOSAMIDE 200 MG TABLET	1	60.00	0.88	0.29876	101%-200% Above	Yes	No
68462068601	TACROLIMUS 1 MG CAPSULE (IMMEDIATE RELEASE)	12	300.00	0.26	0.17120	26%-50% Above	Yes	No
68462068701	TACROLIMUS 5 MG CAPSULE (IMMEDIATE RELEASE)	3	60.00	2.77	0.70297	200% Above	Yes	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	1	28.00	0.02	0.16709	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	1	28.00	0.09	0.16709	26%-50% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	1	84.00	0.02	0.16709	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	1	84.00	0.13	0.16709	10%-25% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	1	84.00	0.29	0.16709	51%-75% Above	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	2	28.00	0.02	0.16614	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	2	84.00	0.02	0.16614	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	2	84.00	0.13	0.16614	10%-25% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	3	28.00	0.01	0.16384	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	3	28.00	0.02	0.16384	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	3	28.00	0.13	0.16384	10%-25% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	3	84.00	0.13	0.16384	10%-25% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	4	28.00	0.01	0.16558	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	4	84.00	0.01	0.16558	76%-100% Below	No	No
68462072029	DROSPIRENONE-EE 3-0.02 MG TAB	12	84.00	0.12	0.16111	26%-50% Below	No	No
68462072084	DROSPIRENONE-EE 3-0.02 MG TAB	4	28.00	0.09	0.16558	26%-50% Below	No	No
68462072790	SAXAGLIPTIN HCL 5 MG TABLET	2	90.00	1.11	1.59378	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	28.00	0.11	0.21477	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	28.00	0.12	0.21477	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	28.00	0.12	0.21477	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	28.00	0.14	0.21477	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	28.00	0.14	0.21477	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	28.00	0.33	0.21477	51%-75% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	84.00	0.11	0.21477	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	1	84.00	0.33	0.21477	51%-75% Above	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	28.00	0.12	0.20703	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	28.00	0.14	0.20703	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	28.00	0.14	0.20703	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	2	84.00	0.14	0.20703	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	28.00	0.14	0.20356	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	28.00	0.14	0.20356	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	84.00	0.10	0.20356	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	3	84.00	0.14	0.20356	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	28.00	0.12	0.21521	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	4	28.00	0.14	0.21521	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	28.00	0.11	0.22098	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	28.00	0.15	0.22098	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	28.00	0.15	0.22098	26%-50% Below	Yes	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	28.00	0.15	0.22098	26%-50% Below	No	No
68462073129	HAILEY 24 FE 1 MG-20 MCG TAB	12	84.00	0.33	0.22098	26%-50% Above	Yes	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.12	0.16832	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	1	28.00	0.27	0.16832	51%-75% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	1	84.00	0.09	0.16832	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	1	84.00	0.24	0.16832	26%-50% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	2	28.00	0.12	0.16398	26%-50% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.01	0.15747	76%-100% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	3	28.00	0.12	0.15747	10%-25% Below	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	3	84.00	0.24	0.15747	51%-75% Above	No	No
68462073329	DROSPIRENONE-EE 3-0.03 MG TAB	12	28.00	0.27	0.17314	51%-75% Above	No	No
68462074635	ACYCLOVIR 5% OINTMENT	1	30.00	0.66	0.35246	76%-100% Above	Yes	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	1	28.00	0.78	0.95620	10%-25% Below	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	2	28.00	0.47	1.00375	51%-75% Below	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	3	28.00	0.09	0.91140	76%-100% Below	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	3	28.00	0.48	0.91140	26%-50% Below	No	No
68462084929	NORETH-EE-FE 1-0.02(24)-75 CAP	4	28.00	0.48	0.75511	26%-50% Below	No	No
68462086665	CLINDAMYCIN PH 1% GEL	1	60.00	0.17	0.13903	10%-25% Above	No	No
68462086665	CLINDAMYCIN PH 1% GEL	1	60.00	0.25	0.13903	76%-100% Above	No	No
68462086665	CLINDAMYCIN PH 1% GEL	3	60.00	0.27	0.13194	101%-200% Above	No	No
68462087801	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	12	90.00	0.17	0.20147	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1225

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68462088001	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	12	90.00	0.15	0.22416	26%-50% Below	No	No
68462088135	TACROLIMUS 0.03% OINTMENT	1	60.00	0.49	0.88039	26%-50% Below	Yes	No
68462088135	TACROLIMUS 0.03% OINTMENT	2	60.00	1.19	0.81978	26%-50% Above	Yes	No
68462088135	TACROLIMUS 0.03% OINTMENT	3	30.00	0.37	0.84061	51%-75% Below	Yes	No
68462089456	VARENICLINE 1 MG TABLET	1	60.00	0.05	0.43344	76%-100% Below	No	No
68462089456	VARENICLINE 1 MG TABLET	2	56.00	2.47	0.42775	200% Above	No	No
68462089504	VARENICLINE STARTING MONTH BOX	1	53.00	0.05	0.51116	76%-100% Below	No	No
68462089504	VARENICLINE STARTING MONTH BOX	1	53.00	1.19	0.51116	101%-200% Above	No	No
68462089504	VARENICLINE STARTING MONTH BOX	3	53.00	1.19	0.51000	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.03012	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.08	0.03012	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	60.00	0.03	0.03012	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.01	0.03012	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	1	90.00	0.02	0.03012	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.02965	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	60.00	0.03	0.02965	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.02965	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.02965	26%-50% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.02	0.02965	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.02981	10%-25% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	60.00	0.03	0.02981	10%-25% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	3	90.00	0.02	0.02981	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1226

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	270.00	0.08	0.02981	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.01	0.02973	51%-75% Below	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	4	30.00	0.08	0.02973	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.08	0.03004	101%-200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	12	60.00	0.17	0.03004	200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	12	90.00	0.17	0.03004	200% Above	No	No
68645013054	FLUOXETINE HCL 20 MG CAPSULE	12	270.00	0.08	0.03004	101%-200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03148	10%-25% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.24	0.03148	200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03279	10%-25% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.11	0.03481	200% Above	No	No
68645013154	FLUOXETINE HCL 10 MG CAPSULE	4	30.00	0.11	0.03706	101%-200% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	3	180.00	0.06	0.02682	101%-200% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	12	180.00	0.05	0.02601	76%-100% Above	No	No
68645019159	METOPROLOL TARTRATE 100 MG TAB	12	180.00	0.07	0.02601	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.02	0.01221	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01221	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.03	0.01221	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	30.00	0.04	0.01221	200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.02	0.01221	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	1	90.00	0.04	0.01221	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1227

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.02	0.01214	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	30.00	0.03	0.01214	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.01	0.01214	10%-25% Below	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	2	90.00	0.02	0.01214	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.02	0.01212	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	30.00	0.03	0.01212	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	3	90.00	0.02	0.01212	76%-100% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.02	0.01202	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01202	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	30.00	0.03	0.01202	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	4	90.00	0.02	0.01202	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.02	0.01237	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	30.00	0.03	0.01237	101%-200% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.02	0.01237	26%-50% Above	No	No
68645051054	HYDROCHLOROTHIAZIDE 25 MG TAB	12	90.00	0.03	0.01237	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	30.00	0.01	0.04247	76%-100% Below	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	30.00	0.29	0.04247	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1228

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645051954	ESCITALOPRAM 10 MG TABLET	1	90.00	0.09	0.04247	101%-200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	1	90.00	0.13	0.04247	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	12	30.00	0.13	0.04292	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	12	30.00	0.29	0.04292	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	12	30.00	0.35	0.04292	200% Above	No	No
68645051954	ESCITALOPRAM 10 MG TABLET	12	90.00	0.13	0.04292	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	1	30.00	0.11	0.06218	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	51%-75% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	1	90.00	0.25	0.06218	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	2	30.00	0.13	0.06093	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	2	90.00	0.01	0.06093	76%-100% Below	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	3	30.00	0.01	0.06049	76%-100% Below	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	3	30.00	0.12	0.06049	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	3	30.00	0.13	0.06049	101%-200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	30.00	0.11	0.06311	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	30.00	0.46	0.06311	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	60.00	0.46	0.06311	200% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	90.00	0.11	0.06311	76%-100% Above	No	No
68645052054	ESCITALOPRAM 20 MG TABLET	12	135.00	0.46	0.06311	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1229

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645052154	SERTRALINE HCL 25 MG TABLET	1	30.00	0.07	0.03284	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	1	30.00	0.11	0.03284	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	2	30.00	0.07	0.03199	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	2	30.00	0.11	0.03199	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	2	60.00	0.05	0.03199	51%-75% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	3	30.00	0.07	0.03177	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	3	30.00	0.11	0.03177	200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	3	60.00	0.05	0.03177	51%-75% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	4	30.00	0.07	0.02999	101%-200% Above	No	No
68645052154	SERTRALINE HCL 25 MG TABLET	12	30.00	0.17	0.03291	200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	14.00	0.07	0.03881	76%-100% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	27.00	0.22	0.03881	200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	30.00	0.01	0.03881	51%-75% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	30.00	0.05	0.03881	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	30.00	0.10	0.03881	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	90.00	0.01	0.03881	51%-75% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	90.00	0.05	0.03881	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	90.00	0.10	0.03881	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	1	180.00	0.10	0.03881	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	30.00	0.05	0.03624	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	30.00	0.10	0.03624	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	90.00	0.01	0.03624	51%-75% Below	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	2	90.00	0.05	0.03624	26%-50% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	30.00	0.10	0.03533	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	3	90.00	0.10	0.03533	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1230

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	14.00	0.10	0.03450	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	4	30.00	0.10	0.03450	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	12	30.00	0.10	0.03876	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	12	90.00	0.10	0.03876	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	12	90.00	0.10	0.03876	101%-200% Above	No	No
68645052254	SERTRALINE HCL 50 MG TABLET	12	90.00	0.28	0.03876	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.05254	26%-50% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.05254	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	30.00	0.26	0.05254	200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	135.00	0.06	0.05254	10%-25% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	1	180.00	0.06	0.05254	10%-25% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	2	30.00	0.08	0.05182	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	2	30.00	0.12	0.05182	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	2	60.00	0.12	0.05182	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05182	10%-25% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	2	90.00	0.12	0.05182	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	30.00	0.08	0.05082	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	30.00	0.12	0.05082	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	45.00	0.12	0.05082	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	3	180.00	0.10	0.05082	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	30.00	0.08	0.04965	51%-75% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	30.00	0.12	0.04965	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	4	90.00	0.10	0.04965	101%-200% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	12	30.00	0.17	0.05186	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68645052354	SERTRALINE HCL 100 MG TABLET	12	90.00	0.10	0.05186	76%-100% Above	No	No
68645052354	SERTRALINE HCL 100 MG TABLET	12	180.00	0.10	0.05186	76%-100% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	1	22.00	0.11	0.06948	51%-75% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	1	30.00	0.37	0.06948	200% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	2	30.00	0.17	0.06916	101%-200% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	3	30.00	0.17	0.06970	101%-200% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	4	30.00	0.17	0.06976	101%-200% Above	No	No
68645054154	FINASTERIDE 5 MG TABLET	12	30.00	0.17	0.07014	101%-200% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.02	0.03027	10%-25% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	90.00	0.11	0.03027	200% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	2	30.00	0.05	0.02941	51%-75% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.02	0.02902	26%-50% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	3	90.00	0.05	0.02902	51%-75% Above	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	4	30.00	0.01	0.02844	51%-75% Below	No	No
68645055654	LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	12	90.00	0.13	0.03068	200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	30.00	0.07	0.04008	51%-75% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.03	0.04008	26%-50% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	90.00	0.07	0.04008	51%-75% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	30.00	0.07	0.03856	51%-75% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	2	180.00	0.03	0.03856	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	7.00	0.09	0.03760	101%-200% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	30.00	0.07	0.03760	76%-100% Above	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.02	0.03760	26%-50% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	3	90.00	0.03	0.03760	10%-25% Below	No	No
68645055754	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	4	90.00	0.03	0.03677	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1232

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.07	0.04135	51%-75% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	30.00	0.13	0.04148	200% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.02	0.04148	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	90.00	0.03	0.04148	26%-50% Below	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	2	90.00	0.07	0.04024	51%-75% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	30.00	0.07	0.04281	51%-75% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.07	0.04281	51%-75% Above	No	No
68645055854	LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	12	90.00	0.11	0.04281	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	1	20.00	0.09	0.04485	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	1	26.00	0.09	0.04485	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	1	28.00	0.03	0.04485	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	1	30.00	0.03	0.04485	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	2	14.00	0.05	0.04306	10%-25% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	2	15.00	0.05	0.04306	10%-25% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	2	20.00	0.09	0.04306	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	2	30.00	0.09	0.04306	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	2	40.00	0.03	0.04306	26%-50% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	3	20.00	0.09	0.04285	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	3	21.00	0.09	0.04285	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	3	30.00	0.09	0.04285	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	3	60.00	0.09	0.04285	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	4	30.00	0.04	0.04417	10%-25% Below	No	No
68645056259	IBUPROFEN 600 MG TABLET	4	30.00	0.09	0.04417	101%-200% Above	No	No
68645056259	IBUPROFEN 600 MG TABLET	12	30.00	0.10	0.04602	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	16.00	0.07	0.05494	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68645056354	IBUPROFEN 800 MG TABLET	1	20.00	0.05	0.05494	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	20.00	0.16	0.05494	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	24.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	28.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	30.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	40.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	42.00	0.03	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	90.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	90.00	0.16	0.05494	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	1	270.00	0.02	0.05494	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	15.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	16.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	20.00	0.05	0.05494	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	21.00	0.04	0.05494	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	21.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	24.00	0.05	0.05494	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	30.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	45.00	0.03	0.05494	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68645056354	IBUPROFEN 800 MG TABLET	2	60.00	0.05	0.05494	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	60.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.05494	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	90.00	0.07	0.05494	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	2	180.00	0.02	0.05494	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	16.00	0.07	0.05563	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	20.00	0.05	0.05563	10%-25% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	21.00	0.07	0.05563	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	28.00	0.07	0.05563	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.05563	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	36.00	0.07	0.05563	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	40.00	0.07	0.05563	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	45.00	0.04	0.05563	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.05563	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	90.00	0.02	0.05563	51%-75% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.05563	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	90.00	0.03	0.05563	26%-50% Below	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	90.00	0.07	0.05563	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	3	100.00	0.07	0.05563	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	8.00	0.09	0.05689	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	10.00	0.07	0.05689	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	16.00	0.07	0.05689	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	4	90.00	0.03	0.05689	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1235

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.07	0.05689	10%-25% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	16.00	0.07	0.05617	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	30.00	0.07	0.05617	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	30.00	0.13	0.05617	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	36.00	0.07	0.05617	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	60.00	0.07	0.05617	26%-50% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	60.00	0.13	0.05617	101%-200% Above	No	No
68645056354	IBUPROFEN 800 MG TABLET	12	90.00	0.13	0.05617	101%-200% Above	No	No
68645056690	LOVASTATIN 20 MG TABLET	3	90.00	0.15	0.04213	200% Above	No	No
68645056790	LOVASTATIN 40 MG TABLET	2	30.00	0.14	0.05451	101%-200% Above	No	No
68645056790	LOVASTATIN 40 MG TABLET	3	30.00	0.14	0.05583	101%-200% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	1	90.00	0.06	0.03580	51%-75% Above	No	No
68645057454	GLIPIZIDE 5 MG TABLET	3	180.00	0.02	0.03594	26%-50% Below	No	No
68645057454	GLIPIZIDE 5 MG TABLET	12	180.00	0.09	0.03598	101%-200% Above	No	No
68645057559	GLIPIZIDE 10 MG TABLET	2	60.00	0.06	0.04700	26%-50% Above	No	No
68645057559	GLIPIZIDE 10 MG TABLET	2	90.00	0.06	0.04700	26%-50% Above	No	No
68645057559	GLIPIZIDE 10 MG TABLET	2	180.00	0.02	0.04700	51%-75% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	2	180.00	0.03	0.04700	26%-50% Below	No	No
68645057559	GLIPIZIDE 10 MG TABLET	2	180.00	0.06	0.04700	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.03	0.01632	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.11	0.01632	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.11	0.01632	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1236

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.24	0.01632	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01581	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.11	0.01581	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01581	26%-50% Below	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	10%-25% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.03	0.01581	76%-100% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01575	101%-200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.11	0.01575	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	26%-50% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	51%-75% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	51%-75% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.11	0.01671	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.17	0.01671	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.11	0.01671	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.17	0.01671	200% Above	No	No
68645058054	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.24	0.01671	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01401	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	60.00	0.06	0.01401	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	90.00	0.06	0.01401	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	127.00	0.13	0.01401	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	180.00	0.01	0.01401	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1237

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	180.00	0.06	0.01401	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	1	360.00	0.01	0.01401	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	30.00	0.03	0.01395	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	30.00	0.06	0.01395	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01395	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	60.00	0.02	0.01395	26%-50% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	60.00	0.06	0.01395	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	90.00	0.06	0.01395	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01395	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	180.00	0.06	0.01395	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	270.00	0.01	0.01395	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	2	360.00	0.01	0.01395	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	30.00	0.03	0.01404	76%-100% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	30.00	0.06	0.01404	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01404	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	60.00	0.06	0.01404	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	90.00	0.01	0.01404	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	90.00	0.01	0.01404	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	90.00	0.06	0.01404	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01404	26%-50% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	180.00	0.01	0.01404	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	3	180.00	0.06	0.01404	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	180.00	0.01	0.01394	10%-25% Below	No	No
68645058259	METFORMIN HCL 500 MG TABLET	4	180.00	0.06	0.01394	200% Above	No	No
68645058259	METFORMIN HCL 500 MG TABLET	12	60.00	0.13	0.01415	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
68645058259	METFORMIN HCL 500 MG TABLET	12	180.00	0.08	0.01415	200% Above	No	No
68645058359	METFORMIN HCL 850 MG TABLET	2	60.00	0.05	0.02434	101%-200% Above	No	No
68645058359	METFORMIN HCL 850 MG TABLET	3	180.00	0.01	0.02467	51%-75% Below	No	No
68645058359	METFORMIN HCL 850 MG TABLET	4	60.00	0.05	0.02476	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	30.00	0.05	0.02384	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.04	0.02384	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.05	0.02384	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.05	0.02384	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	30.00	0.05	0.02388	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.04	0.02388	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.05	0.02388	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	30.00	0.05	0.02458	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.04	0.02458	26%-50% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.05	0.02458	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.01	0.02458	51%-75% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	4	135.00	0.02	0.02487	26%-50% Below	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.05	0.02487	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	15.00	0.08	0.02417	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.05	0.02417	101%-200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.08	0.02417	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.12	0.02417	200% Above	No	No
68645058459	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.08	0.02417	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	1	30.00	0.10	0.05336	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1239

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.07	0.05336	26%-50% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	1	90.00	0.23	0.05336	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	30.00	0.08	0.05002	51%-75% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	30.00	0.10	0.05002	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	90.00	0.07	0.05002	26%-50% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	2	90.00	0.10	0.05002	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	30.00	0.08	0.04814	51%-75% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	30.00	0.10	0.04814	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	3	90.00	0.10	0.04814	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	4	90.00	0.10	0.04802	101%-200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	12	30.00	0.52	0.05625	200% Above	No	No
68645059090	CLOPIDOGREL 75 MG TABLET	12	90.00	0.10	0.05625	76%-100% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	30.00	0.08	0.02947	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	30.00	0.19	0.02947	200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	60.00	0.03	0.02947	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	1	90.00	0.08	0.02947	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	2	14.00	0.06	0.03015	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	2	30.00	0.08	0.03015	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	7.00	0.09	0.03030	200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	30.00	0.05	0.03030	51%-75% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	30.00	0.08	0.03030	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	3	90.00	0.03	0.03030	10%-25% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	4	30.00	0.08	0.03099	101%-200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	4	60.00	0.04	0.03099	26%-50% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	4	60.00	0.08	0.03099	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1240

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68645059459	FAMOTIDINE 20 MG TABLET	12	60.00	0.19	0.02948	200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	12	90.00	0.18	0.02948	200% Above	No	No
68645059459	FAMOTIDINE 20 MG TABLET	12	180.00	0.18	0.02948	200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.05	0.02969	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.12	0.02969	200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.05	0.02969	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.08	0.02969	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.03	0.02969	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.03	0.02969	10%-25% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.08	0.02969	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.05	0.02969	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.05	0.02905	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.05	0.02905	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.05	0.02905	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.05	0.02902	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.05	0.02902	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.05	0.02902	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.02	0.02902	10%-25% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.01	0.02933	51%-75% Below	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.05	0.02933	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.06	0.02982	76%-100% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.07	0.02982	101%-200% Above	No	No
68645059559	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.07	0.02982	101%-200% Above	No	No
68645060790	ENALAPRIL MALEATE 20 MG TAB	1	90.00	0.14	0.09997	26%-50% Above	No	No
68645060890	LISINOPRIL 2.5 MG TABLET	1	90.00	0.01	0.01447	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1241

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.09	0.01491	200% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	1	90.00	0.01	0.01491	10%-25% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	1	90.00	0.20	0.01491	200% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	2	90.00	0.01	0.01495	10%-25% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	3	90.00	0.02	0.01476	10%-25% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	3	90.00	0.09	0.01476	200% Above	No	No
68645060990	LISINOPRIL 5 MG TABLET	4	90.00	0.01	0.01475	26%-50% Below	No	No
68645060990	LISINOPRIL 5 MG TABLET	12	90.00	0.17	0.01505	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	1	30.00	0.01	0.01891	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	1	30.00	0.03	0.01891	51%-75% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	1	30.00	0.09	0.01891	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	1	30.00	0.20	0.01891	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	1	90.00	0.09	0.01891	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	1	90.00	0.20	0.01891	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	30.00	0.01	0.01884	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	30.00	0.03	0.01884	51%-75% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	30.00	0.09	0.01884	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	90.00	0.02	0.01884	10%-25% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	2	90.00	0.09	0.01884	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	7.00	0.09	0.01888	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	30.00	0.01	0.01888	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	30.00	0.03	0.01888	51%-75% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	30.00	0.09	0.01888	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	90.00	0.01	0.01888	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	3	90.00	0.09	0.01888	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1242

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.01	0.01873	26%-50% Below	No	No
68645061090	LISINOPRIL 10 MG TABLET	4	30.00	0.09	0.01873	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	4	90.00	0.09	0.01873	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	12	90.00	0.09	0.01877	200% Above	No	No
68645061090	LISINOPRIL 10 MG TABLET	12	90.00	0.17	0.01877	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	1	90.00	0.02	0.02626	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	1	90.00	0.09	0.02626	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	1	180.00	0.02	0.02626	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	30.00	0.09	0.02624	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	90.00	0.02	0.02624	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	2	90.00	0.09	0.02624	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	90.00	0.02	0.02621	10%-25% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	3	90.00	0.09	0.02621	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	4	30.00	0.09	0.02587	200% Above	No	No
68645061190	LISINOPRIL 20 MG TABLET	4	90.00	0.02	0.02587	26%-50% Below	No	No
68645061190	LISINOPRIL 20 MG TABLET	12	90.00	0.17	0.02625	200% Above	No	No
68645061290	LISINOPRIL 30 MG TABLET	1	30.00	0.10	0.05444	76%-100% Above	No	No
68645061290	LISINOPRIL 30 MG TABLET	2	30.00	0.10	0.05441	76%-100% Above	No	No
68645061290	LISINOPRIL 30 MG TABLET	2	90.00	0.06	0.05441	10%-25% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	1	30.00	0.22	0.04639	200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	1	90.00	0.10	0.04639	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	2	30.00	0.10	0.04680	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	2	90.00	0.04	0.04680	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	2	90.00	0.10	0.04680	101%-200% Above	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	30.00	0.10	0.04735	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1243

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.04	0.04735	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	90.00	0.04	0.04735	10%-25% Below	No	No
68645061390	LISINOPRIL 40 MG TABLET	3	90.00	0.10	0.04735	101%-200% Above	No	No
68682010301	DICLOFEN SOD TAB 100MG ER	2	90.00	0.33	.		Yes	No
68682010510	NIFEDIPIN CC TAB 30MG ER	1	90.00	0.06	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	1	30.00	0.12	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	1	90.00	0.23	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	3	30.00	0.12	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	3	60.00	0.12	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	4	30.00	0.12	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	4	90.00	0.12	.		No	No
68682010610	NIFEDIPIN CC TAB 60MG ER	12	30.00	0.29	.		No	No
68682010830	NIFEDIPIN XL TAB 30MG ER	3	60.00	0.23	.		No	No
68682010910	NIFEDIPIN XL TAB 60MG ER	2	30.00	0.36	.		No	No
68682010910	NIFEDIPIN XL TAB 60MG ER	3	30.00	0.36	.		No	No
68682010910	NIFEDIPIN XL TAB 60MG ER	4	30.00	0.36	.		No	No
68682011001	PIMECROLIMUS CRE 1%	3	30.00	1.22	.		No	No
68682011001	PIMECROLIMUS CRE 1%	3	60.00	1.62	.		No	No
68682011203	PIMECROLIMUS CRE 1%	3	100.00	1.70	.		Yes	No
68682030030	CLIND/TRE(Z) GEL 1.2/.025	1	30.00	6.28	.		Yes	No
68682037090	DILTIAZEM ER CAP 300MG/24	1	90.00	0.59	.		No	No
68682037090	DILTIAZEM ER CAP 300MG/24	2	90.00	0.26	.		Yes	No
68682037090	DILTIAZEM ER CAP 300MG/24	4	90.00	0.26	.		No	No
68682037190	DILTIAZEM ER CAP 360MG/24	3	90.00	0.24	.		No	No
68682037190	DILTIAZEM ER CAP 360MG/24	12	90.00	0.29	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1244

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68682065220	DIAZEPAM GEL 10MG	1	1.00	158.10	.		No	No
68682099398	DILTIAZEM CD CAP 120MG/24	2	30.00	0.13	.		No	No
68682099498	DILTIAZEM CD CAP 180MG/24	2	90.00	0.14	.		No	No
68682099498	DILTIAZEM CD CAP 180MG/24	2	90.00	0.24	.		No	No
68682099498	DILTIAZEM CD CAP 180MG/24	12	90.00	0.33	.		No	No
68682099798	DILTIAZEM CD CAP 240MG/24	2	90.00	0.14	.		No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	2	24.00	1.67	6.78954	51%-75% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	2	24.00	3.83	6.78954	26%-50% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	3	24.00	1.25	6.77538	76%-100% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	3	24.00	1.67	6.77538	51%-75% Below	No	No
68968341008	ESTRADIOL 0.1 MG PATCH (2/WK)	12	24.00	1.67	6.86596	51%-75% Below	No	No
68968342508	ESTRADIOL 0.025 MG PATCH(2/WK)	2	8.00	1.88	6.55076	51%-75% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	8.00	3.54	6.70185	26%-50% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	1	24.00	4.47	6.70185	26%-50% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	2	8.00	3.55	6.64493	26%-50% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	8.00	3.55	6.63983	26%-50% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	3	16.00	1.56	6.63983	76%-100% Below	No	No
68968343708	ESTRADIOL 0.0375 MG PATCH(2/WK)	12	8.00	4.47	6.93261	26%-50% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	5.10	7.14823	26%-50% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	1	24.00	5.10	7.14823	26%-50% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	2	8.00	0.64	7.25512	76%-100% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	2	24.00	1.67	7.25512	76%-100% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	0.63	7.27563	76%-100% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	3.16	7.27563	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	1.58	7.27563	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1245

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	1.88	7.27563	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	3	24.00	3.16	7.27563	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	4	8.00	3.26	7.33071	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	3.26	7.33071	51%-75% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	12	8.00	0.63	7.24742	76%-100% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	12	8.00	5.78	7.24742	10%-25% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	12	24.00	1.58	7.24742	76%-100% Below	No	No
68968345008	ESTRADIOL 0.05 MG PATCH (2/WK)	12	24.00	1.88	7.24742	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	1	8.00	1.88	7.23626	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	2	8.00	1.88	7.07864	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	4	8.00	1.88	6.90662	51%-75% Below	No	No
68968347508	ESTRADIOL 0.075 MG PATCH(2/WK)	12	8.00	1.88	7.11045	51%-75% Below	No	No
68992301001	ENVARUS XR TAB 1MG	1	120.00	7.05	.		No	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.02	0.08572	51%-75% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.06	0.08572	26%-50% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	30.00	1.01	0.08572	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.02	0.08572	51%-75% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.33	0.08572	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.42	0.08572	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.43	0.08572	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	90.00	1.01	0.08572	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	1	180.00	0.43	0.08572	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.02	0.07856	51%-75% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.43	0.07856	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69097007112	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.17	0.07856	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	2	90.00	0.43	0.07856	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.33	0.07923	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.62	0.07923	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.22	0.07923	101%-200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.43	0.07923	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	4	90.00	0.43	0.07697	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.02	0.08751	51%-75% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.06	0.08751	26%-50% Below	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.50	0.08751	200% Above	Yes	No
69097007112	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.45	0.08751	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.39	0.11822	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.50	0.11822	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	30.00	0.90	0.11822	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.22	0.11822	76%-100% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.28	0.11822	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.39	0.11822	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.42	0.11822	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	1	90.00	0.89	0.11822	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.39	0.10335	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.22	0.10335	101%-200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.39	0.10335	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.50	0.10335	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69097007212	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.50	0.10733	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.39	0.10733	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.40	0.12598	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	30.00	0.50	0.12598	200% Above	Yes	No
69097007212	BUPROPION HCL XL 300 MG TABLET	12	90.00	0.40	0.12598	200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	1	30.00	0.03	0.02634	10%-25% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	1	30.00	0.16	0.02634	200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	1	60.00	0.02	0.02634	10%-25% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	1	70.00	0.02	0.02634	10%-25% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	1	90.00	0.16	0.02634	200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	30.00	0.03	0.02556	10%-25% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	30.00	0.07	0.02556	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	60.00	0.01	0.02556	51%-75% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	90.00	0.02	0.02556	26%-50% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	120.00	0.07	0.02556	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	2	270.00	0.02	0.02556	26%-50% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	3	30.00	0.03	0.02602	10%-25% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	3	30.00	0.07	0.02602	101%-200% Above	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	4	30.00	0.07	0.02574	101%-200% Above	No	No
69097012203	TOPIRAMATE 25 MG TABLET	12	60.00	0.02	0.02658	10%-25% Below	Yes	No
69097012203	TOPIRAMATE 25 MG TABLET	12	180.00	0.01	0.02658	26%-50% Below	Yes	No
69097012212	TOPIRAMATE 25 MG TABLET	2	270.00	0.01	0.02556	26%-50% Below	No	No
69097012215	TOPIRAMATE 25 MG TABLET	1	30.00	0.07	0.02634	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	1	90.00	0.07	0.02634	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	1	90.00	0.16	0.02634	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69097012215	TOPIRAMATE 25 MG TABLET	2	30.00	0.07	0.02556	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	3	30.00	0.07	0.02602	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	3	90.00	0.07	0.02602	101%-200% Above	No	No
69097012215	TOPIRAMATE 25 MG TABLET	12	30.00	0.07	0.02658	101%-200% Above	No	No
69097012303	TOPIRAMATE 50 MG TABLET	1	60.00	0.02	0.03682	26%-50% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	1	60.00	0.05	0.03682	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	1	90.00	0.09	0.03682	101%-200% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	1	90.00	0.19	0.03682	200% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	1	180.00	0.19	0.03682	200% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	60.00	0.02	0.03531	51%-75% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	60.00	0.05	0.03531	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	60.00	0.05	0.03531	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	90.00	0.02	0.03531	51%-75% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	90.00	0.09	0.03531	101%-200% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	180.00	0.05	0.03531	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	180.00	0.05	0.03531	26%-50% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	2	180.00	0.09	0.03531	101%-200% Above	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	3	60.00	0.02	0.03492	51%-75% Below	Yes	No
69097012303	TOPIRAMATE 50 MG TABLET	4	180.00	0.02	0.03475	51%-75% Below	Yes	No
69097012315	TOPIRAMATE 50 MG TABLET	3	180.00	0.04	0.03492	10%-25% Above	No	No
69097012315	TOPIRAMATE 50 MG TABLET	12	30.00	0.09	0.03828	101%-200% Above	No	No
69097012403	TOPIRAMATE 100 MG TABLET	1	180.00	0.03	0.06053	51%-75% Below	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	1	270.00	0.17	0.06053	101%-200% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	2	60.00	0.07	0.05898	10%-25% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	3	90.00	0.07	0.05872	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1249

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	180.00	0.08	0.05872	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	3	270.00	0.08	0.05872	26%-50% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	12	90.00	0.08	0.06156	10%-25% Above	Yes	No
69097012403	TOPIRAMATE 100 MG TABLET	12	180.00	0.17	0.06156	101%-200% Above	Yes	No
69097012415	TOPIRAMATE 100 MG TABLET	1	30.00	0.08	0.06053	10%-25% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	3	30.00	0.08	0.05872	26%-50% Above	No	No
69097012415	TOPIRAMATE 100 MG TABLET	12	30.00	0.08	0.06156	10%-25% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	1	90.00	0.02	0.01053	51%-75% Above	No	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	1	180.00	0.28	0.01053	200% Above	Yes	No
69097012605	AMLODIPINE BESYLATE 2.5 MG TAB	3	90.00	0.12	0.01090	200% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.02	0.01107	26%-50% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.11	0.01107	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.25	0.01107	200% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.11	0.01085	200% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.11	0.01069	200% Above	No	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.11	0.01069	200% Above	Yes	No
69097012705	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.02	0.01036	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01107	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.03	0.01107	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	30.00	0.25	0.01107	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.01	0.01107	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.11	0.01107	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	1	90.00	0.25	0.01107	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	30.00	0.03	0.01085	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.01	0.01085	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69097012715	AMLODIPINE BESYLATE 5 MG TAB	2	90.00	0.02	0.01085	76%-100% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.01	0.01069	26%-50% Below	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01069	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01069	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	30.00	0.03	0.01069	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.01	0.01069	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.02	0.01069	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.03	0.01069	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.11	0.01069	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	30.00	0.03	0.01036	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.01	0.01036	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	4	90.00	0.11	0.01036	200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	30.00	0.03	0.01111	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.01	0.01111	26%-50% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.02	0.01111	101%-200% Above	No	No
69097012715	AMLODIPINE BESYLATE 5 MG TAB	12	90.00	0.11	0.01111	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.11	0.01632	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.24	0.01632	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.11	0.01632	200% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.24	0.01632	200% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	Yes	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.11	0.01575	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69097012805	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.11	0.01531	200% Above	No	No
69097012805	AMLODIPINE BESYLATE 10 MG TAB	12	30.00	0.11	0.01671	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.02	0.01632	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.03	0.01632	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.04	0.01632	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.11	0.01632	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	30.00	0.24	0.01632	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.02	0.01632	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01632	76%-100% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.03	0.01632	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.11	0.01632	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	1	90.00	0.24	0.01632	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.03	0.01581	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	30.00	0.11	0.01581	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01581	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.01	0.01581	26%-50% Below	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.02	0.01581	26%-50% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	2	90.00	0.11	0.01581	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.03	0.01575	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.04	0.01575	101%-200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	30.00	0.11	0.01575	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.02	0.01575	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.03	0.01575	51%-75% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	3	90.00	0.11	0.01575	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	30.00	0.11	0.01531	200% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	4	90.00	0.02	0.01531	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.02	0.01671	10%-25% Above	No	No
69097012815	AMLODIPINE BESYLATE 10 MG TAB	12	90.00	0.11	0.01671	200% Above	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.75	2.18751	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.84	2.18751	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	0.84	2.18751	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.00	2.18751	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.11	2.18751	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.11	2.18751	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.11	2.18751	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.13	2.18751	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.20	2.18751	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.22	2.18751	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.29	2.18751	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.31	2.18751	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.31	2.18751	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.38	2.18751	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.43	2.18751	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.95	2.18751	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	6.70	1.95	2.18751	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	13.40	1.01	2.18751	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	13.40	1.11	2.18751	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	13.40	1.95	2.18751	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	13.40	1.95	2.18751	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1253

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	20.10	0.84	2.18751	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	1	20.10	1.06	2.18751	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	0.75	2.13810	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.00	2.13810	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.13810	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.13810	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.11	2.13810	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.13	2.13810	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.22	2.13810	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.29	2.13810	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.31	2.13810	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.38	2.13810	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.42	2.13810	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	6.70	1.43	2.13810	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.11	2.13810	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	13.40	1.11	2.13810	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	20.10	0.84	2.13810	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	2	20.10	1.11	2.13810	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.84	2.13443	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	0.96	2.13443	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.00	2.13443	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.11	2.13443	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.11	2.13443	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.11	2.13443	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.13	2.13443	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1254

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1.20	2.13443	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.22	2.13443	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.31	2.13443	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.38	2.13443	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.39	2.13443	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.42	2.13443	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	6.70	1.43	2.13443	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	13.40	1.11	2.13443	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	3	13.40	1.11	2.13443	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	0.75	2.13190	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.00	2.13190	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.03	2.13190	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.11	2.13190	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.11	2.13190	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.11	2.13190	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.20	2.13190	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.22	2.13190	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.29	2.13190	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	6.70	1.43	2.13190	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	4	20.10	1.11	2.13190	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	0.75	2.23739	51%-75% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.00	2.23739	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.11	2.23739	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.11	2.23739	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.11	2.23739	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1255

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	6.70	1.13	2.23739	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.22	2.23739	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.31	2.23739	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.38	2.23739	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.39	2.23739	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.42	2.23739	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.43	2.23739	26%-50% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.43	2.23739	26%-50% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.95	2.23739	10%-25% Below	No	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	6.70	1.95	2.23739	10%-25% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	13.40	1.01	2.23739	51%-75% Below	Yes	No
69097014260	ALBUTEROL HFA 90 MCG INHALER	12	13.40	1.11	2.23739	26%-50% Below	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	30.00	0.03	0.01708	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	60.00	0.07	0.01708	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	1	60.00	0.15	0.01708	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	0.03	0.01652	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	30.00	0.07	0.01652	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	60.00	0.02	0.01652	26%-50% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	60.00	0.07	0.01652	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	2	90.00	0.07	0.01652	200% Above	No	No
69097015807	MELOXICAM 7.5 MG TABLET	2	90.00	0.07	0.01652	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	30.00	0.03	0.01641	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	30.00	0.07	0.01641	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	60.00	0.03	0.01641	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	3	60.00	0.07	0.01641	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1256

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.02	0.01641	26%-50% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	4	30.00	0.03	0.01657	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.00	0.03	0.01742	51%-75% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.00	0.03	0.01742	76%-100% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.00	0.05	0.01742	101%-200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	30.00	0.15	0.01742	200% Above	Yes	No
69097015807	MELOXICAM 7.5 MG TABLET	12	60.00	0.15	0.01742	200% Above	Yes	No
69097015812	MELOXICAM 7.5 MG TABLET	1	30.00	0.03	0.01708	76%-100% Above	No	No
69097015812	MELOXICAM 7.5 MG TABLET	2	30.00	0.07	0.01652	200% Above	No	No
69097015812	MELOXICAM 7.5 MG TABLET	4	30.00	0.07	0.01657	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	2	5.00	0.07	0.01652	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	2	30.00	0.07	0.01652	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	3	60.00	0.07	0.01641	200% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	3	90.00	0.02	0.01641	26%-50% Above	No	No
69097015815	MELOXICAM 7.5 MG TABLET	12	60.00	0.07	0.01742	200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	1	28.00	0.03	0.02016	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.04	0.02016	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.06	0.02016	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	30.00	0.13	0.02016	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	45.00	0.03	0.02016	10%-25% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	45.00	0.03	0.02016	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1257

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.02	0.02016	10%-25% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	90.00	0.06	0.02016	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	1	90.00	0.13	0.02016	200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	1	90.00	0.13	0.02016	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	15.00	0.04	0.01971	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.06	0.01971	101%-200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	2	30.00	0.06	0.01971	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	90.00	0.02	0.01971	10%-25% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	2	90.00	0.06	0.01971	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	7.00	0.07	0.01965	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	10.00	0.06	0.01965	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	14.00	0.04	0.01965	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	28.00	0.03	0.01965	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.01	0.01965	26%-50% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.01965	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.04	0.01965	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	30.00	0.06	0.01965	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1258

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	45.00	0.03	0.01965	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	90.00	0.02	0.01965	10%-25% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	3	90.00	0.06	0.01965	101%-200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	3	90.00	0.06	0.01965	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.01933	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.01933	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.01933	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.04	0.01933	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	30.00	0.06	0.01933	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	4	90.00	0.06	0.01933	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	10.00	0.06	0.02019	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	15.00	0.04	0.02019	76%-100% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	28.00	0.03	0.02019	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.01	0.02019	51%-75% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.02019	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.02019	26%-50% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.02019	51%-75% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.06	0.02019	101%-200% Above	No	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.06	0.02019	101%-200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	30.00	0.13	0.02019	200% Above	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	90.00	0.02	0.02019	10%-25% Below	Yes	No
69097015907	MELOXICAM 15 MG TABLET	12	90.00	0.02	0.02019	10%-25% Above	Yes	No
69097015912	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	26%-50% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	3	14.00	0.06	0.01965	101%-200% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1259

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097015912	MELOXICAM 15 MG TABLET	4	30.00	0.06	0.01933	200% Above	No	No
69097015912	MELOXICAM 15 MG TABLET	12	30.00	0.06	0.02019	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	1	30.00	0.03	0.02016	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	1	30.00	0.06	0.02016	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	1	30.00	0.13	0.02016	200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	2	30.00	0.03	0.01971	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	2	30.00	0.06	0.01971	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	2	90.00	0.06	0.01971	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	3	14.00	0.05	0.01965	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	3	30.00	0.03	0.01965	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	3	30.00	0.06	0.01965	101%-200% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	4	30.00	0.03	0.01933	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.02019	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	30.00	0.03	0.02019	51%-75% Above	No	No
69097015915	MELOXICAM 15 MG TABLET	12	30.00	0.06	0.02019	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	4.00	0.52	0.25711	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	4.00	1.58	0.25711	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.03	0.25711	76%-100% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.51	0.25711	76%-100% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	12.00	0.53	0.25711	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	1	12.00	1.58	0.25711	200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	2	12.00	0.71	0.25171	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.05	0.25209	76%-100% Below	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.53	0.25209	101%-200% Above	No	No
69097022416	ALENDRONATE SODIUM 70 MG TAB	3	12.00	0.71	0.25209	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1260

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	12.00	0.02	0.25877	76%-100% Below	No	No
69097022476	ALENDRONATE SODIUM 70 MG TAB	4	12.00	0.71	0.25681	101%-200% Above	No	No
69097031987	BUDESONIDE 0.5 MG/2 ML SUSP	1	60.00	0.25	0.77586	51%-75% Below	No	No
69097040715	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.21	0.05456	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	3	10.00	0.50	0.08423	200% Above	No	No
69097042107	CELECOXIB 200 MG CAPSULE	3	180.00	0.23	0.08423	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	1	60.00	0.17	0.08664	76%-100% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	1	60.00	0.50	0.08664	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	1	90.00	0.20	0.08664	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	1	90.00	1.70	0.08664	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	10.00	0.50	0.08517	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	28.00	0.23	0.08517	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	30.00	0.23	0.08517	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	60.00	0.17	0.08517	76%-100% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	2	60.00	0.23	0.08517	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	10.00	0.23	0.08423	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	30.00	0.50	0.08423	200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	60.00	0.17	0.08423	76%-100% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	60.00	0.23	0.08423	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	3	180.00	0.23	0.08423	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	4	90.00	1.70	0.08460	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1261

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	10.00	0.23	0.08642	101%-200% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	12	30.00	0.17	0.08642	76%-100% Above	No	No
69097042112	CELECOXIB 200 MG CAPSULE	12	90.00	0.50	0.08642	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	1	60.00	0.25	0.07283	200% Above	No	No
69097042207	CELECOXIB 100 MG CAPSULE	1	180.00	0.01	0.07283	76%-100% Below	No	No
69097043802	SERTRALINE 150 MG CAPSULE	1	30.00	3.51	4.93617	26%-50% Below	Yes	No
69097045805	FENOFIBRATE 145 MG TABLET	1	30.00	0.27	0.11906	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	3	30.00	0.27	0.11758	101%-200% Above	No	No
69097045805	FENOFIBRATE 145 MG TABLET	12	30.00	0.60	0.11723	200% Above	No	No
69097045905	FENOFIBRATE 48 MG TABLET	1	90.00	0.78	0.08485	200% Above	No	No
69097053302	TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET	1	30.00	3.18	0.34625	200% Above	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	1	1.00	7.85	11.38382	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	1	2.00	13.17	11.38382	10%-25% Above	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	2	2.00	6.47	11.34861	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	2	4.00	7.29	11.34861	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	3	1.00	7.85	11.44764	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.39	11.44764	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	3	4.00	7.29	11.44764	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	3	5.00	6.39	11.44764	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	4	2.00	6.39	11.44878	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	4	4.00	6.39	11.44878	26%-50% Below	No	No
69097053731	TESTOSTERONE CYP 200 MG/ML	4	4.00	7.29	11.44878	26%-50% Below	No	No
69097057967	FOSFOMYCIN 3 GM SACHET	2	1.00	16.94	35.89322	51%-75% Below	Yes	No
69097072044	DICLOFENAC SODIUM 1% GEL	1	100.00	0.05	0.09378	26%-50% Below	Yes	No
69097072044	DICLOFENAC SODIUM 1% GEL	1	100.00	0.19	0.09378	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1262

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097072044	DICLOFENAC SODIUM 1% GEL	2	100.00	0.05	0.09149	26%-50% Below	Yes	No
69097072044	DICLOFENAC SODIUM 1% GEL	2	100.00	0.19	0.09149	101%-200% Above	Yes	No
69097072044	DICLOFENAC SODIUM 1% GEL	4	100.00	0.05	0.08922	26%-50% Below	Yes	No
69097078805	PRAVASTATIN SODIUM 10 MG TAB	12	90.00	0.14	0.06442	101%-200% Above	No	No
69097078912	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.13	0.06423	76%-100% Above	No	No
69097078912	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.13	0.06117	101%-200% Above	No	No
69097079112	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	0.07	0.08711	10%-25% Below	No	No
69097079212	PRAVASTATIN SODIUM 80 MG TAB	2	30.00	0.35	0.15259	101%-200% Above	No	No
69097079212	PRAVASTATIN SODIUM 80 MG TAB	2	90.00	0.08	0.15259	26%-50% Below	No	No
69097079212	PRAVASTATIN SODIUM 80 MG TAB	3	30.00	0.35	0.14982	101%-200% Above	No	No
69097079212	PRAVASTATIN SODIUM 80 MG TAB	12	30.00	0.36	0.16031	101%-200% Above	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	1	4.00	6.47	11.38382	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	2	4.00	6.39	11.34861	26%-50% Below	No	No
69097080232	TESTOSTERONE CYP 200 MG/ML	4	4.00	6.39	11.44878	26%-50% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	1	60.00	0.06	0.10265	26%-50% Below	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	1	60.00	0.13	0.10265	26%-50% Above	No	No
69097082103	GEMFIBROZIL 600 MG TABLET	2	60.00	0.06	0.10049	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	1	60.00	0.06	0.10265	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	1	60.00	0.13	0.10265	26%-50% Above	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	2	60.00	0.06	0.10049	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	3	60.00	0.06	0.10269	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	3	180.00	0.06	0.10269	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	12	60.00	0.06	0.10431	26%-50% Below	No	No
69097082112	GEMFIBROZIL 600 MG TABLET	12	90.00	0.06	0.10431	26%-50% Below	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	1	30.00	0.28	0.02522	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1263

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097082212	CITALOPRAM HBR 10 MG TABLET	2	30.00	0.12	0.02512	200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	3	30.00	0.12	0.02581	200% Above	No	No
69097082212	CITALOPRAM HBR 10 MG TABLET	12	30.00	0.12	0.02442	200% Above	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	1	60.00	0.01	0.02892	51%-75% Below	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	2	60.00	0.01	0.02884	51%-75% Below	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	2	90.00	0.11	0.02884	200% Above	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	3	60.00	0.01	0.02885	51%-75% Below	No	No
69097082307	CITALOPRAM HBR 20 MG TABLET	3	90.00	0.02	0.02885	10%-25% Below	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.11	0.02892	200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	1	30.00	0.24	0.02892	200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	2	30.00	0.11	0.02884	200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	3	30.00	0.11	0.02885	200% Above	No	No
69097082312	CITALOPRAM HBR 20 MG TABLET	12	30.00	0.11	0.02907	200% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	2	30.00	0.01	0.04420	51%-75% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	2	90.00	0.03	0.04420	26%-50% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	3	30.00	0.01	0.04431	51%-75% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.03	0.04431	10%-25% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	3	90.00	0.11	0.04431	101%-200% Above	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	12	90.00	0.00	0.04603	76%-100% Below	No	No
69097082412	CITALOPRAM HBR 40 MG TABLET	12	90.00	0.11	0.04603	101%-200% Above	No	No
69097082502	RALOXIFENE HCL 60 MG TABLET	2	90.00	0.13	0.24983	26%-50% Below	No	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	30.00	0.06	0.03284	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	30.00	0.06	0.03284	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	30.00	0.11	0.03284	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	90.00	0.05	0.03284	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1264

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097083305	SERTRALINE HCL 25 MG TABLET	1	90.00	0.06	0.03284	51%-75% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	1	90.00	0.11	0.03284	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	15.00	0.08	0.03199	101%-200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	30.00	0.01	0.03199	51%-75% Below	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	30.00	0.06	0.03199	76%-100% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	30.00	0.11	0.03199	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	90.00	0.05	0.03199	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	2	90.00	0.11	0.03199	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	30.00	0.11	0.03177	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	90.00	0.05	0.03177	26%-50% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	3	90.00	0.11	0.03177	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	12	30.00	0.11	0.03291	200% Above	Yes	No
69097083305	SERTRALINE HCL 25 MG TABLET	12	60.00	0.25	0.03291	200% Above	Yes	No
69097083312	SERTRALINE HCL 25 MG TABLET	1	30.00	0.06	0.03284	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	1	30.00	0.11	0.03284	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	1	45.00	0.25	0.03284	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	2	30.00	0.06	0.03199	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	2	90.00	0.06	0.03199	51%-75% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	2	90.00	0.11	0.03199	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	3	30.00	0.06	0.03177	76%-100% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	3	90.00	0.11	0.03177	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	12	30.00	0.11	0.03291	200% Above	No	No
69097083312	SERTRALINE HCL 25 MG TABLET	12	30.00	0.25	0.03291	200% Above	No	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.05	0.03881	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1265

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.05	0.03881	26%-50% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	30.00	0.10	0.03881	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.04	0.03881	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.10	0.03881	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	90.00	0.22	0.03881	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	1	135.00	0.10	0.03881	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	30.00	0.10	0.03624	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	0.04	0.03624	10%-25% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	90.00	0.10	0.03624	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	2	135.00	0.10	0.03624	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	30.00	0.10	0.03533	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	3	45.00	0.10	0.03533	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	30.00	0.10	0.03876	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	45.00	0.22	0.03876	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	55.00	0.01	0.03876	51%-75% Below	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	90.00	0.10	0.03876	101%-200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	90.00	0.22	0.03876	200% Above	Yes	No
69097083412	SERTRALINE HCL 50 MG TABLET	12	135.00	0.10	0.03876	101%-200% Above	Yes	No
69097083502	SERTRALINE HCL 100 MG TABLET	1	90.00	0.06	0.05254	10%-25% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	15.00	0.08	0.05254	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	30.00	0.07	0.05254	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	30.00	0.08	0.05254	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	45.00	0.01	0.05254	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	45.00	0.12	0.05254	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	60.00	0.07	0.05254	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1266

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.06	0.05254	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	90.00	0.08	0.05254	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	90.00	0.12	0.05254	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	90.00	0.26	0.05254	200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	1	180.00	0.12	0.05254	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.01	0.05182	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.12	0.05182	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	30.00	0.12	0.05182	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	45.00	0.01	0.05182	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	60.00	0.07	0.05182	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.01	0.05182	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.06	0.05182	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.08	0.05182	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.12	0.05182	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	90.00	0.12	0.05182	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	135.00	0.07	0.05182	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	180.00	0.07	0.05182	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	2	180.00	0.12	0.05182	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.01	0.05082	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.09	0.05082	51%-75% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	30.00	0.12	0.05082	101%-200% Above	No	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.08	0.05082	26%-50% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	90.00	0.12	0.05082	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	135.00	0.12	0.05082	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	3	180.00	0.12	0.05082	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1267

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.01	0.04965	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	30.00	0.01	0.05186	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	30.00	0.08	0.05186	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	45.00	0.08	0.05186	51%-75% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	45.00	0.26	0.05186	200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	60.00	0.01	0.05186	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	90.00	0.01	0.05186	51%-75% Below	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	90.00	0.06	0.05186	10%-25% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	90.00	0.12	0.05186	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	135.00	0.12	0.05186	101%-200% Above	Yes	No
69097083512	SERTRALINE HCL 100 MG TABLET	12	180.00	0.06	0.05186	10%-25% Above	Yes	No
69097084064	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.04	0.08445	26%-50% Below	No	No
69097084087	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	180.00	0.04	0.08841	51%-75% Below	No	No
69097084087	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	12	360.00	0.03	0.09067	51%-75% Below	No	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	1	10.00	0.09	0.02138	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	1	12.00	0.04	0.02138	76%-100% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	1	30.00	0.03	0.02138	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	1	60.00	0.01	0.02138	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	1	60.00	0.02	0.02138	10%-25% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	1	90.00	0.20	0.02138	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	21.00	0.04	0.02094	76%-100% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.03	0.02094	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	30.00	0.09	0.02094	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	2	90.00	0.09	0.02094	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	5.00	0.09	0.02088	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1268

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	10.00	0.01	0.02088	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	20.00	0.01	0.02088	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.03	0.02088	26%-50% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.03	0.02088	51%-75% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.09	0.02088	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	60.00	0.01	0.02088	26%-50% Below	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	3	90.00	0.09	0.02088	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	15.00	0.09	0.02108	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	4	90.00	0.09	0.02108	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	12	15.00	0.09	0.02171	200% Above	Yes	No
69097084507	CYCLOBENZAPRINE 5 MG TABLET	12	30.00	0.09	0.02171	200% Above	Yes	No
69097084607	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.09	0.01781	200% Above	No	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	1	9.00	0.08	0.01799	200% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.03	0.01799	51%-75% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	2	20.00	0.03	0.01781	26%-50% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	2	21.00	0.09	0.01781	200% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.09	0.01787	200% Above	Yes	No
69097084615	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	Yes	No
69097084705	ESCITALOPRAM 5 MG TABLET	1	90.00	0.01	0.04279	76%-100% Below	No	No
69097084705	ESCITALOPRAM 5 MG TABLET	3	90.00	0.12	0.04116	101%-200% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	1	30.00	0.29	0.04247	200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	1	90.00	0.29	0.04247	200% Above	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	1	90.00	0.29	0.04247	200% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	3	30.00	0.13	0.04099	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1269

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69097084805	ESCITALOPRAM 10 MG TABLET	3	90.00	0.13	0.04099	200% Above	Yes	No
69097084805	ESCITALOPRAM 10 MG TABLET	3	135.00	0.01	0.04099	51%-75% Below	No	No
69097084805	ESCITALOPRAM 10 MG TABLET	4	90.00	0.13	0.04013	200% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	1	30.00	0.25	0.06218	200% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	1	90.00	0.11	0.06218	76%-100% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	2	90.00	0.11	0.06093	76%-100% Above	Yes	No
69097084905	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	3	45.00	0.11	0.06049	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	3	90.00	0.11	0.06049	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	12	30.00	0.11	0.06311	76%-100% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	12	45.00	0.25	0.06311	200% Above	No	No
69097084905	ESCITALOPRAM 20 MG TABLET	12	90.00	0.25	0.06311	200% Above	No	No
69097085902	TERBINAFINE HCL 250 MG TABLET	3	45.00	0.18	0.14481	10%-25% Above	Yes	No
69097086107	ZONISAMIDE 100 MG CAPSULE	1	60.00	0.15	0.10519	26%-50% Above	Yes	No
69097086107	ZONISAMIDE 100 MG CAPSULE	2	60.00	0.15	0.10654	26%-50% Above	Yes	No
69097086107	ZONISAMIDE 100 MG CAPSULE	2	180.00	0.07	0.10654	26%-50% Below	Yes	No
69097086107	ZONISAMIDE 100 MG CAPSULE	3	60.00	0.15	0.10664	26%-50% Above	Yes	No
69097096507	NABUMETONE 500 MG TABLET	1	270.00	0.37	0.12535	101%-200% Above	No	No
69097096507	NABUMETONE 500 MG TABLET	12	60.00	0.37	0.12363	101%-200% Above	No	No
69097098202	VILAZODONE HCL 40 MG TABLET	1	30.00	1.98	1.23187	51%-75% Above	No	No
69097098202	VILAZODONE HCL 40 MG TABLET	3	30.00	1.98	1.20572	51%-75% Above	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	2	90.00	0.15	0.25475	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	3	30.00	0.15	0.24852	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1270

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69230030001	ALLERGY RELIEF 180 MG TABLET	3	90.00	0.15	0.24852	26%-50% Below	No	No
69230030001	ALLERGY RELIEF 180 MG TABLET	12	30.00	0.15	0.27028	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	3	30.00	0.15	0.24852	26%-50% Below	No	No
69230030005	ALLERGY RELIEF 180 MG TABLET	12	90.00	0.15	0.27028	26%-50% Below	No	No
69230031611	CHILD ALLERGY RELIEF 1 MG/ML	3	150.00	0.02	0.03744	26%-50% Below	No	No
69230031611	CHILD ALLERGY RELIEF 1 MG/ML	3	300.00	0.04	0.03744	10%-25% Above	No	No
69230032131	LEVOCETIRIZINE 5 MG TABLET	3	30.00	0.08	0.20595	51%-75% Below	No	No
69230032212	CHILD LORATADINE 5 MG/5 ML SOL	3	150.00	0.03	0.03968	10%-25% Below	No	No
69230032436	POLYETHYLENE GLYCOL 3350 POWD	1	510.00	0.06	0.02014	101%-200% Above	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	1	75.00	0.57	0.41331	26%-50% Above	No	No
69238101302	TESTOSTERONE 1.62% GEL PUMP	2	75.00	0.22	0.42455	26%-50% Below	No	No
69238101703	ISOTRETINOIN 30 MG CAPSULE	1	60.00	1.34	1.90361	26%-50% Below	Yes	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.21	0.11372	76%-100% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.35	0.11372	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.50	0.11372	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.75	0.11372	200% Above	No	No
69238110002	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.77	0.11469	200% Above	No	No
69238110005	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.21	0.11372	76%-100% Above	No	No
69238112001	OXAPROZIN 600 MG TABLET	1	60.00	0.27	0.58932	51%-75% Below	Yes	No
69238115403	EZETIMIBE 10 MG TABLET	1	30.00	0.30	0.07565	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	1	90.00	0.02	0.07565	51%-75% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	1	90.00	0.30	0.07565	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	1	90.00	0.33	0.07565	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	1	90.00	0.50	0.07565	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	1	90.00	0.66	0.07565	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1271

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.30	0.07371	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	2	90.00	0.22	0.07371	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	2	90.00	0.30	0.07371	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	2	90.00	0.50	0.07371	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	30.00	0.01	0.07252	76%-100% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	30.00	0.30	0.07252	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	90.00	0.30	0.07252	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	3	90.00	0.33	0.07252	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	90.00	0.02	0.07238	51%-75% Below	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	90.00	0.33	0.07238	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	4	90.00	0.42	0.07238	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	12	30.00	0.30	0.07430	200% Above	No	No
69238115403	EZETIMIBE 10 MG TABLET	12	90.00	0.30	0.07430	200% Above	No	No
69238116609	DOXEPIN 10 MG CAPSULE	12	30.00	0.12	0.07930	26%-50% Above	No	No
69238117009	DOXEPIN 25 MG CAPSULE	2	30.00	0.08	0.12820	26%-50% Below	No	No
69238117009	DOXEPIN 25 MG CAPSULE	3	30.00	0.08	0.12473	26%-50% Below	No	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	1	60.00	1.14	2.09308	26%-50% Below	Yes	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	2	60.00	1.14	2.07751	26%-50% Below	Yes	No
69238117603	ISOTRETINOIN 40 MG CAPSULE	3	60.00	1.14	2.11397	26%-50% Below	Yes	No
69238120302	BUPRENORPHINE 10 MCG/HR PATCH	3	4.00	5.00	30.16962	76%-100% Below	No	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	1	4.00	22.70	49.52994	51%-75% Below	Yes	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	2	4.00	25.54	49.83408	26%-50% Below	Yes	No
69238120402	BUPRENORPHINE 15 MCG/HR PATCH	3	4.00	22.70	47.56824	51%-75% Below	Yes	No
69238130501	CLOBAZAM 10 MG TABLET	1	30.00	0.50	0.26781	76%-100% Above	No	No
69238131009	PREGABALIN 25 MG CAPSULE	1	60.00	0.04	0.04556	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1272

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238131109	PREGABALIN 50 MG CAPSULE	1	90.00	0.31	0.04852	200% Above	No	No
69238131109	PREGABALIN 50 MG CAPSULE	2	60.00	0.03	0.04713	26%-50% Below	No	No
69238131109	PREGABALIN 50 MG CAPSULE	3	60.00	0.03	0.04696	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	1	90.00	0.03	0.05263	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	2	90.00	0.03	0.05130	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	3	90.00	0.03	0.05119	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	12	90.00	0.03	0.05723	26%-50% Below	No	No
69238131209	PREGABALIN 75 MG CAPSULE	12	180.00	1.12	0.05723	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	1	60.00	0.03	0.06072	26%-50% Below	No	No
69238131309	PREGABALIN 100 MG CAPSULE	1	60.00	0.68	0.06072	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	2	90.00	0.31	0.05680	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	2	180.00	0.31	0.05680	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	3	90.00	0.31	0.05604	200% Above	No	No
69238131309	PREGABALIN 100 MG CAPSULE	4	120.00	0.03	0.05447	26%-50% Below	Yes	No
69238131309	PREGABALIN 100 MG CAPSULE	12	90.00	0.68	0.06547	200% Above	No	No
69238131409	PREGABALIN 150 MG CAPSULE	1	60.00	0.32	0.05444	200% Above	No	No
69238131409	PREGABALIN 150 MG CAPSULE	2	60.00	0.32	0.05194	200% Above	No	No
69238131409	PREGABALIN 150 MG CAPSULE	2	180.00	0.32	0.05194	200% Above	No	No
69238131409	PREGABALIN 150 MG CAPSULE	3	60.00	0.32	0.05143	200% Above	No	No
69238131409	PREGABALIN 150 MG CAPSULE	12	60.00	0.15	0.05446	101%-200% Above	No	No
69238131609	PREGABALIN 225 MG CAPSULE	3	90.00	0.32	0.05863	200% Above	No	No
69238134201	ETODOLAC 400 MG TABLET	1	20.00	0.46	0.25032	76%-100% Above	No	No
69238134201	ETODOLAC 400 MG TABLET	1	60.00	0.17	0.25032	26%-50% Below	Yes	No
69238134201	ETODOLAC 400 MG TABLET	2	20.00	0.50	0.24626	101%-200% Above	Yes	No
69238134201	ETODOLAC 400 MG TABLET	2	60.00	0.20	0.24626	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1273

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238134201	ETODOLAC 400 MG TABLET	3	60.00	0.20	0.25316	10%-25% Below	No	No
69238134201	ETODOLAC 400 MG TABLET	4	180.00	0.20	0.25914	10%-25% Below	Yes	No
69238149001	BUMETANIDE 1 MG TABLET	1	30.00	0.50	0.13330	200% Above	No	No
69238149101	BUMETANIDE 2 MG TABLET	12	30.00	0.13	0.18559	26%-50% Below	Yes	No
69238153206	CLOBETASOL 0.05% CREAM	2	60.00	1.06	0.10631	200% Above	No	No
69238153405	FLUOCINONIDE 0.05% CREAM	2	15.00	0.21	0.30278	26%-50% Below	No	No
69238153405	FLUOCINONIDE 0.05% CREAM	4	15.00	0.21	0.45435	51%-75% Below	No	No
69238154405	HYDROXYCHLOROQUINE 200 MG TAB	2	90.00	0.45	0.16204	101%-200% Above	Yes	No
69238160502	METHYLERGONOVINE 0.2 MG TABLET	12	4.00	9.69	4.52855	101%-200% Above	No	No
69238161503	OFLOXACIN 0.3% EAR DROPS	6	5.00	3.59	1.45929	101%-200% Above	No	No
69238161606	OFLOXACIN 0.3% EAR DROPS	2	10.00	3.32	1.08469	200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	2	30.00	0.05	0.03758	26%-50% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	2	90.00	0.03	0.03758	10%-25% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.05	0.03749	26%-50% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	3	30.00	0.12	0.03749	200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.03	0.03749	10%-25% Below	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	3	90.00	0.12	0.03749	200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	4	90.00	0.12	0.03796	200% Above	No	No
69238183007	LEVOTHYROXINE 25 MCG TABLET	12	90.00	0.03	0.03948	10%-25% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.02	0.04706	26%-50% Below	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.03	0.04706	26%-50% Below	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.15	0.04706	200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	1	90.00	0.28	0.04706	200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	2	90.00	0.15	0.04610	200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	2	96.00	0.04	0.04610	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1274

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.15	0.04588	200% Above	No	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	3	90.00	0.15	0.04588	200% Above	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	4	90.00	0.15	0.04736	200% Above	Yes	No
69238183107	LEVOTHYROXINE 50 MCG TABLET	12	90.00	0.03	0.05022	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.04954	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.27	0.04850	200% Above	No	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.31	0.04850	200% Above	Yes	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.31	0.04697	200% Above	Yes	No
69238183207	LEVOTHYROXINE 75 MCG TABLET	12	90.00	0.03	0.05283	26%-50% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.04	0.05355	26%-50% Below	No	No
69238183301	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.17	0.05355	200% Above	No	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	1	90.00	0.39	0.05372	200% Above	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	2	90.00	0.17	0.05355	200% Above	Yes	No
69238183307	LEVOTHYROXINE 88 MCG TABLET	4	90.00	0.17	0.05416	200% Above	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	1	90.00	0.39	0.05499	200% Above	Yes	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	2	90.00	0.03	0.05259	26%-50% Below	No	No
69238183407	LEVOTHYROXINE 100 MCG TABLET	3	90.00	0.04	0.05258	26%-50% Below	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	1	90.00	0.17	0.06435	101%-200% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	2	90.00	0.17	0.06065	101%-200% Above	No	No
69238183607	LEVOTHYROXINE 125 MCG TABLET	12	90.00	0.17	0.06648	101%-200% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	1	30.00	0.19	0.07463	101%-200% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	1	90.00	0.05	0.07463	26%-50% Below	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	30.00	0.19	0.06694	101%-200% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	3	90.00	0.05	0.06694	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1275

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.19	0.06694	101%-200% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	4	30.00	0.19	0.06499	101%-200% Above	No	No
69238183701	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.05	0.07547	26%-50% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	1	30.00	0.06	0.07024	10%-25% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	2	30.00	0.06	0.06752	10%-25% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	3	90.00	0.04	0.06715	26%-50% Below	No	No
69238183801	LEVOTHYROXINE 150 MCG TABLET	4	30.00	0.06	0.06736	10%-25% Below	No	No
69238183807	LEVOTHYROXINE 150 MCG TABLET	3	80.00	0.29	0.06715	200% Above	Yes	No
69238183901	LEVOTHYROXINE 175 MCG TABLET	3	90.00	0.06	0.08783	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	1	10.00	0.35	0.08263	200% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	1	30.00	0.07	0.08263	10%-25% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	2	5.00	0.19	0.08128	101%-200% Above	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	2	90.00	0.05	0.08128	26%-50% Below	No	No
69238184001	LEVOTHYROXINE 200 MCG TABLET	3	78.00	0.05	0.07969	26%-50% Below	No	No
69238184007	LEVOTHYROXINE 200 MCG TABLET	12	90.00	0.05	0.08400	26%-50% Below	No	No
69238199107	DIGOXIN 125 MCG TABLET	2	90.00	0.16	0.11281	26%-50% Above	Yes	No
69238201702	IPRATROPIUM 0.06% SPRAY	3	45.00	0.56	0.85238	26%-50% Below	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	60.00	0.08	0.05139	51%-75% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	60.00	0.17	0.05139	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	75.00	0.08	0.05139	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	90.00	0.08	0.05139	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	1	270.00	0.11	0.05139	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	30.00	0.08	0.05068	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	30.00	0.17	0.05068	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	60.00	0.08	0.05068	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1276

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	60.00	0.17	0.05068	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	90.00	0.13	0.05068	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	2	360.00	0.08	0.05068	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	24.00	0.08	0.05121	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	30.00	0.08	0.05121	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	30.00	0.14	0.05121	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	30.00	0.17	0.05121	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	60.00	0.08	0.05121	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	60.00	0.14	0.05121	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	60.00	0.17	0.05121	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	75.00	0.08	0.05121	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	90.00	0.08	0.05121	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	180.00	0.08	0.05121	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	3	270.00	0.08	0.05121	26%-50% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	4	60.00	0.14	0.05049	101%-200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	12	60.00	0.08	0.04983	51%-75% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	12	60.00	0.17	0.04983	200% Above	No	No
69238207701	PROPRANOLOL 10 MG TABLET	12	180.00	0.08	0.04983	51%-75% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	1	24.00	0.18	0.05139	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	24.00	0.22	0.05139	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	30.00	0.17	0.05139	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	30.00	0.18	0.05139	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	60.00	0.08	0.05139	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	60.00	0.14	0.05139	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	1	60.00	0.16	0.05139	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1277

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.17	0.05139	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	24.00	0.20	0.05068	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	30.00	0.08	0.05068	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	60.00	0.08	0.05068	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	60.00	0.08	0.05068	51%-75% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	90.00	0.16	0.05068	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	120.00	0.03	0.05068	26%-50% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	180.00	0.08	0.05068	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	2	270.00	0.11	0.05068	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	15.00	0.21	0.05121	200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	24.00	0.08	0.05121	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	30.00	0.03	0.05121	51%-75% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	30.00	0.08	0.05121	26%-50% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	3	30.00	0.08	0.05121	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	60.00	0.08	0.05121	26%-50% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	3	60.00	0.08	0.05121	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	3	360.00	0.03	0.05121	51%-75% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	60.00	0.08	0.05049	26%-50% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	180.00	0.03	0.05049	26%-50% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	4	180.00	0.11	0.05049	101%-200% Above	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	12	60.00	0.17	0.04983	200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	12	90.00	0.16	0.04983	200% Above	No	No
69238207707	PROPRANOLOL 10 MG TABLET	12	180.00	0.03	0.04983	26%-50% Below	Yes	No
69238207707	PROPRANOLOL 10 MG TABLET	12	180.00	0.08	0.04983	51%-75% Above	Yes	No
69238207801	PROPRANOLOL 20 MG TABLET	1	30.00	0.08	0.05929	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1278

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238207801	PROPRANOLOL 20 MG TABLET	2	1.00	0.07	0.05729	10%-25% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	2	30.00	0.08	0.05729	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	2	90.00	0.07	0.05729	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	2	180.00	0.11	0.05729	76%-100% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	2	270.00	0.07	0.05729	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	3	30.00	0.08	0.05618	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	3	60.00	0.07	0.05618	26%-50% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	3	180.00	0.11	0.05618	76%-100% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	12	30.00	0.17	0.05963	101%-200% Above	No	No
69238207801	PROPRANOLOL 20 MG TABLET	12	90.00	0.08	0.05963	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	1	60.00	0.07	0.05929	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	1	180.00	0.07	0.05929	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	1	270.00	0.17	0.05929	101%-200% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	2	30.00	0.03	0.05729	26%-50% Below	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	2	60.00	0.07	0.05729	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	2	90.00	0.20	0.05729	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	2	180.00	0.07	0.05729	26%-50% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	3	60.00	0.07	0.05618	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	3	60.00	0.24	0.05618	200% Above	Yes	No
69238207807	PROPRANOLOL 20 MG TABLET	3	180.00	0.07	0.05618	26%-50% Above	No	No
69238207807	PROPRANOLOL 20 MG TABLET	12	60.00	0.08	0.05963	26%-50% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	1	30.00	0.29	0.08369	200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	1	60.00	0.17	0.08369	76%-100% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	1	90.00	0.10	0.08369	10%-25% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	1	180.00	0.17	0.08369	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1279

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69238207901	PROPRANOLOL 40 MG TABLET	2	10.00	0.30	0.08336	200% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	2	60.00	0.01	0.08336	76%-100% Below	No	No
69238207901	PROPRANOLOL 40 MG TABLET	2	60.00	0.17	0.08336	76%-100% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	3	60.00	0.17	0.08299	76%-100% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	3	90.00	0.10	0.08299	10%-25% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	4	60.00	0.02	0.08221	51%-75% Below	No	No
69238207901	PROPRANOLOL 40 MG TABLET	4	90.00	0.10	0.08221	10%-25% Above	No	No
69238207901	PROPRANOLOL 40 MG TABLET	12	60.00	0.04	0.08009	26%-50% Below	No	No
69238207907	PROPRANOLOL 40 MG TABLET	1	30.00	0.33	0.08369	200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	1	60.00	0.10	0.08369	10%-25% Above	No	No
69238207907	PROPRANOLOL 40 MG TABLET	1	180.00	0.10	0.08369	10%-25% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	2	30.00	0.33	0.08336	200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	2	90.00	0.10	0.08336	10%-25% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	3	30.00	0.33	0.08299	200% Above	Yes	No
69238207907	PROPRANOLOL 40 MG TABLET	4	30.00	0.33	0.08221	200% Above	Yes	No
69238208001	PROPRANOLOL 60 MG TABLET	3	180.00	0.17	0.14378	10%-25% Above	No	No
69238208101	PROPRANOLOL 80 MG TABLET	3	90.00	0.12	0.16385	26%-50% Below	No	No
69238208101	PROPRANOLOL 80 MG TABLET	12	180.00	0.12	0.15587	10%-25% Below	No	No
69238212209	PREDNISOLONE 15 MG/5 ML SOLN	3	30.00	0.07	0.10877	26%-50% Below	No	No
69292053410	PROPRANOLOL 40 MG TABLET	12	90.00	0.10	0.08009	26%-50% Above	No	No
69292056401	METOLAZONE 5 MG TABLET	3	30.00	0.24	0.30704	10%-25% Below	No	No
69315011601	FUROSEMIDE 20 MG TABLET	3	60.00	0.03	0.02703	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	1	30.00	0.08	0.02781	101%-200% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	2	90.00	0.03	0.02698	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	10.00	0.03	0.02703	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1280

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.03	0.02703	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02703	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02696	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02696	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	4	90.00	0.03	0.02696	10%-25% Above	No	No
69315011610	FUROSEMIDE 20 MG TABLET	12	30.00	0.04	0.02808	10%-25% Above	No	No
69315011805	FUROSEMIDE 80 MG TABLET	3	16.00	0.07	0.05087	26%-50% Above	No	No
69315012701	FOLIC ACID 1 MG TABLET	1	30.00	0.01	0.02111	51%-75% Below	No	No
69315012701	FOLIC ACID 1 MG TABLET	1	90.00	0.06	0.02111	101%-200% Above	No	No
69315012701	FOLIC ACID 1 MG TABLET	12	21.00	0.03	0.02307	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02111	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.02	0.02111	10%-25% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.05	0.02111	101%-200% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	1	90.00	0.06	0.02111	101%-200% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	2	30.00	0.02	0.02008	10%-25% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02008	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	2	90.00	0.02	0.02008	10%-25% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	2	180.00	0.02	0.02008	10%-25% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	3	30.00	0.02	0.01899	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	3	30.00	0.02	0.01899	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.01899	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.01	0.01899	26%-50% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.02	0.01899	26%-50% Above	No	No
69315012710	FOLIC ACID 1 MG TABLET	3	90.00	0.02	0.01899	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	4	30.00	0.02	0.01899	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1281

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	90.00	0.02	0.01899	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	12	30.00	0.05	0.02307	76%-100% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.01	0.02307	51%-75% Below	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.01	0.02307	51%-75% Below	No	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.03	0.02307	10%-25% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.03	0.02307	26%-50% Above	Yes	No
69315012710	FOLIC ACID 1 MG TABLET	12	90.00	0.06	0.02307	101%-200% Above	Yes	No
69315013601	BENZTROPINE MES 0.5 MG TAB	3	180.00	0.08	0.06704	10%-25% Above	Yes	No
69315013701	BENZTROPINE MES 1 MG TABLET	1	30.00	0.06	0.07792	10%-25% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	4.00	0.25	0.04083	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.01	0.04083	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.02	0.04083	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.10	0.04083	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.15	0.04083	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.15	0.04083	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.15	0.04083	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.07	0.04083	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.09	0.04083	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.10	0.04083	101%-200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.10	0.04083	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.02	0.04110	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.07	0.04110	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.15	0.04110	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.02	0.04110	51%-75% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.07	0.04110	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1282

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.09	0.04110	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.13	0.04110	200% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.14	0.04110	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.02	0.04118	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.02	0.04118	51%-75% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.07	0.04118	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.15	0.04118	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	45.00	0.07	0.04118	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.02	0.04118	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.02	0.04118	51%-75% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.05	0.04118	26%-50% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.07	0.04118	51%-75% Above	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.07	0.04118	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.09	0.04118	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.13	0.04118	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	90.00	0.14	0.04118	200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.07	0.04083	51%-75% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	90.00	0.09	0.04083	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	30.00	0.02	0.04030	51%-75% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.00	0.04030	76%-100% Below	No	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.02	0.04030	51%-75% Below	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.07	0.04030	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.08	0.04030	76%-100% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.11	0.04030	101%-200% Above	Yes	No
69315015501	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.13	0.04030	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1283

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.10	0.04083	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	30.00	0.15	0.04083	200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.01	0.04083	51%-75% Below	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.07	0.04083	51%-75% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	1	90.00	0.10	0.04083	101%-200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.01	0.04110	51%-75% Below	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	30.00	0.07	0.04110	51%-75% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	2	90.00	0.07	0.04110	51%-75% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.07	0.04118	51%-75% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.15	0.04118	200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	3	30.00	0.15	0.04118	200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.07	0.04083	51%-75% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	4	30.00	0.15	0.04083	200% Above	No	No
69315015510	HYDROCHLOROTHIAZIDE 12.5 MG TB	12	90.00	0.07	0.04030	76%-100% Above	No	No
69315018524	LEUCOVORIN CALCIUM 10 MG TAB	1	109.00	1.55	2.33834	26%-50% Below	No	No
69315018725	LEUCOVORIN CALCIUM 25 MG TAB	1	50.00	1.46	3.31994	51%-75% Below	No	No
69315018725	LEUCOVORIN CALCIUM 25 MG TAB	3	50.00	1.64	2.35663	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	1	60.00	0.36	0.54730	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	2	60.00	0.36	0.50708	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	3	60.00	0.36	0.50958	26%-50% Below	No	No
69315021201	NIFEDIPINE 20 MG CAPSULE	12	60.00	0.38	0.57037	26%-50% Below	No	No
69315028209	FENOFIBRIC ACID DR 135 MG CAP	1	30.00	0.53	0.25403	101%-200% Above	No	No
69315028209	FENOFIBRIC ACID DR 135 MG CAP	2	30.00	0.53	0.25201	101%-200% Above	No	No
69315028209	FENOFIBRIC ACID DR 135 MG CAP	2	90.00	0.53	0.25201	101%-200% Above	No	No
69315028209	FENOFIBRIC ACID DR 135 MG CAP	3	90.00	0.53	0.23661	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1284

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315028209	FENOFIBRIC ACID DR 135 MG CAP	12	30.00	0.56	0.25831	101%-200% Above	No	No
69315028301	EST ESTROGEN TAB MTEST HS	1	30.00	2.92	.		No	No
69315028301	EST ESTROGEN TAB MTEST HS	1	90.00	2.05	.		No	No
69315028301	EST ESTROGEN TAB MTEST HS	2	30.00	2.92	.		No	No
69315028301	EST ESTROGEN TAB MTEST HS	3	30.00	2.92	.		No	No
69315028301	EST ESTROGEN TAB MTEST HS	4	30.00	2.92	.		No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	1	30.00	2.05	.		No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	2	30.00	2.05	.		No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	3	30.00	2.05	.		No	No
69315028401	ESTROG/MTEST TAB 1.25-2.5	3	90.00	2.05	.		No	No
69315029105	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	2	90.00	0.12	0.03476	200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	2	180.00	0.11	0.03476	200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	3	90.00	0.08	0.03313	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	3	90.00	0.12	0.03313	200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	4	30.00	0.08	0.03304	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	4	30.00	0.08	0.03304	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	12	30.00	0.07	0.03660	76%-100% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	12	90.00	0.07	0.03660	101%-200% Above	No	No
69315029105	ALLOPURINOL 100 MG TABLET	12	90.00	0.08	0.03660	101%-200% Above	No	No
69315029210	ALLOPURINOL 300 MG TABLET	1	28.00	0.12	0.06202	76%-100% Above	No	No
69315029210	ALLOPURINOL 300 MG TABLET	1	90.00	0.17	0.06202	101%-200% Above	No	No
69315029210	ALLOPURINOL 300 MG TABLET	2	28.00	0.12	0.05890	101%-200% Above	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	1	10.00	1.05	1.60991	26%-50% Below	No	No
69315030805	CIPROFLOXACIN 0.3% EYE DROP	12	5.00	1.09	1.67443	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1285

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	5.00	1.09	1.67443	26%-50% Below	Yes	No
69315030810	CIPROFLOXACIN 0.3% EYE DROP	4	10.00	0.64	0.88600	26%-50% Below	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	1	28.00	0.11	0.25086	51%-75% Below	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	1	28.00	0.32	0.25086	26%-50% Above	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	2	56.00	0.09	0.24185	51%-75% Below	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	3	28.00	0.11	0.23664	51%-75% Below	No	No
69315031228	PROCTO-MED HC 2.5% CREAM	4	28.00	0.32	0.23471	26%-50% Above	No	No
69315032010	OFLOXACIN 0.3% EAR DROPS	2	10.00	2.05	1.08469	76%-100% Above	No	No
69315032705	OFLOXACIN 0.3% EYE DROPS	2	5.00	0.79	1.40615	26%-50% Below	Yes	No
69315032705	OFLOXACIN 0.3% EYE DROPS	4	5.00	2.24	1.30038	51%-75% Above	Yes	No
69315032710	OFLOXACIN 0.3% EYE DROPS	3	10.00	0.71	1.15908	26%-50% Below	Yes	No
69315033005	BRIMONIDINE-TIMOLOL 0.2%-0.5%	2	5.00	3.69	3.11368	10%-25% Above	No	No
69315041005	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.01	0.02905	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	1	473.00	0.03	0.06516	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2	60.00	0.04	0.06486	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	2	200.00	0.04	0.06486	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	200.00	0.03	0.06476	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	200.00	0.03	0.06476	51%-75% Below	Yes	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	200.00	0.04	0.06476	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	224.00	0.04	0.06476	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	280.00	0.04	0.06476	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	400.00	0.04	0.06476	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	3	560.00	0.04	0.06476	26%-50% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	12	60.00	0.03	0.06286	51%-75% Below	No	No
69315050447	NYSTATIN 100,000 UNIT/ML SUSP	12	200.00	0.04	0.06286	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1286

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	9	100.00	0.03	0.14831	76%-100% Below	Yes	No
69315090401	LORAZEPAM 0.5 MG TABLET	1	30.00	0.04	0.03804	10%-25% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	1	60.00	0.10	0.03804	101%-200% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	2	90.00	0.04	0.03502	10%-25% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	3	30.00	0.04	0.03354	26%-50% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	4	60.00	0.04	0.03349	26%-50% Above	No	No
69315090401	LORAZEPAM 0.5 MG TABLET	4	90.00	0.01	0.03349	51%-75% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	1	30.00	0.04	0.03804	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	1	30.00	0.10	0.03804	101%-200% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	1	45.00	0.10	0.03804	101%-200% Above	Yes	No
69315090405	LORAZEPAM 0.5 MG TABLET	1	60.00	0.10	0.03804	101%-200% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	1	90.00	0.10	0.03804	101%-200% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	20.00	0.04	0.03502	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	30.00	0.04	0.03502	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	2	60.00	0.04	0.03502	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	3	20.00	0.04	0.03354	10%-25% Above	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	3	45.00	0.02	0.03354	51%-75% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	4	2.00	0.01	0.03349	51%-75% Below	No	No
69315090405	LORAZEPAM 0.5 MG TABLET	12	10.00	0.07	0.04198	51%-75% Above	No	No
69315090410	LORAZEPAM 0.5 MG TABLET	3	2.00	0.05	0.03354	26%-50% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	1	10.00	0.14	0.04302	200% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	1	30.00	0.14	0.04302	200% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	1	60.00	0.14	0.04302	200% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	2	15.00	0.06	0.03811	51%-75% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	2	30.00	0.06	0.03811	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1287

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315090501	LORAZEPAM 1 MG TABLET	3	30.00	0.06	0.03691	51%-75% Above	No	No
69315090501	LORAZEPAM 1 MG TABLET	12	60.00	0.06	0.04692	26%-50% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	1	48.00	0.14	0.04302	200% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	2	10.00	0.06	0.03811	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	2	48.00	0.06	0.03811	51%-75% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	12	3.00	0.06	0.04692	26%-50% Above	Yes	No
69315090505	LORAZEPAM 1 MG TABLET	12	10.00	0.14	0.04692	101%-200% Above	No	No
69315090505	LORAZEPAM 1 MG TABLET	12	30.00	0.06	0.04692	26%-50% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	30.00	0.14	0.04302	200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	60.00	0.03	0.04302	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	1	60.00	0.06	0.04302	26%-50% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	2.00	0.06	0.03811	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	2.00	0.24	0.03811	200% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	15.00	0.06	0.03811	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	2	60.00	0.03	0.03811	26%-50% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	3	30.00	0.03	0.03691	10%-25% Below	No	No
69315090510	LORAZEPAM 1 MG TABLET	3	30.00	0.06	0.03691	51%-75% Above	No	No
69315090510	LORAZEPAM 1 MG TABLET	12	30.00	0.03	0.04692	26%-50% Below	No	No
69315090601	LORAZEPAM 2 MG TABLET	1	30.00	0.33	0.07067	200% Above	No	No
69315090601	LORAZEPAM 2 MG TABLET	2	30.00	0.14	0.06952	101%-200% Above	No	No
69315090601	LORAZEPAM 2 MG TABLET	3	30.00	0.14	0.07064	101%-200% Above	No	No
69315090601	LORAZEPAM 2 MG TABLET	4	30.00	0.14	0.07060	101%-200% Above	No	No
69315090601	LORAZEPAM 2 MG TABLET	12	30.00	0.33	0.07274	200% Above	No	No
69315091001	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	1	30.00	0.30	0.16305	76%-100% Above	No	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	1	30.00	0.28	0.16305	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1288

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	1	90.00	0.14	0.16305	10%-25% Below	No	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	1	200.00	0.29	0.16305	76%-100% Above	Yes	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	2	60.00	0.09	0.15604	26%-50% Below	Yes	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	2	60.00	0.14	0.15604	10%-25% Below	No	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	90.00	0.14	0.16600	10%-25% Below	No	No
69315091010	DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	12	90.00	0.14	0.16600	10%-25% Below	Yes	No
69367013705	ACYCLOVIR 400 MG TABLET	1	30.00	0.11	0.09133	10%-25% Above	No	No
69367013705	ACYCLOVIR 400 MG TABLET	1	90.00	0.10	0.09133	10%-25% Above	No	No
69367013705	ACYCLOVIR 400 MG TABLET	1	90.00	0.24	0.09133	101%-200% Above	No	No
69367016607	FERROUS SULF TAB 325MG EC	2	30.00	0.38	.		No	No
69367017401	HYDROQUINONE 4% CREAM	2	28.35	1.09	0.54489	76%-100% Above	Yes	No
69367017401	HYDROQUINONE 4% CREAM	3	28.35	1.09	0.52898	101%-200% Above	Yes	No
69367018005	METFORMIN HCL 500 MG TABLET	4	180.00	0.02	0.01394	26%-50% Above	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	30.00	0.07	0.13984	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	30.00	0.08	0.13984	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	18.00	0.02	0.13454	76%-100% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	28.00	0.09	0.13454	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	0.08	0.13454	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.08	0.13099	26%-50% Below	No	No
69367020305	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	20.00	0.32	0.13882	101%-200% Above	No	No
69367021001	IRON COMPLEX CAP 150MG	2	90.00	0.37	.		Yes	No
69367021910	HYDROCHLOROTHIAZIDE 12.5 MG CP	12	90.00	0.04	0.03032	10%-25% Above	No	No
69367022001	SOD CHLORIDE TAB 1GM	1	30.00	0.47	.		No	No
69367024312	HYDROCORT AC SUP 25MG	1	14.00	1.43	.		No	No
69367024312	HYDROCORT AC SUP 25MG	3	14.00	1.06	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1289

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367024312	HYDROCORT AC SUP 25MG	3	28.00	8.22	.		No	No
69367024324	HYDROCORT AC SUP 25MG	1	30.00	0.67	.		No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	10.00	0.61	0.23221	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.27	0.23221	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.43	0.23221	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.44	0.23221	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.50	0.23221	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	30.00	0.61	0.23221	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.42	0.23221	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	1	90.00	0.61	0.23221	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	6.00	0.27	0.22707	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.27	0.22707	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	30.00	0.43	0.22707	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	60.00	0.27	0.22707	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	2	60.00	0.43	0.22707	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	3	28.00	0.27	0.22999	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.27	0.22999	10%-25% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.43	0.22999	76%-100% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	3	30.00	0.50	0.22999	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	4	30.00	0.50	0.22965	101%-200% Above	No	No
69367026209	VALACYCLOVIR HCL 500 MG TABLET	12	30.00	0.50	0.23387	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	14.00	0.52	0.41238	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	1	20.00	0.75	0.41238	76%-100% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	6.00	0.52	0.40668	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	14.00	0.52	0.40668	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1290

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.50	0.40668	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.50	0.40668	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	2	30.00	0.67	0.40668	51%-75% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	0.52	0.40550	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	4.00	0.95	0.40550	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	14.00	0.52	0.40550	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	20.00	0.52	0.40550	26%-50% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	20.00	0.71	0.40550	51%-75% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	3	30.00	0.50	0.40550	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	14.00	1.01	0.40626	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	4	30.00	0.50	0.40626	10%-25% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	12	4.00	1.13	0.41606	101%-200% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	12	14.00	0.71	0.41606	51%-75% Above	No	No
69367026309	VALACYCLOVIR HCL 1 GRAM TABLET	12	30.00	0.50	0.41606	10%-25% Above	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	1	120.00	0.04	0.05988	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	1	240.00	0.03	0.05988	26%-50% Below	No	No
69367027204	CODEINE-GUAIFEN 10-100 MG/5 ML	2	120.00	0.04	0.06136	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	120.00	0.03	0.03195	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	180.00	0.03	0.03195	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	180.00	0.06	0.03195	76%-100% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	1	200.00	0.06	0.03195	76%-100% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	2	210.00	0.02	0.03193	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	2	210.00	0.02	0.03193	26%-50% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	2	300.00	0.02	0.03193	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	2	300.00	0.03	0.03193	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1291

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	120.00	0.02	0.03236	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	12	70.00	0.03	0.03150	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	12	120.00	0.04	0.03150	10%-25% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	12	140.00	0.02	0.03150	10%-25% Below	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	12	180.00	0.04	0.03150	10%-25% Above	No	No
69367027216	CODEINE-GUAIFEN 10-100 MG/5 ML	12	210.00	0.04	0.03150	10%-25% Above	No	No
69367028705	MONTELUKAST SOD 10 MG TABLET	3	30.00	0.12	0.04334	101%-200% Above	No	No
69367028805	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.43	0.08572	200% Above	No	No
69367028805	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.07856	200% Above	No	No
69367030105	CELECOXIB 100 MG CAPSULE	2	180.00	0.16	0.07148	101%-200% Above	No	No
69367030201	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	30.00	0.23	0.08664	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	45.00	0.23	0.08664	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	60.00	0.17	0.08664	76%-100% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	60.00	0.33	0.08664	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	90.00	0.23	0.08664	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	1	180.00	0.11	0.08664	26%-50% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	12.00	0.23	0.08517	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	30.00	0.23	0.08517	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	30.00	0.50	0.08517	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	60.00	0.17	0.08517	76%-100% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	60.00	0.23	0.08517	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	2	60.00	0.33	0.08517	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1292

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367030205	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	3	30.00	0.50	0.08423	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	3	60.00	0.23	0.08423	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	3	60.00	0.33	0.08423	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	3	90.00	0.23	0.08423	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	4	30.00	0.50	0.08460	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	12	30.00	0.23	0.08642	101%-200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	12	30.00	0.50	0.08642	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	12	30.00	0.50	0.08642	200% Above	No	No
69367030205	CELECOXIB 200 MG CAPSULE	12	60.00	0.33	0.08642	200% Above	No	No
69367031056	SODIUM FLUORIDE 1.1% GEL	1	56.00	0.18	0.10643	51%-75% Above	No	No
69367031056	SODIUM FLUORIDE 1.1% GEL	2	56.00	0.19	0.10665	51%-75% Above	No	No
69367031101	SODIUM FLUORIDE 5000 PPM PASTE	2	100.00	0.06	0.09795	26%-50% Below	No	No
69367033530	PAROXETINE ER 12.5 MG TABLET	1	30.00	1.40	0.44614	200% Above	No	No
69367033530	PAROXETINE ER 12.5 MG TABLET	2	30.00	0.60	0.49048	10%-25% Above	No	No
69367033530	PAROXETINE ER 12.5 MG TABLET	4	30.00	0.60	0.52536	10%-25% Above	No	No
69367034305	GABAPENTIN 100 MG CAPSULE	1	90.00	0.01	0.02137	26%-50% Below	No	No
69367034405	GABAPENTIN 300 MG CAPSULE	12	90.00	0.06	0.03399	76%-100% Above	No	No
69367034605	GABAPENTIN 600 MG TABLET	1	90.00	0.03	0.06907	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	1	90.00	0.03	0.06907	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	1	90.00	0.03	0.06907	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	1	90.00	0.13	0.06907	76%-100% Above	No	No
69367034605	GABAPENTIN 600 MG TABLET	2	30.00	0.05	0.06838	26%-50% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	2	90.00	0.03	0.06838	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	2	90.00	0.06	0.06838	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1293

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	90.00	0.03	0.06908	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	3	90.00	0.06	0.06908	10%-25% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	3	180.00	0.02	0.06908	51%-75% Below	No	No
69367034605	GABAPENTIN 600 MG TABLET	4	90.00	0.06	0.06919	10%-25% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	1	30.00	0.07	0.09962	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	1	90.00	0.05	0.09962	51%-75% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	1	90.00	0.06	0.09962	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	1	90.00	0.06	0.09962	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	2	30.00	0.07	0.09833	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	2	90.00	0.06	0.09833	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	2	120.00	0.05	0.09833	51%-75% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	3	30.00	0.07	0.09930	26%-50% Below	No	No
69367034705	GABAPENTIN 800 MG TABLET	12	90.00	0.00	0.10000	76%-100% Below	No	No
69367037930	DAPSONE 100 MG TABLET	2	135.00	0.49	1.06872	51%-75% Below	No	No
69367038910	AMITRIPTYLINE HCL 25 MG TAB	1	30.00	0.24	0.05416	200% Above	No	No
69367038910	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.10	0.05282	76%-100% Above	No	No
69367038910	AMITRIPTYLINE HCL 25 MG TAB	4	30.00	0.10	0.05422	76%-100% Above	No	No
69367038910	AMITRIPTYLINE HCL 25 MG TAB	12	30.00	0.11	0.05664	76%-100% Above	No	No
69367038910	AMITRIPTYLINE HCL 25 MG TAB	12	90.00	0.24	0.05664	200% Above	No	No
69367039010	AMITRIPTYLINE HCL 50 MG TAB	2	30.00	0.33	0.08892	200% Above	No	No
69367039010	AMITRIPTYLINE HCL 50 MG TAB	4	30.00	0.33	0.09802	200% Above	No	No
69367039401	IBUPROFEN 400 MG TABLET	3	42.00	0.02	0.04002	26%-50% Below	No	No
69367039401	IBUPROFEN 400 MG TABLET	3	50.00	0.07	0.04002	76%-100% Above	No	No
69367039501	IBUPROFEN 600 MG TABLET	1	30.00	0.21	0.04485	200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	1	10.00	0.09	0.04485	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1294

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367039505	IBUPROFEN 600 MG TABLET	1	21.00	0.21	0.04485	200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	1	28.00	0.09	0.04485	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	1	30.00	0.09	0.04485	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	1	30.00	0.21	0.04485	200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	2	15.00	0.09	0.04306	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	2	20.00	0.09	0.04306	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	2	30.00	0.03	0.04306	10%-25% Below	No	No
69367039505	IBUPROFEN 600 MG TABLET	3	21.00	0.05	0.04285	10%-25% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	3	30.00	0.09	0.04285	101%-200% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	4	15.00	0.06	0.04417	26%-50% Above	No	No
69367039505	IBUPROFEN 600 MG TABLET	4	30.00	0.03	0.04417	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	30.00	0.04	0.05494	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	30.00	0.05	0.05494	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	30.00	0.07	0.05494	26%-50% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	30.00	0.16	0.05494	101%-200% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	60.00	0.03	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	90.00	0.03	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	90.00	0.07	0.05494	26%-50% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	1	90.00	0.16	0.05494	101%-200% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	2	15.00	0.07	0.05494	26%-50% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	2	30.00	0.01	0.05494	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1295

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367039605	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	2	30.00	0.04	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	2	30.00	0.07	0.05494	26%-50% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	2	60.00	0.07	0.05494	26%-50% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	2	90.00	0.03	0.05494	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	2	90.00	0.07	0.05494	26%-50% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	16.00	0.04	0.05563	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	20.00	0.07	0.05563	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	25.00	0.05	0.05563	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	30.00	0.04	0.05563	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	30.00	0.07	0.05563	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	60.00	0.03	0.05563	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	60.00	0.07	0.05563	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	90.00	0.07	0.05563	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	3	180.00	0.02	0.05563	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	21.00	0.05	0.05689	10%-25% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	24.00	0.07	0.05689	10%-25% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	60.00	0.04	0.05689	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	4	180.00	0.02	0.05689	51%-75% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	12	21.00	0.07	0.05617	26%-50% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	12	30.00	0.04	0.05617	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	12	30.00	0.16	0.05617	101%-200% Above	No	No
69367039605	IBUPROFEN 800 MG TABLET	12	60.00	0.03	0.05617	26%-50% Below	No	No
69367039605	IBUPROFEN 800 MG TABLET	12	90.00	0.03	0.05617	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1296

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69367039605	IBUPROFEN 800 MG TABLET	12	90.00	0.07	0.05617	26%-50% Above	No	No
69367040110	FAMOTIDINE 40 MG TABLET	2	60.00	0.11	0.05125	101%-200% Above	No	No
69367061101	PHENAZOPYRIDINE 100 MG TAB	2	10.00	2.20	0.15243	200% Above	No	No
69367061101	PHENAZOPYRIDINE 100 MG TAB	3	10.00	2.20	0.14753	200% Above	No	No
69367061201	PHENAZOPYRIDINE 200 MG TAB	3	10.00	2.28	0.17088	200% Above	No	No
69452011645	CLOBAZAM 2.5 MG/ML SUSPENSION	1	240.00	0.10	0.17549	26%-50% Below	No	No
69452011645	CLOBAZAM 2.5 MG/ML SUSPENSION	3	240.00	0.10	0.15518	26%-50% Below	No	No
69452011645	CLOBAZAM 2.5 MG/ML SUSPENSION	12	240.00	0.10	0.18891	26%-50% Below	No	No
69452012550	OXCARBAZEPINE 300 MG/5 ML SUSP	1	1750.00	0.11	0.14484	10%-25% Below	No	No
69452014330	BENZONATATE 100 MG CAPSULE	1	21.00	0.18	0.07212	101%-200% Above	No	No
69452014330	BENZONATATE 100 MG CAPSULE	12	15.00	0.33	0.07319	200% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	1	10.00	0.30	0.10448	101%-200% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	2	20.00	0.17	0.10310	51%-75% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	2	21.00	0.17	0.10310	51%-75% Above	No	No
69452014420	BENZONATATE 200 MG CAPSULE	12	20.00	0.17	0.10611	51%-75% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	1	30.00	0.37	0.10448	200% Above	No	No
69452014430	BENZONATATE 200 MG CAPSULE	12	30.00	0.17	0.10611	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	2.00	0.23	0.10940	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.15	0.10940	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.16	0.10940	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.21	0.10940	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.23	0.10940	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.23	0.10940	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.24	0.10940	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.29	0.10940	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1297

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.29	0.10940	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.41	0.10940	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	4.00	0.41	0.10940	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	6.00	0.18	0.10940	51%-75% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	6.00	0.29	0.10940	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	6.00	0.41	0.10940	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	8.00	0.29	0.10940	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10940	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.05	0.10940	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.06	0.10940	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.09	0.10940	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.09	0.10940	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.29	0.10940	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.29	0.10940	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.41	0.10940	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	12.00	0.50	0.10940	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.05	0.10940	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.08	0.10940	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.29	0.10940	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.41	0.10940	200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.41	0.10940	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	13.00	0.50	0.10940	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	1	26.00	0.05	0.10940	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	2.00	0.23	0.11263	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.15	0.11263	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1298

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4.00	0.15	0.11263	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.16	0.11263	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.21	0.11263	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.21	0.11263	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.23	0.11263	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.23	0.11263	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.24	0.11263	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.29	0.11263	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	4.00	0.29	0.11263	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	6.00	0.29	0.11263	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.05	0.11263	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.14	0.11263	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	8.00	0.29	0.11263	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11263	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.05	0.11263	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.06	0.11263	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.06	0.11263	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.08	0.11263	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.09	0.11263	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.10	0.11263	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.29	0.11263	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	12.00	0.29	0.11263	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	13.00	0.05	0.11263	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	2	13.00	0.29	0.11263	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	2.00	0.23	0.11551	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1299

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3.00	0.29	0.11551	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.14	0.11551	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.14	0.11551	10%-25% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.15	0.11551	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.17	0.11551	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.21	0.11551	76%-100% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.23	0.11551	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.23	0.11551	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.24	0.11551	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.29	0.11551	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	4.00	0.29	0.11551	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	5.00	0.17	0.11551	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	6.00	0.29	0.11551	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	8.00	0.29	0.11551	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.05	0.11551	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.05	0.11551	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.08	0.11551	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.09	0.11551	10%-25% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.09	0.11551	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.09	0.11551	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.29	0.11551	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	12.00	0.29	0.11551	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.08	0.11551	26%-50% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	13.00	0.29	0.11551	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	3	24.00	0.09	0.11551	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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)	3	26.00	0.05	0.11551	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	1.00	0.05	0.11845	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	2.00	0.23	0.11845	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.17	0.11845	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.23	0.11845	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11845	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	4.00	0.29	0.11845	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	8.00	0.29	0.11845	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.06	0.11845	51%-75% Below	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.29	0.11845	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	12.00	0.29	0.11845	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	13.00	0.29	0.11845	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	4	24.00	0.29	0.11845	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	2.00	0.23	0.11451	76%-100% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.15	0.11451	26%-50% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.16	0.11451	26%-50% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.30	0.11451	101%-200% Above	No	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.30	0.11451	101%-200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	4.00	0.40	0.11451	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.05	0.11451	51%-75% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.06	0.11451	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.08	0.11451	26%-50% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.09	0.11451	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.09	0.11451	10%-25% Below	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	12.00	0.30	0.11451	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1301

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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)	12	12.00	0.50	0.11451	200% Above	Yes	No
69452015120	VITAMIN D2 1.25 MG(50,000 UNIT)	12	13.00	0.08	0.11451	26%-50% Below	No	No
69452015673	RIZATRIPTAN 5 MG ODT	1	16.00	1.11	0.50892	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	1	8.00	0.42	0.54559	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	1	9.00	0.42	0.54559	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	1	10.00	0.94	0.54559	51%-75% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	1	36.00	0.42	0.54559	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	2	8.00	0.42	0.52838	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	2	27.00	1.11	0.52838	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	3	9.00	0.42	0.52849	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	3	10.00	0.42	0.52849	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	3	27.00	0.42	0.52849	10%-25% Below	Yes	No
69452015773	RIZATRIPTAN 10 MG ODT	3	27.00	1.11	0.52849	101%-200% Above	No	No
69452015773	RIZATRIPTAN 10 MG ODT	4	8.00	0.42	0.52914	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	12	10.00	0.42	0.55305	10%-25% Below	No	No
69452015773	RIZATRIPTAN 10 MG ODT	12	27.00	1.11	0.55305	76%-100% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	1	60.00	1.08	0.29039	200% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	1	180.00	0.47	0.29039	51%-75% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	2	180.00	0.47	0.28991	51%-75% Above	No	No
69452015825	COLESEVELAM 625 MG TABLET	3	180.00	0.47	0.27600	51%-75% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	2	6.00	0.65	0.29185	101%-200% Above	No	No
69452017173	AZITHROMYCIN 250 MG TABLET	4	6.00	0.47	0.36926	26%-50% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	5	5.00	1.42	0.63447	101%-200% Above	No	No
69452017213	AZITHROMYCIN 500 MG TABLET	9	2.00	1.14	0.65889	51%-75% Above	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	1	30.00	0.50	1.22954	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1302

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	1	60.00	0.59	1.22954	51%-75% Below	Yes	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	1	60.00	0.92	1.22954	10%-25% Below	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	2	120.00	0.92	1.19915	10%-25% Below	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	3	60.00	0.92	1.15732	10%-25% Below	No	No
69452020620	DOXYLAMINE-PYRIDOXINE 10-10 MG	12	30.00	0.59	1.22122	51%-75% Below	Yes	No
69452020720	CALCITRIOL 0.25 MCG CAPSULE	1	90.00	0.33	0.16945	76%-100% Above	No	No
69452020820	CALCITRIOL 0.5 MCG CAPSULE	3	28.00	0.14	0.24196	26%-50% Below	No	No
69452020820	CALCITRIOL 0.5 MCG CAPSULE	12	180.00	0.22	0.24822	10%-25% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	1	30.00	0.48	0.22606	101%-200% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	1	90.00	0.17	0.22606	26%-50% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	2	24.00	0.83	0.21365	200% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	2	90.00	0.33	0.21365	51%-75% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	3	30.00	0.50	0.21149	101%-200% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	3	90.00	0.01	0.21149	76%-100% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	3	90.00	0.33	0.21149	51%-75% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	12	90.00	0.17	0.23615	26%-50% Below	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	12	90.00	0.28	0.23615	10%-25% Above	No	No
69452023320	PROGESTERONE 100 MG CAPSULE	12	180.00	0.89	0.23615	200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	1	25.00	0.60	0.41369	26%-50% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	1	30.00	0.50	0.41369	10%-25% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	1	84.00	0.96	0.41369	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	1	90.00	0.96	0.41369	101%-200% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	2	90.00	0.22	0.40790	26%-50% Below	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	2	180.00	0.17	0.40790	51%-75% Below	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	3	30.00	0.50	0.40975	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1303

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452023420	PROGESTERONE 200 MG CAPSULE	3	30.00	0.67	0.40975	51%-75% Above	No	No
69452023420	PROGESTERONE 200 MG CAPSULE	12	90.00	0.00	0.41702	76%-100% Below	No	No
69452027120	LOPERAMIDE 2 MG CAPSULE	1	6.00	0.33	0.05433	200% Above	No	No
69452027120	LOPERAMIDE 2 MG CAPSULE	1	60.00	0.19	0.05433	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	15.00	0.70	0.14752	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	15.00	0.72	0.14752	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	20.00	0.30	0.14752	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	20.00	0.67	0.14752	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	1	20.00	0.70	0.14752	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	9.00	0.30	0.13480	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	12.00	0.30	0.13480	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	12.00	0.79	0.13480	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	15.00	0.30	0.13480	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	16.00	0.30	0.13480	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	20.00	0.30	0.13480	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	2	20.00	0.72	0.13480	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	15.00	0.30	0.12442	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	15.00	0.78	0.12442	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	20.00	0.30	0.12442	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	20.00	0.72	0.12442	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	3	30.00	0.30	0.12442	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	4	10.00	0.30	0.13651	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	4	12.00	0.74	0.13651	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	6.00	0.32	0.14705	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	12.00	0.68	0.14705	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1304

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	20.00	0.31	0.14705	101%-200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	20.00	0.59	0.14705	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	20.00	0.67	0.14705	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	20.00	0.70	0.14705	200% Above	No	No
69452027520	KETOROLAC 10 MG TABLET	12	20.00	0.75	0.14705	200% Above	No	No
69452027620	DEXAMETHASONE 2 MG TABLET	3	5.00	0.19	0.29745	26%-50% Below	No	No
69452027620	DEXAMETHASONE 2 MG TABLET	12	30.00	0.00	0.33984	76%-100% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	1	5.00	0.29	0.23017	10%-25% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	1	5.00	0.67	0.23017	101%-200% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	1	10.00	0.29	0.23017	10%-25% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	1	90.00	0.14	0.23017	26%-50% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	2	4.00	0.29	0.21002	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	2	6.00	0.29	0.21002	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	2	10.00	0.29	0.21002	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	2	15.00	0.29	0.21002	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	3	5.00	0.28	0.19556	26%-50% Above	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	12	3.00	0.00	0.23242	76%-100% Below	No	No
69452027720	DEXAMETHASONE 4 MG TABLET	12	4.00	0.34	0.23242	26%-50% Above	No	No
69452027820	DEXAMETHASONE 6 MG TABLET	1	9.00	0.45	0.50747	10%-25% Below	No	No
69452027820	DEXAMETHASONE 6 MG TABLET	2	5.00	0.43	0.49796	10%-25% Below	No	No
69452028820	FLUVOXAMINE MALEATE 50 MG TAB	4	30.00	0.18	0.20582	10%-25% Below	No	No
69452029020	ACYCLOVIR 400 MG TABLET	1	90.00	0.11	0.09133	10%-25% Above	No	No
69452029020	ACYCLOVIR 400 MG TABLET	1	90.00	0.24	0.09133	101%-200% Above	No	No
69452029020	ACYCLOVIR 400 MG TABLET	1	270.00	0.11	0.09133	10%-25% Above	No	No
69452029020	ACYCLOVIR 400 MG TABLET	3	30.00	0.11	0.09659	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1305

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452031020	PROCHLORPERAZINE 10 MG TAB	3	20.00	0.15	0.17981	10%-25% Below	No	No
69452031120	DICYCLOMINE 20 MG TABLET	1	20.00	0.10	0.06315	51%-75% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	2	20.00	0.17	0.05877	101%-200% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	2	30.00	0.10	0.05877	51%-75% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	2	40.00	0.10	0.05877	51%-75% Above	No	No
69452031120	DICYCLOMINE 20 MG TABLET	3	21.00	0.14	0.05828	101%-200% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	1	10.00	0.18	0.06315	101%-200% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	1	90.00	0.23	0.06315	200% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	2	20.00	0.16	0.05877	101%-200% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	2	180.00	0.13	0.05877	101%-200% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	4	20.00	0.10	0.05547	76%-100% Above	No	No
69452031132	DICYCLOMINE 20 MG TABLET	12	180.00	0.13	0.06376	101%-200% Above	No	No
69452031220	CARBAMAZEPINE 200 MG TABLET	1	360.00	0.53	0.11572	200% Above	No	No
69452031232	CARBAMAZEPINE 200 MG TABLET	2	60.00	0.25	0.11714	101%-200% Above	No	No
69452031232	CARBAMAZEPINE 200 MG TABLET	3	60.00	0.25	0.12282	101%-200% Above	No	No
69452031620	CEVIMELINE HCL 30 MG CAPSULE	2	90.00	0.36	0.67572	26%-50% Below	No	No
69452031620	CEVIMELINE HCL 30 MG CAPSULE	12	255.00	0.41	0.68363	26%-50% Below	No	No
69452032420	CIMETIDINE 300 MG TABLET	12	60.00	0.29	0.25824	10%-25% Above	No	No
69452032820	METHIMAZOLE 5 MG TABLET	1	36.00	0.21	0.07588	101%-200% Above	Yes	No
69452032820	METHIMAZOLE 5 MG TABLET	1	90.00	0.12	0.07588	51%-75% Above	Yes	No
69452032820	METHIMAZOLE 5 MG TABLET	2	90.00	0.09	0.07432	10%-25% Above	Yes	No
69452032820	METHIMAZOLE 5 MG TABLET	3	90.00	0.10	0.07247	26%-50% Above	No	No
69452032820	METHIMAZOLE 5 MG TABLET	4	36.00	0.09	0.07183	10%-25% Above	Yes	No
69452032820	METHIMAZOLE 5 MG TABLET	4	90.00	0.12	0.07183	51%-75% Above	Yes	No
69452032920	METHIMAZOLE 10 MG TABLET	1	30.00	0.15	0.11824	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1306

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452032920	METHIMAZOLE 10 MG TABLET	3	30.00	0.15	0.11671	26%-50% Above	Yes	No
69452033020	TERAZOSIN 1 MG CAPSULE	3	90.00	0.08	0.12517	26%-50% Below	No	No
69452033020	TERAZOSIN 1 MG CAPSULE	3	90.00	0.08	0.12517	26%-50% Below	No	No
69452033120	TERAZOSIN 2 MG CAPSULE	2	30.00	0.09	0.11142	10%-25% Below	No	No
69452033120	TERAZOSIN 2 MG CAPSULE	2	90.00	0.09	0.11142	10%-25% Below	No	No
69452033120	TERAZOSIN 2 MG CAPSULE	4	90.00	0.09	0.10869	10%-25% Below	Yes	No
69452033220	TERAZOSIN 5 MG CAPSULE	1	30.00	0.27	0.12466	101%-200% Above	No	No
69452033220	TERAZOSIN 5 MG CAPSULE	1	180.00	0.08	0.12466	26%-50% Below	Yes	No
69452033220	TERAZOSIN 5 MG CAPSULE	4	90.00	0.09	0.11334	10%-25% Below	No	No
69452033320	TERAZOSIN 10 MG CAPSULE	1	180.00	0.12	0.14672	10%-25% Below	Yes	No
69452033320	TERAZOSIN 10 MG CAPSULE	3	180.00	0.12	0.13253	10%-25% Below	Yes	No
69452034172	NARATRIPTAN HCL 2.5 MG TABLET	2	8.00	0.12	1.07712	76%-100% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	2	30.00	0.50	0.36766	26%-50% Above	No	No
69452034313	MODAFINIL 200 MG TABLET	2	90.00	0.31	0.36766	10%-25% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	3	90.00	0.31	0.35253	10%-25% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	12	60.00	0.31	0.40915	10%-25% Below	No	No
69452034313	MODAFINIL 200 MG TABLET	12	120.00	4.52	0.40915	200% Above	No	No
69452034319	MODAFINIL 200 MG TABLET	3	30.00	0.31	0.35253	10%-25% Below	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	2	3.00	0.91	0.26724	200% Above	Yes	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	2	9.00	0.54	0.26724	101%-200% Above	Yes	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	3	9.00	0.56	0.25837	101%-200% Above	No	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	3	9.00	0.83	0.25837	200% Above	Yes	No
69452034472	SUMATRIPTAN SUCC 25 MG TABLET	3	12.00	0.82	0.25837	200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	1	7.00	0.58	0.33691	51%-75% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.44	0.33691	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1307

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	1	9.00	0.98	0.33691	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	1	12.00	0.64	0.33691	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	1	18.00	0.74	0.33691	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	2	7.00	0.58	0.32312	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.44	0.32312	26%-50% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.65	0.32312	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	2	9.00	0.75	0.32312	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	2	12.00	0.64	0.32312	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.44	0.32717	26%-50% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	3	9.00	0.75	0.32717	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	3	12.00	0.41	0.32717	10%-25% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	3	12.00	0.64	0.32717	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	4	7.00	0.58	0.33593	51%-75% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	4	12.00	0.16	0.33593	51%-75% Below	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.44	0.35055	10%-25% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.65	0.35055	76%-100% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	12	9.00	0.75	0.35055	101%-200% Above	Yes	No
69452034572	SUMATRIPTAN SUCC 50 MG TABLET	12	27.00	0.78	0.35055	101%-200% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	9.00	0.94	0.46342	101%-200% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	12.00	0.41	0.46342	10%-25% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	1	30.00	0.61	0.46342	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.55	0.44748	10%-25% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	2	9.00	0.64	0.44748	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.54	0.43896	10%-25% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	3	9.00	0.55	0.43896	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1308

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	9.00	0.64	0.43896	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	9.00	0.64	0.43221	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	4	20.00	0.75	0.43221	51%-75% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.42	0.47205	10%-25% Below	No	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.42	0.47205	10%-25% Below	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	9.00	0.64	0.47205	26%-50% Above	Yes	No
69452034672	SUMATRIPTAN SUCC 100 MG TABLET	12	12.00	0.41	0.47205	10%-25% Below	Yes	No
69452034920	ESZOPICLONE 3 MG TABLET	1	90.00	0.47	0.08952	200% Above	No	No
69452035113	TERBINAFINE HCL 250 MG TABLET	1	30.00	0.11	0.15015	26%-50% Below	No	No
69452035120	TERBINAFINE HCL 250 MG TABLET	3	30.00	0.11	0.14481	26%-50% Below	No	No
69452035120	TERBINAFINE HCL 250 MG TABLET	4	30.00	0.11	0.14087	10%-25% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	1	30.00	0.04	0.04737	10%-25% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	1	90.00	0.02	0.04737	26%-50% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	3	180.00	0.02	0.04649	51%-75% Below	No	No
69452035620	ROPINIROLE HCL 0.25 MG TABLET	12	90.00	0.02	0.04732	51%-75% Below	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	1	90.00	0.23	0.04459	200% Above	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	2	90.00	0.10	0.04323	101%-200% Above	No	No
69452035720	ROPINIROLE HCL 0.5 MG TABLET	3	90.00	0.10	0.04261	101%-200% Above	No	No
69452035820	ROPINIROLE HCL 1 MG TABLET	2	30.00	0.11	0.05201	101%-200% Above	No	No
69452035820	ROPINIROLE HCL 1 MG TABLET	2	90.00	0.02	0.05201	51%-75% Below	No	No
69452035820	ROPINIROLE HCL 1 MG TABLET	3	30.00	0.11	0.05220	101%-200% Above	No	No
69452035920	ROPINIROLE HCL 2 MG TABLET	12	270.00	0.13	0.06918	76%-100% Above	No	No
69452036020	ROPINIROLE HCL 3 MG TABLET	3	90.00	0.09	0.08048	10%-25% Above	No	No
69452036020	ROPINIROLE HCL 3 MG TABLET	12	90.00	0.21	0.07989	101%-200% Above	No	No
69452036120	ROPINIROLE HCL 4 MG TABLET	1	270.00	0.04	0.08225	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1309

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452036220	ROPINIROLE HCL 5 MG TABLET	1	60.00	0.11	0.07751	26%-50% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	1	30.00	0.43	0.29862	26%-50% Above	No	No
69452036320	DES Loratadine 5 MG TABLET	2	30.00	0.19	0.29687	26%-50% Below	No	No
69452036320	DES Loratadine 5 MG TABLET	3	30.00	0.19	0.28656	26%-50% Below	No	No
69452036320	DES Loratadine 5 MG TABLET	3	90.00	0.17	0.28656	26%-50% Below	No	No
69452036320	DES Loratadine 5 MG TABLET	4	30.00	0.19	0.26324	26%-50% Below	No	No
69452037874	IBANDRONATE SODIUM 150 MG TAB	1	3.00	0.48	2.88738	76%-100% Below	No	No
69452037874	IBANDRONATE SODIUM 150 MG TAB	4	3.00	0.29	2.78794	76%-100% Below	No	No
69452039588	HYDROXYZINE 10 MG/5 ML SOLN	1	300.00	0.07	0.13270	26%-50% Below	No	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.06	0.10976	26%-50% Below	Yes	No
69452042862	SOD SUL-POTASS SUL-MAG SUL SOL	4	354.00	0.07	0.10976	26%-50% Below	No	No
69452042862	SODIUM/POTAS SOL MAGNESIU	1	354.00	0.08	.		Yes	No
69452042862	SODIUM/POTAS SOL MAGNESIU	1	354.00	0.09	.		No	No
69452042862	SODIUM/POTAS SOL MAGNESIU	1	354.00	0.09	.		Yes	No
69452042862	SODIUM/POTAS SOL MAGNESIU	2	354.00	0.06	.		Yes	No
69452042862	SODIUM/POTAS SOL MAGNESIU	2	354.00	0.07	.		No	No
69452042862	SODIUM/POTAS SOL MAGNESIU	2	354.00	0.07	.		Yes	No
69452042862	SODIUM/POTAS SOL MAGNESIU	2	354.00	0.09	.		No	No
69452042862	SODIUM/POTAS SOL MAGNESIU	2	354.00	0.09	.		Yes	No
69452042862	SODIUM/POTAS SOL MAGNESIU	3	354.00	0.02	.		No	No
69452042862	SODIUM/POTAS SOL MAGNESIU	3	354.00	0.06	.		Yes	No
69452042862	SODIUM/POTAS SOL MAGNESIU	3	354.00	0.06	.		No	No
69452042862	SODIUM/POTAS SOL MAGNESIU	3	354.00	0.07	.		No	No
69452042862	SODIUM/POTAS SOL MAGNESIU	3	354.00	0.07	.		Yes	No
69452042862	SODIUM/POTAS SOL MAGNESIU	12	354.00	0.10	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1310

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69452042862	SODIUM/POTAS SOL MAGNESIU	12	354.00	0.14	.		No	No
69452045420	FLUVOXAMINE MALEATE 25 MG TAB	3	45.00	0.23	0.17966	26%-50% Above	No	No
69452045520	FLUVOXAMINE MALEATE 100 MG TAB	2	90.00	0.13	0.25876	26%-50% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	1	60.00	0.16	0.20051	10%-25% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	2	20.00	0.15	0.18404	10%-25% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	3	20.00	0.15	0.17981	10%-25% Below	No	No
69452047220	PROCHLORPERAZINE 10 MG TAB	3	60.00	0.15	0.17981	10%-25% Below	No	No
69452047888	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	120.00	0.05	0.07322	26%-50% Below	No	No
69452047888	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.07322	26%-50% Below	No	No
69489041130	QBREXZA PAD 2.4%	1	30.00	21.75	.		No	No
69489041130	QBREXZA PAD 2.4%	3	30.00	21.75	.		No	No
69584002290	AMLODIPINE BESYLATE 5 MG TAB	3	90.00	0.11	0.01069	200% Above	No	No
69584002290	AMLODIPINE BESYLATE 5 MG TAB	4	60.00	0.01	0.01036	26%-50% Above	No	No
69584009110	BUSPIRONE HCL 5 MG TABLET	2	90.00	0.05	0.02161	101%-200% Above	No	No
69584009310	BUSPIRONE HCL 15 MG TABLET	3	180.00	0.06	0.04340	26%-50% Above	No	No
69584009350	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.06	0.04575	26%-50% Above	No	No
69584009350	BUSPIRONE HCL 15 MG TABLET	3	60.00	0.06	0.04340	26%-50% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	2	180.00	0.08	0.06662	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	3	180.00	0.08	0.06679	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	4	180.00	0.08	0.06604	10%-25% Above	No	No
69584011190	CARISOPRODOL 350 MG TABLET	12	180.00	0.08	0.06658	10%-25% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	1	15.00	0.12	0.03625	200% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	1	30.00	0.17	0.03625	200% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	2	30.00	0.03	0.03668	10%-25% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	2	30.00	0.08	0.03668	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1311

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
69584061110	METHOCARBAMOL 500 MG TABLET	2	56.00	0.03	0.03668	26%-50% Below	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	2	180.00	0.08	0.03668	101%-200% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	3	30.00	0.04	0.03725	10%-25% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	3	30.00	0.08	0.03725	101%-200% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	3	30.00	0.09	0.03725	101%-200% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	3	60.00	0.08	0.03725	101%-200% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	3	180.00	0.08	0.03725	101%-200% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	4	15.00	0.05	0.03758	10%-25% Above	No	No
69584061110	METHOCARBAMOL 500 MG TABLET	4	28.00	0.03	0.03758	10%-25% Below	No	No
69584061250	METHOCARBAMOL 750 MG TABLET	1	30.00	0.03	0.04384	26%-50% Below	No	No
69584068510	PRIMIDONE 250 MG TABLET	1	180.00	0.08	0.23921	51%-75% Below	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.08	0.04559	51%-75% Above	No	No
69584085210	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.08	0.04901	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	7.00	0.18	0.04751	200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.08	0.04751	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.18	0.04751	200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	60.00	0.18	0.04751	200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	1	90.00	0.08	0.04751	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.08	0.04583	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	30.00	0.09	0.04583	76%-100% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	2	90.00	0.08	0.04583	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	15.00	0.10	0.04559	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	30.00	0.08	0.04559	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	3	90.00	0.08	0.04559	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	4	90.00	0.08	0.04504	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69584085250	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.08	0.04901	51%-75% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.10	0.04901	101%-200% Above	No	No
69584085250	SPIRONOLACTONE 25 MG TABLET	12	90.00	0.18	0.04901	200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	1	30.00	0.10	0.04751	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	3	60.00	0.08	0.04559	51%-75% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.10	0.04504	101%-200% Above	No	No
69584085290	SPIRONOLACTONE 25 MG TABLET	5	30.00	0.16	0.05073	200% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.21	0.09514	101%-200% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.15	0.09514	51%-75% Above	No	No
69584085310	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.16	0.09601	51%-75% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.16	0.09514	51%-75% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	1	30.00	0.21	0.09514	101%-200% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.15	0.09514	51%-75% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	1	60.00	0.18	0.09514	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	1	90.00	0.21	0.09514	101%-200% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	2	60.00	0.15	0.09227	51%-75% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	2	60.00	0.18	0.09227	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	2	90.00	0.15	0.09227	51%-75% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	4	60.00	0.18	0.08930	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.16	0.09601	51%-75% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.18	0.09601	76%-100% Above	No	No
69584085350	SPIRONOLACTONE 50 MG TABLET	12	30.00	0.21	0.09601	101%-200% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.11	0.18634	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.25	0.18634	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.33	0.18634	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69584085410	SPIRONOLACTONE 100 MG TABLET	1	60.00	0.25	0.18634	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	90.00	0.11	0.18634	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	90.00	0.33	0.18634	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	1	180.00	0.25	0.18634	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	2	30.00	0.11	0.18132	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.11	0.18132	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	2	90.00	0.11	0.18132	26%-50% Below	Yes	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.11	0.17983	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.15	0.19798	10%-25% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.33	0.17983	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	3	90.00	0.11	0.17983	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.11	0.17894	26%-50% Below	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	4	90.00	0.33	0.17894	76%-100% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	12	30.00	0.25	0.18792	26%-50% Above	No	No
69584085410	SPIRONOLACTONE 100 MG TABLET	12	60.00	0.25	0.18792	26%-50% Above	No	No
69618006401	SENNA TAB 8.6MG	3	90.00	0.07	.		No	No
69618006401	SENNA TAB 8.6MG	4	90.00	0.07	.		No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.93	2.95197	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.93	3.00348	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	1.41	3.00348	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	0.93	3.04703	51%-75% Below	No	No
69680011210	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	0.98	2.86940	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.17	1.57560	26%-50% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1	2.00	0.94	1.57560	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	2.17	1.57560	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	2.17	1.57560	26%-50% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.93	1.52535	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.94	1.52535	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	2	12.00	0.93	1.52535	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.93	1.50210	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	0.67	1.50210	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	0.94	1.50210	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.93	1.50210	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.94	1.50210	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	0.93	1.50471	26%-50% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	4	2.00	0.67	1.50471	51%-75% Below	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.00	2.17	1.58765	26%-50% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	2.17	1.58765	26%-50% Above	No	No
69680011225	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.00	2.17	1.58765	26%-50% Above	No	No
69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	1	10.00	0.44	0.79197	26%-50% Below	No	No
69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	1	10.00	0.45	0.79197	26%-50% Below	No	No
69680011399	CYANOCOBALAMIN 10,000 MCG/10 ML	3	10.00	0.45	0.78415	26%-50% Below	No	No
69680015790	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.12	0.07923	26%-50% Above	No	No
69842041553	CVS ALLERGY TAB 5-120MG	3	12.00	0.41	.		Yes	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	1	30.00	0.33	1.02673	51%-75% Below	No	No
69918030130	TRANEXAMIC ACID 650 MG TABLET	2	30.00	0.33	1.00932	51%-75% Below	No	No
69918051505	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	2.25	1.67431	26%-50% Above	No	No
69918051505	NEOMYC-POLYM-DEXAMETH EYE DROP	2	5.00	2.61	1.67431	51%-75% Above	No	No
69918051505	NEOMYC-POLYM-DEXAMETH EYE DROP	12	5.00	1.14	1.74206	26%-50% Below	No	No
69918060160	TIMOLOL MALEATE 0.5% EYE DROP	4	60.00	1.05	1.62512	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70000053801	GENTLE LAXATIVE EC 5 MG TABLET	12	4.00	1.15	0.03854	200% Above	No	No
70010000101	COLCHICINE 0.6 MG CAPSULE	1	3.00	3.00	2.66109	10%-25% Above	No	No
70010000201	COLCHICINE 0.6 MG TABLET	12	60.00	2.09	0.13676	200% Above	No	No
70010000401	DEXMETHYLPHENIDATE ER 5 MG CAP	1	30.00	2.13	1.20630	76%-100% Above	No	No
70010000401	DEXMETHYLPHENIDATE ER 5 MG CAP	3	30.00	0.92	1.22150	10%-25% Below	Yes	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	1	30.00	0.53	1.69780	51%-75% Below	Yes	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	3	30.00	0.50	1.54468	51%-75% Below	No	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	3	60.00	1.02	1.54468	26%-50% Below	Yes	No
70010000501	DEXMETHYLPHENIDATE ER 10 MG CP	4	30.00	1.02	1.49999	26%-50% Below	No	No
70010000601	DEXMETHYLPHENIDATE ER 15 MG CP	1	30.00	0.50	0.88515	26%-50% Below	Yes	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	0.66	1.92686	51%-75% Below	Yes	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	1	30.00	2.51	1.92686	26%-50% Above	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	2	30.00	1.08	1.92631	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	3	30.00	1.08	1.95843	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	4	30.00	1.08	1.98180	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.00	1.13	1.87146	26%-50% Below	No	No
70010000701	DEXMETHYLPHENIDATE ER 20 MG CP	12	30.00	1.13	1.87146	26%-50% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	1	30.00	0.50	1.63926	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	1	30.00	0.64	1.63926	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	1	30.00	0.77	1.63926	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	1	30.00	0.77	1.63926	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	2	30.00	0.50	1.56953	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	2	30.00	0.64	1.56953	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	2	30.00	0.77	1.56953	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	3	30.00	0.50	1.48389	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	3	30.00	0.55	1.48389	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	3	30.00	0.77	1.48389	26%-50% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	3	30.00	0.77	1.48389	26%-50% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	4	30.00	0.77	1.58181	51%-75% Below	No	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	4	30.00	0.77	1.58181	51%-75% Below	Yes	No
70010000901	DEXMETHYLPHENIDATE ER 30 MG CP	12	30.00	0.52	1.72233	51%-75% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	1	30.00	0.67	1.66557	51%-75% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	3	30.00	0.67	1.34446	26%-50% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	4	30.00	0.67	1.21658	26%-50% Below	No	No
70010001101	DEXMETHYLPHENIDATE ER 40 MG CP	12	30.00	0.67	1.48806	51%-75% Below	No	No
70010001301	METHYLPHENIDATE ER(LA) 20 MG CP	3	30.00	1.53	1.91012	10%-25% Below	Yes	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	1	30.00	1.26	2.32811	26%-50% Below	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	1	30.00	2.79	2.32811	10%-25% Above	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	2	30.00	1.24	2.11834	26%-50% Below	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	2	30.00	1.26	2.11834	26%-50% Below	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	3	30.00	0.83	2.10531	51%-75% Below	Yes	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	3	30.00	1.24	2.10531	26%-50% Below	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	4	30.00	0.83	2.07781	51%-75% Below	Yes	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	4	30.00	1.24	2.07781	26%-50% Below	No	No
70010001401	METHYLPHENIDATE ER(LA) 30 MG CP	12	30.00	1.26	2.61332	51%-75% Below	No	No
70010001501	METHYLPHENIDATE ER(LA) 40 MG CP	1	30.00	0.50	2.73027	76%-100% Below	No	No
70010001501	METHYLPHENIDATE ER(LA) 40 MG CP	4	30.00	0.50	2.31279	76%-100% Below	No	No
70010001603	METHYLPHENIDATE ER(LA) 60 MG CP	1	30.00	8.46	9.91402	10%-25% Below	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	1.38	0.52050	101%-200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	1	30.00	4.10	0.52050	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	2	30.00	4.10	0.50881	200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	3	30.00	4.10	0.51448	200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	4.03	0.51111	200% Above	No	No
70010003001	DEXTROAMP-AMPHET ER 10 MG CAP	12	30.00	4.03	0.51111	200% Above	Yes	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	1	30.00	4.10	0.56168	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	0.33	0.55482	26%-50% Below	Yes	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	2	30.00	4.10	0.55482	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	3	30.00	4.10	0.54976	200% Above	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	11	30.00	0.43	0.51046	10%-25% Below	No	No
70010003101	DEXTROAMP-AMPHET ER 15 MG CAP	12	30.00	4.03	0.53884	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	0.50	0.61634	10%-25% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	1.92	0.61634	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	1	30.00	4.10	0.61634	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	1	60.00	0.25	0.61634	51%-75% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	1	60.00	1.92	0.61634	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	0.50	0.60523	10%-25% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	1.92	0.60523	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	2	30.00	4.10	0.60523	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	2	60.00	0.25	0.60523	51%-75% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	2	60.00	1.92	0.60523	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	3	30.00	1.92	0.61911	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	3	60.00	0.25	0.61911	51%-75% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	3	60.00	1.92	0.61911	200% Above	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	4	30.00	0.33	0.61069	26%-50% Below	No	No
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	12	30.00	0.52	0.61941	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010003201	DEXTROAMP-AMPHET ER 20 MG CAP	12	60.00	0.52	0.61941	10%-25% Below	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	1.95	0.48958	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	1	30.00	4.10	0.48958	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	1.95	0.50155	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	2	30.00	4.10	0.50155	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	3	30.00	4.10	0.52848	200% Above	No	No
70010003301	DEXTROAMP-AMPHET ER 25 MG CAP	12	30.00	4.10	0.51221	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	2.01	0.48532	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	1	30.00	4.10	0.48532	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	1	90.00	2.01	0.48532	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	0.23	0.48569	51%-75% Below	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	2.01	0.48569	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	2	30.00	4.10	0.48569	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	2	60.00	4.10	0.48569	200% Above	Yes	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	2.01	0.52822	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	3	30.00	4.10	0.52822	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	0.50	0.55958	10%-25% Below	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	4	30.00	4.10	0.55958	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	4.03	0.46213	200% Above	No	No
70010003401	DEXTROAMP-AMPHET ER 30 MG CAP	12	30.00	4.10	0.46213	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	30.00	0.01	0.01401	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	30.00	0.03	0.01401	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	30.00	0.13	0.01401	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	60.00	0.01	0.01401	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	60.00	0.06	0.01401	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010006305	METFORMIN HCL 500 MG TABLET	1	60.00	0.13	0.01401	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	90.00	0.01	0.01401	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	90.00	0.01	0.01401	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	90.00	0.06	0.01401	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	90.00	0.13	0.01401	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	180.00	0.06	0.01401	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	358.00	0.13	0.01401	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	360.00	0.02	0.01401	10%-25% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	1	360.00	0.02	0.01401	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	30.00	0.03	0.01395	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	30.00	0.06	0.01395	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	40.00	0.02	0.01395	51%-75% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01395	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	90.00	0.01	0.01395	10%-25% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	90.00	0.02	0.01395	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	90.00	0.06	0.01395	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	2	180.00	0.01	0.01395	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	30.00	0.03	0.01404	76%-100% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	30.00	0.06	0.01404	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	60.00	0.01	0.01404	26%-50% Below	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	60.00	0.02	0.01404	26%-50% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	60.00	0.06	0.01404	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	90.00	0.06	0.01404	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	3	180.00	0.02	0.01404	10%-25% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	4	60.00	0.06	0.01394	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	4	90.00	0.06	0.01394	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	60.00	0.06	0.01415	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	90.00	0.06	0.01415	200% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.00	0.02	0.01415	10%-25% Above	No	No
70010006305	METFORMIN HCL 500 MG TABLET	12	180.00	0.09	0.01415	200% Above	No	No
70010006309	METFORMIN HCL 500 MG TABLET	3	90.00	0.06	0.01404	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	1	30.00	0.06	0.01401	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	1	60.00	0.06	0.01401	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	1	120.00	0.06	0.01401	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	1	360.00	0.01	0.01401	10%-25% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	30.00	0.04	0.01395	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	30.00	0.06	0.01395	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	60.00	0.01	0.01395	26%-50% Below	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	60.00	0.06	0.01395	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	90.00	0.06	0.01395	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	2	180.00	0.06	0.01395	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	30.00	0.06	0.01404	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	60.00	0.06	0.01404	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	90.00	0.02	0.01404	10%-25% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	3	180.00	0.06	0.01404	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	4	60.00	0.06	0.01394	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	4	120.00	0.06	0.01394	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	4	135.00	0.02	0.01394	10%-25% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	30.00	0.04	0.01415	101%-200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	60.00	0.06	0.01415	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1321

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.13	0.01415	200% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	135.00	0.02	0.01415	26%-50% Above	No	No
70010006310	METFORMIN HCL 500 MG TABLET	12	180.00	0.06	0.01415	200% Above	No	No
70010006405	METFORMIN HCL 850 MG TABLET	1	60.00	0.05	0.02385	101%-200% Above	No	No
70010006405	METFORMIN HCL 850 MG TABLET	3	60.00	0.05	0.02467	101%-200% Above	No	No
70010006405	METFORMIN HCL 850 MG TABLET	3	180.00	0.01	0.02467	51%-75% Below	No	No
70010006405	METFORMIN HCL 850 MG TABLET	3	180.00	0.05	0.02467	101%-200% Above	No	No
70010006405	METFORMIN HCL 850 MG TABLET	12	60.00	0.12	0.02330	200% Above	No	No
70010006501	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02384	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	60.00	0.03	0.02384	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.12	0.02384	200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.03	0.02388	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	60.00	0.03	0.02388	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	90.00	0.05	0.02388	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.03	0.02458	10%-25% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.03	0.02458	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.05	0.02458	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.01	0.02458	51%-75% Below	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02458	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	60.00	0.03	0.02487	26%-50% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	4	180.00	0.05	0.02487	101%-200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.03	0.02417	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1322

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	60.00	0.19	0.02417	200% Above	No	No
70010006505	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.12	0.02417	200% Above	No	No
70010006510	METFORMIN HCL 1,000 MG TABLET	12	60.00	0.12	0.02417	200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	30.00	0.12	0.02384	200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	56.00	0.05	0.02384	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.03	0.02384	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.05	0.02384	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	1	180.00	0.12	0.02384	200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	56.00	0.05	0.02388	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	90.00	0.05	0.02388	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.03	0.02388	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	2	180.00	0.05	0.02388	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	60.00	0.05	0.02458	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.01	0.02458	26%-50% Below	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.03	0.02458	10%-25% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	3	180.00	0.05	0.02458	101%-200% Above	No	No
70010006599	METFORMIN HCL 1,000 MG TABLET	12	180.00	0.03	0.02417	10%-25% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	1	30.00	0.22	0.13795	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	2	5.00	0.36	0.13587	101%-200% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	0.22	0.13587	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	0.24	0.13587	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	2	39.00	0.22	0.13587	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.10	0.13587	10%-25% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	3	5.00	0.03	0.13661	76%-100% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	3	30.00	0.22	0.13661	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1323

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010013501	POTASSIUM CL ER 20 MEQ TABLET	3	30.00	0.24	0.13661	51%-75% Above	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	4	2.00	0.11	0.13796	10%-25% Below	No	No
70010013501	POTASSIUM CL ER 20 MEQ TABLET	4	60.00	0.22	0.13796	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	1	60.00	0.24	0.13795	51%-75% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	1	90.00	0.29	0.13795	101%-200% Above	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	2	60.00	0.10	0.13587	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	3	30.00	0.10	0.13661	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	3	60.00	0.10	0.13661	10%-25% Below	No	No
70010013505	POTASSIUM CL ER 20 MEQ TABLET	4	60.00	0.10	0.13796	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	3	2.00	0.11	0.13661	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	3	180.00	0.10	0.13661	10%-25% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	12	10.00	0.09	0.14169	26%-50% Below	No	No
70010013510	POTASSIUM CL ER 20 MEQ TABLET	12	180.00	0.24	0.14169	51%-75% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	1	60.00	0.28	0.13336	101%-200% Above	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	2	30.00	0.12	0.13308	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	2	60.00	0.07	0.13308	26%-50% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	2	60.00	0.12	0.13308	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	0.12	0.13308	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	3	60.00	0.07	0.13337	26%-50% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	3	60.00	0.12	0.13337	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	3	270.00	0.12	0.13337	10%-25% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	4	270.00	0.06	0.13386	51%-75% Below	No	No
70010013601	POTASSIUM CL ER 10 MEQ TABLET	12	270.00	0.08	0.12638	26%-50% Below	No	No
70010013901	NAPROXEN 500 MG TABLET	12	14.00	0.09	0.06544	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	1	10.00	0.08	0.06287	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1324

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010013905	NAPROXEN 500 MG TABLET	1	20.00	0.05	0.06287	10%-25% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	1	20.00	0.08	0.06287	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	1	30.00	0.05	0.06287	10%-25% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	1	30.00	0.08	0.06287	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	1	60.00	0.03	0.06287	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	1	60.00	0.08	0.06287	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	2	10.00	0.08	0.06095	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	2	14.00	0.05	0.06095	10%-25% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	2	20.00	0.08	0.06095	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	2	30.00	0.04	0.06095	26%-50% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	2	30.00	0.04	0.06095	26%-50% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	2	60.00	0.03	0.06095	51%-75% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	3	12.00	0.08	0.06107	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	3	14.00	0.05	0.06107	10%-25% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	3	30.00	0.08	0.06107	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	3	60.00	0.03	0.06107	26%-50% Below	No	No
70010013905	NAPROXEN 500 MG TABLET	3	60.00	0.08	0.06107	26%-50% Above	No	No
70010013905	NAPROXEN 500 MG TABLET	12	20.00	0.08	0.06544	10%-25% Above	No	No
70010013910	NAPROXEN 500 MG TABLET	12	10.00	0.08	0.06544	10%-25% Above	No	No
70010014801	POTASSIUM CL ER 10 MEQ CAPSULE	1	90.00	0.02	0.12776	76%-100% Below	No	No
70010014801	POTASSIUM CL ER 10 MEQ CAPSULE	12	90.00	0.06	0.12391	51%-75% Below	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	1	90.00	0.22	0.12776	51%-75% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	2	90.00	0.33	0.13058	101%-200% Above	No	No
70010014805	POTASSIUM CL ER 10 MEQ CAPSULE	3	30.00	0.11	0.13077	10%-25% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	10.00	0.32	0.13984	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1325

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	20.00	0.32	0.13984	101%-200% Above	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	30.00	0.08	0.13984	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	30.00	0.08	0.13454	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	30.00	0.08	0.13099	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	4	30.00	0.07	0.12339	26%-50% Below	No	No
70010014901	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	12	30.00	0.08	0.13882	26%-50% Below	No	No
70010014905	BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	3	20.00	0.09	0.13099	26%-50% Below	Yes	No
70010016201	LORATADINE 10 MG TABLET	1	30.00	0.01	0.05327	76%-100% Below	No	No
70010016234	LORATADINE 10 MG TABLET	1	30.00	0.04	0.05327	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	1	30.00	0.13	0.05327	101%-200% Above	No	No
70010016234	LORATADINE 10 MG TABLET	1	60.00	0.13	0.05327	101%-200% Above	No	No
70010016234	LORATADINE 10 MG TABLET	1	90.00	0.02	0.05327	51%-75% Below	No	No
70010016234	LORATADINE 10 MG TABLET	1	90.00	0.13	0.05327	101%-200% Above	No	No
70010016234	LORATADINE 10 MG TABLET	2	30.00	0.04	0.05314	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	3	30.00	0.04	0.05353	26%-50% Below	No	No
70010016234	LORATADINE 10 MG TABLET	12	30.00	0.05	0.05535	10%-25% Below	No	No
70010018409	VENLAFAXINE HCL ER 37.5 MG CAP	1	90.00	0.13	0.09093	26%-50% Above	Yes	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.14	0.09204	51%-75% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.14	0.09070	51%-75% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.11	0.09070	10%-25% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.11	0.09070	10%-25% Above	Yes	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.14	0.09025	51%-75% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09025	10%-25% Above	No	No
70010018509	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.14	0.08791	51%-75% Above	No	No
70010019905	GUAIFENESIN ER 600 MG TABLET	3	20.00	1.48	0.29951	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1326

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010020305	SERTRALINE HCL 25 MG TABLET	1	30.00	0.06	0.03284	76%-100% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	1	90.00	0.25	0.03284	200% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	2	30.00	0.11	0.03199	200% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	3	30.00	0.01	0.03177	51%-75% Below	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	3	30.00	0.11	0.03177	200% Above	No	No
70010020305	SERTRALINE HCL 25 MG TABLET	4	30.00	0.11	0.02999	200% Above	No	No
70010020505	SERTRALINE HCL 100 MG TABLET	12	30.00	0.26	0.05186	200% Above	No	No
70010020801	LISDEXAMFETAMINE 30 MG CAPSULE	1	30.00	7.57	3.18381	101%-200% Above	No	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	2	30.00	7.57	3.09944	101%-200% Above	No	No
70010020901	LISDEXAMFETAMINE 40 MG CAPSULE	4	30.00	7.57	2.93842	101%-200% Above	No	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	4	30.00	7.57	2.79284	101%-200% Above	Yes	No
70010021001	LISDEXAMFETAMINE 50 MG CAPSULE	12	30.00	1.50	3.10267	51%-75% Below	Yes	No
70010021101	LISDEXAMFETAMINE 60 MG CAPSULE	3	30.00	1.61	2.92947	26%-50% Below	Yes	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	1	30.00	1.66	2.96601	26%-50% Below	No	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	2	30.00	1.66	2.85019	26%-50% Below	No	No
70010021201	LISDEXAMFETAMINE 70 MG CAPSULE	12	30.00	1.79	3.13242	26%-50% Below	No	No
70010022705	GABAPENTIN 600 MG TABLET	1	30.00	0.13	0.06907	76%-100% Above	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	1	90.00	0.03	0.06907	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	1	90.00	0.06	0.06907	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	1	90.00	0.13	0.06907	76%-100% Above	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	2	30.00	0.06	0.06838	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	2	90.00	0.02	0.06838	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	2	90.00	0.02	0.06838	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	2	90.00	0.06	0.06838	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	3	90.00	0.06	0.06908	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1327

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010022705	GABAPENTIN 600 MG TABLET	3	450.00	0.06	0.06908	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	4	90.00	0.02	0.06919	51%-75% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	12	60.00	0.06	0.06871	10%-25% Below	Yes	No
70010022705	GABAPENTIN 600 MG TABLET	12	450.00	0.06	0.06871	10%-25% Below	Yes	No
70010023101	TRAZODONE 50 MG TABLET	1	30.00	0.07	0.03479	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	1	30.00	0.18	0.03479	200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	1	60.00	0.08	0.03479	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	2	30.00	0.07	0.03401	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	2	60.00	0.08	0.03401	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	2	90.00	0.05	0.03401	26%-50% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	2	90.00	0.06	0.03401	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	2	180.00	0.05	0.03401	26%-50% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	2	180.00	0.08	0.03401	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	3	30.00	0.06	0.03351	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	3	30.00	0.07	0.03351	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	3	60.00	0.06	0.03351	76%-100% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	3	90.00	0.08	0.03351	101%-200% Above	No	No
70010023101	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	1	90.00	0.08	0.03479	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	2	90.00	0.08	0.03401	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	2	180.00	0.06	0.03401	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1328

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010023105	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	3	90.00	0.08	0.03351	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	4	90.00	0.08	0.03309	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	12	30.00	0.08	0.03489	101%-200% Above	No	No
70010023105	TRAZODONE 50 MG TABLET	12	30.00	0.18	0.03489	200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	1	30.00	0.08	0.03479	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	1	30.00	0.18	0.03479	200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	1	90.00	0.08	0.03479	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	1	90.00	0.18	0.03479	200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	1	180.00	0.18	0.03479	200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	2	30.00	0.02	0.03401	26%-50% Below	No	No
70010023110	TRAZODONE 50 MG TABLET	2	30.00	0.08	0.03401	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	2	90.00	0.05	0.03401	26%-50% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	2	90.00	0.08	0.03401	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	2	100.00	0.08	0.03401	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	3	15.00	0.08	0.03351	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	3	30.00	0.02	0.03351	26%-50% Below	No	No
70010023110	TRAZODONE 50 MG TABLET	3	30.00	0.08	0.03351	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	4	15.00	0.08	0.03309	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	4	30.00	0.08	0.03309	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	4	60.00	0.08	0.03309	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	4	90.00	0.08	0.03309	101%-200% Above	No	No
70010023110	TRAZODONE 50 MG TABLET	12	90.00	0.08	0.03489	101%-200% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	1	60.00	0.21	0.05198	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1329

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010023205	TRAZODONE 100 MG TABLET	2	30.00	0.09	0.05068	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	2	60.00	0.09	0.05068	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	3	30.00	0.09	0.05082	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	3	60.00	0.09	0.05082	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	3	90.00	0.09	0.05082	76%-100% Above	No	No
70010023205	TRAZODONE 100 MG TABLET	12	30.00	0.10	0.05459	51%-75% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	1	45.00	0.09	0.05198	51%-75% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	1	45.00	0.10	0.05198	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	1	90.00	0.09	0.05198	51%-75% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	1	90.00	0.21	0.05198	200% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	1	180.00	0.09	0.05198	51%-75% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	2	45.00	0.10	0.05068	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	2	90.00	0.07	0.05068	26%-50% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	2	90.00	0.09	0.05068	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	2	135.00	0.09	0.05068	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	3	45.00	0.10	0.05082	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	4	45.00	0.10	0.05004	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	4	90.00	0.09	0.05004	76%-100% Above	No	No
70010023210	TRAZODONE 100 MG TABLET	12	45.00	0.10	0.05459	51%-75% Above	No	No
70010023301	TRAZODONE 150 MG TABLET	3	90.00	0.12	0.09019	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	1	180.00	0.12	0.09212	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	2	90.00	0.12	0.08889	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	3	30.00	0.12	0.09019	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	3	90.00	0.12	0.09019	26%-50% Above	No	No
70010023305	TRAZODONE 150 MG TABLET	4	30.00	0.12	0.08780	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010049101	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.12	0.02969	200% Above	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.12	0.02969	200% Above	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.05	0.02905	76%-100% Above	No	No
70010049101	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.05	0.02933	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.04	0.02969	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.04	0.02969	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.05	0.02969	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.12	0.02969	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.05	0.02969	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.12	0.02969	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.03	0.02969	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.05	0.02969	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.12	0.02969	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	120.00	0.05	0.02969	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	120.00	0.12	0.02969	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.05	0.02969	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.12	0.02969	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	270.00	0.12	0.02969	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	1	360.00	0.12	0.02969	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.02	0.02905	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.04	0.02905	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.05	0.02905	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.05	0.02905	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.03	0.02905	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	90.00	0.05	0.02905	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1331

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	120.00	0.05	0.02905	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	180.00	0.05	0.02905	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.05	0.02905	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.02	0.02902	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.05	0.02902	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.03	0.02902	10%-25% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.05	0.02902	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.01	0.02902	51%-75% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	90.00	0.05	0.02902	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	120.00	0.05	0.02902	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.05	0.02902	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.05	0.02902	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.02	0.02933	26%-50% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	30.00	0.05	0.02933	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	60.00	0.05	0.02933	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	90.00	0.05	0.02933	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	120.00	0.05	0.02933	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.05	0.02933	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	4	360.00	0.03	0.02933	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.06	0.02982	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.04	0.02982	26%-50% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.06	0.02982	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.06	0.02982	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.10	0.02982	200% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	90.00	0.12	0.02982	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010049105	METFORMIN HCL ER 500 MG TABLET	12	120.00	0.06	0.02982	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	360.00	0.03	0.02982	10%-25% Below	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	360.00	0.06	0.02982	76%-100% Above	No	No
70010049105	METFORMIN HCL ER 500 MG TABLET	12	360.00	0.10	0.02982	200% Above	No	No
70010049109	METFORMIN HCL ER 500 MG TABLET	1	180.00	0.05	0.02969	76%-100% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	2	270.00	0.05	0.02905	76%-100% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	2	360.00	0.05	0.02905	76%-100% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	3	180.00	0.05	0.02902	76%-100% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.05	0.02902	76%-100% Above	Yes	No
70010049109	METFORMIN HCL ER 500 MG TABLET	4	180.00	0.05	0.02933	76%-100% Above	Yes	No
70010049110	METFORMIN HCL ER 500 MG TABLET	1	30.00	0.05	0.02969	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.05	0.02969	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	1	60.00	0.12	0.02969	200% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	1	90.00	0.04	0.02969	10%-25% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	30.00	0.05	0.02905	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	2	60.00	0.05	0.02905	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	30.00	0.05	0.02902	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	60.00	0.05	0.02902	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	3	360.00	0.03	0.02902	10%-25% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	4	60.00	0.05	0.02933	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	30.00	0.05	0.02982	51%-75% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	60.00	0.06	0.02982	76%-100% Above	No	No
70010049110	METFORMIN HCL ER 500 MG TABLET	12	180.00	0.12	0.02982	200% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	1	60.00	0.08	0.05657	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.08	0.05657	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010049201	METFORMIN HCL ER 750 MG TABLET	1	90.00	0.15	0.05657	101%-200% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	1	180.00	0.19	0.05657	200% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	2	60.00	0.08	0.05639	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	2	60.00	0.08	0.05639	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	2	90.00	0.08	0.05639	26%-50% Above	Yes	No
70010049201	METFORMIN HCL ER 750 MG TABLET	2	90.00	0.09	0.05639	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	3	60.00	0.08	0.05628	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	3	60.00	0.08	0.05628	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	3	90.00	0.08	0.05628	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	3	90.00	0.08	0.05628	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	3	180.00	0.08	0.05628	26%-50% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	3	180.00	0.09	0.05628	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	60.00	0.09	0.05602	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	60.00	0.16	0.05602	101%-200% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	90.00	0.09	0.05602	51%-75% Above	No	No
70010049201	METFORMIN HCL ER 750 MG TABLET	12	180.00	0.09	0.05602	51%-75% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.10	0.11869	10%-25% Below	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	40.00	0.17	0.11973	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	20.00	0.17	0.11777	26%-50% Above	No	No
70010066801	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	12	50.00	0.18	0.11786	51%-75% Above	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	100.00	0.11	0.24056	51%-75% Below	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	100.00	0.11	0.23814	51%-75% Below	No	No
70010067001	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	12	120.00	0.11	0.24567	51%-75% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	12.00	0.11	0.14240	10%-25% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	12.00	0.11	0.14240	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.08	0.14240	26%-50% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	20.00	0.09	0.14240	26%-50% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	90.00	0.06	0.14240	51%-75% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	10.00	0.11	0.13860	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	14.00	0.11	0.13860	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	16.00	0.08	0.13860	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	30.00	0.11	0.13860	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	90.00	0.06	0.13860	51%-75% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	8.00	0.11	0.13969	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	12.00	0.09	0.13969	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	0.08	0.13969	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	20.00	0.11	0.13969	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	3	90.00	0.06	0.13969	51%-75% Below	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	10.00	0.12	0.14231	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	18.00	0.12	0.14231	10%-25% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	21.00	0.22	0.14231	51%-75% Above	No	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	25.00	0.07	0.14231	26%-50% Below	Yes	No
70010067301	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	12	90.00	0.06	0.14231	51%-75% Below	No	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.11	0.03146	200% Above	No	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	2	30.00	0.11	0.03181	200% Above	No	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03302	200% Above	No	No
70010074210	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03343	200% Above	No	No
70010074310	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No
70010074310	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	101%-200% Above	No	No
70010074310	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1335

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	15.00	0.05	0.03625	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	1	20.00	0.04	0.03625	10%-25% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	1	30.00	0.17	0.03625	200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	1	40.00	0.17	0.03625	200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	20.00	0.08	0.03668	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	28.00	0.03	0.03668	10%-25% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	30.00	0.03	0.03668	10%-25% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	2	40.00	0.08	0.03668	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	15.00	0.05	0.03725	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	40.00	0.08	0.03725	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	3	90.00	0.08	0.03725	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	4	20.00	0.05	0.03758	26%-50% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	4	30.00	0.03	0.03758	26%-50% Below	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	4	40.00	0.08	0.03758	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	12	10.00	0.07	0.03572	76%-100% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	12	30.00	0.07	0.03572	101%-200% Above	No	No
70010075401	METHOCARBAMOL 500 MG TABLET	12	90.00	0.07	0.03572	101%-200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	1	15.00	0.17	0.03625	200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	1	30.00	0.03	0.03625	10%-25% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	1	56.00	0.17	0.03625	200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	2	15.00	0.08	0.03668	101%-200% Above	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	2	60.00	0.03	0.03668	26%-50% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	4	56.00	0.03	0.03758	10%-25% Below	No	No
70010075405	METHOCARBAMOL 500 MG TABLET	12	80.00	0.07	0.03572	101%-200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	21.00	0.09	0.04384	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010077001	METHOCARBAMOL 750 MG TABLET	1	40.00	0.09	0.04384	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	60.00	0.20	0.04384	200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	90.00	0.02	0.04384	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	1	100.00	0.03	0.04384	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	20.00	0.09	0.04326	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	30.00	0.02	0.04326	51%-75% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	30.00	0.09	0.04326	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	40.00	0.09	0.04326	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	60.00	0.03	0.04326	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	60.00	0.03	0.04326	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	60.00	0.09	0.04326	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	2	90.00	0.09	0.04326	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	21.00	0.06	0.04352	26%-50% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	60.00	0.09	0.04352	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	3	90.00	0.09	0.04352	76%-100% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	30.00	0.03	0.04232	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	30.00	0.04	0.04232	10%-25% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	60.00	0.03	0.04232	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	4	90.00	0.02	0.04232	26%-50% Below	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	12	30.00	0.20	0.04329	200% Above	No	No
70010077001	METHOCARBAMOL 750 MG TABLET	12	56.00	0.09	0.04329	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	1	60.00	0.20	0.04384	200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	1	90.00	0.09	0.04384	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	2	60.00	0.09	0.04326	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	2	90.00	0.02	0.04326	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1337

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.09	0.04326	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	60.00	0.09	0.04352	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	90.00	0.09	0.04352	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	3	360.00	0.09	0.04352	76%-100% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	4	90.00	0.09	0.04232	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	30.00	0.04	0.04329	10%-25% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	30.00	0.20	0.04329	200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	60.00	0.09	0.04329	101%-200% Above	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	90.00	0.02	0.04329	51%-75% Below	No	No
70010077005	METHOCARBAMOL 750 MG TABLET	12	90.00	0.09	0.04329	101%-200% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.26	0.05703	200% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	No	No
70010078001	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	1	15.00	0.24	0.05703	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.26	0.05703	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.27	0.05703	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.11	0.05703	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.22	0.05703	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	2	15.00	0.24	0.05629	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05629	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	2	45.00	0.22	0.05629	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	2	60.00	0.11	0.05629	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	3	15.00	0.24	0.05630	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.11	0.05630	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1338

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010078005	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.23	0.05630	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.22	0.05863	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	12	15.00	0.24	0.05730	200% Above	No	No
70010078005	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.12	0.05730	101%-200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	1	30.00	0.26	0.05703	200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.21	0.05703	200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05629	76%-100% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.21	0.05629	200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.11	0.05630	76%-100% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	4	30.00	0.11	0.05863	76%-100% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.03	0.05863	26%-50% Below	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	12	30.00	0.12	0.05730	101%-200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.23	0.05730	200% Above	No	No
70010078010	METOPROLOL SUCC ER 25 MG TAB	12	90.00	0.26	0.05730	200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.01	0.06092	76%-100% Below	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.21	0.06092	200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.23	0.06092	200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.06092	51%-75% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.16	0.06092	101%-200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.21	0.05456	200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.23	0.05456	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1339

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70010078101	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.01	0.05352	76%-100% Below	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.19	0.06399	200% Above	No	No
70010078101	METOPROLOL SUCC ER 50 MG TAB	12	135.00	0.00	0.06399	76%-100% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	1	30.00	0.25	0.06092	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.16	0.06092	101%-200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.25	0.06092	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.01	0.05456	76%-100% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	2	30.00	0.23	0.05456	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	2	90.00	0.19	0.05456	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	3	30.00	0.21	0.05352	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.01	0.05251	76%-100% Below	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	4	30.00	0.21	0.05251	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.20	0.05251	200% Above	No	No
70010078105	METOPROLOL SUCC ER 50 MG TAB	12	90.00	0.14	0.06399	101%-200% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.35	0.08665	200% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.15	0.08224	76%-100% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.35	0.08224	200% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.15	0.08180	76%-100% Above	No	No
70010078205	METOPROLOL SUCC ER 100 MG TAB	4	30.00	0.15	0.08130	76%-100% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	2	90.00	0.15	0.08224	76%-100% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	3	60.00	0.15	0.08180	76%-100% Above	No	No
70010078210	METOPROLOL SUCC ER 100 MG TAB	4	90.00	0.15	0.08130	76%-100% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	14.00	0.36	0.08572	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.01	0.08572	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.23	0.08572	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010078405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.43	0.08572	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.50	0.08572	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	30.00	0.51	0.08572	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	30.00	1.01	0.08572	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.22	0.08572	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	90.00	0.43	0.08572	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	1	90.00	1.01	0.08572	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	7.00	0.67	0.07856	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.01	0.07856	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.17	0.07856	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.23	0.07856	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.43	0.07856	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.07856	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	30.00	0.50	0.07856	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	2	270.00	0.43	0.07856	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.01	0.07923	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.17	0.07923	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.23	0.07923	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.33	0.07923	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.07923	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.50	0.07923	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.01	0.07923	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.22	0.07923	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70010078405	BUPROPION HCL XL 150 MG TABLET	3	90.00	0.22	0.07923	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	180.00	0.25	0.07923	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	3	270.00	0.11	0.07923	26%-50% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.01	0.07697	76%-100% Below	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.17	0.07697	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.43	0.07697	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	4	30.00	0.50	0.07697	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.23	0.08751	101%-200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	12	30.00	0.45	0.08751	200% Above	No	No
70010078405	BUPROPION HCL XL 150 MG TABLET	12	90.00	0.22	0.08751	101%-200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	2	30.00	0.39	0.10335	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.17	0.10335	51%-75% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	2	90.00	0.39	0.10335	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	3	7.00	0.39	0.10733	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	3	30.00	0.39	0.10733	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.22	0.10733	101%-200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.39	0.10733	200% Above	No	No
70010078505	BUPROPION HCL XL 300 MG TABLET	4	90.00	0.39	0.11025	200% Above	No	No
70010078509	BUPROPION HCL XL 300 MG TABLET	3	90.00	0.01	0.10733	76%-100% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	0.93	1.57560	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.17	1.57560	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	2.17	1.57560	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	6.00	0.93	1.57560	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	1	6.00	1.05	1.57560	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1342

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	12.00	2.17	1.57560	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.93	1.52535	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.93	1.52535	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.93	1.50210	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.93	1.50210	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	0.93	1.50471	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	4	6.00	1.05	1.50471	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	2.32	1.58765	26%-50% Above	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	0.56	1.58765	51%-75% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	0.98	1.58765	26%-50% Below	No	No
70069000510	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	2.17	1.58765	26%-50% Above	No	No
70069000801	EPINASTINE HCL 0.05% EYE DROPS	1	5.00	8.39	12.74370	26%-50% Below	Yes	No
70069000801	EPINASTINE HCL 0.05% EYE DROPS	2	5.00	6.26	13.21587	51%-75% Below	Yes	No
70069008101	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	13.16	1.82235	200% Above	No	No
70069009101	AZELASTINE HCL 0.05% DROPS	3	6.00	1.24	0.88305	26%-50% Above	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	2	5.00	0.59	1.05046	26%-50% Below	No	No
70069013101	TOBRAMYCIN 0.3% EYE DROP	3	5.00	0.59	1.01730	26%-50% Below	No	No
70069017210	CYANOCOBALAMIN 10,000 MCG/10 ML	1	10.00	0.45	0.79197	26%-50% Below	No	No
70069018101	PILOCARPINE 1% EYE DROPS	12	15.00	2.13	3.60283	26%-50% Below	No	No
70069023101	BRIMONIDINE 0.2% EYE DROP	1	15.00	1.37	0.79963	51%-75% Above	No	No
70069031101	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.35	0.45883	10%-25% Below	No	No
70069031101	POLYMYXIN B-TMP EYE DROPS	3	10.00	0.69	0.45883	51%-75% Above	No	No
70069031101	POLYMYXIN B-TMP EYE DROPS	12	10.00	0.37	0.47554	10%-25% Below	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	1	2.50	2.38	1.80942	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	1	2.50	5.05	1.80942	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1343

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70069042101	LATANOPROST 0.005% EYE DROPS	2	2.50	2.18	1.73562	10%-25% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	2	2.50	2.38	1.73562	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	2	7.50	2.18	1.73562	10%-25% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	3	2.50	2.18	1.68152	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	4	2.50	2.18	1.59983	26%-50% Above	No	No
70069042101	LATANOPROST 0.005% EYE DROPS	12	2.50	2.27	1.83376	10%-25% Above	No	No
70069058201	ATROPINE 1% EYE DROPS	3	5.00	3.73	6.24910	26%-50% Below	No	No
70069065101	BRIMONIDINE-TIMOLOL 0.2%-0.5%	12	5.00	8.95	3.71832	101%-200% Above	No	No
70069065301	BRIMONIDINE-TIMOLOL 0.2%-0.5%	1	15.00	17.58	3.54605	200% Above	No	No
70069068601	OFLOXACIN 0.3% EAR DROPS	1	5.00	7.69	1.24947	200% Above	No	No
70069068601	OFLOXACIN 0.3% EAR DROPS	4	5.00	1.00	1.13838	10%-25% Below	No	No
70069068701	OFLOXACIN 0.3% EAR DROPS	1	10.00	3.32	1.15977	101%-200% Above	No	No
70069068701	OFLOXACIN 0.3% EAR DROPS	1	10.00	7.69	1.15977	200% Above	No	No
70069068701	OFLOXACIN 0.3% EAR DROPS	3	10.00	3.32	1.03953	200% Above	No	No
70069081430	ESOMEPRAZOLE MAG DR 20 MG CAP	4	90.00	0.33	0.16903	76%-100% Above	No	No
70069081590	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.22	0.14145	51%-75% Above	No	No
70069081590	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.22	0.14145	51%-75% Above	No	No
70069081590	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.16	0.13883	10%-25% Above	No	No
70069082408	CABERGOLINE 0.5 MG TABLET	1	4.00	2.18	1.35668	51%-75% Above	Yes	No
70069082408	CABERGOLINE 0.5 MG TABLET	2	4.00	2.18	1.36842	51%-75% Above	Yes	No
70069082408	CABERGOLINE 0.5 MG TABLET	3	4.00	2.18	1.41419	51%-75% Above	Yes	No
70069082408	CABERGOLINE 0.5 MG TABLET	3	12.00	2.18	1.41419	51%-75% Above	Yes	No
70069082408	CABERGOLINE 0.5 MG TABLET	12	4.00	2.27	1.35792	51%-75% Above	Yes	No
70095002002	BISOPROLOL FUMARATE 5 MG TAB	3	90.00	0.18	0.15718	10%-25% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	1	90.00	0.13	0.02861	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1344

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000215	SIMVASTATIN 10 MG TABLET	1	90.00	0.13	0.02861	200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	1	90.00	0.28	0.02861	200% Above	Yes	No
70377000215	SIMVASTATIN 10 MG TABLET	3	90.00	0.13	0.02806	200% Above	No	No
70377000215	SIMVASTATIN 10 MG TABLET	4	90.00	0.13	0.02802	200% Above	Yes	No
70377000314	SIMVASTATIN 20 MG TABLET	2	90.00	0.22	0.03103	200% Above	No	No
70377000314	SIMVASTATIN 20 MG TABLET	4	90.00	0.22	0.03002	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	1	30.00	0.01	0.03148	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.01	0.03148	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.02	0.03148	26%-50% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.22	0.03148	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.22	0.03148	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.27	0.03148	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	1	90.00	0.49	0.03148	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	45.00	0.22	0.03103	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	90.00	0.01	0.03103	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	2	90.00	0.22	0.03103	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	2	90.00	0.22	0.03103	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	3	90.00	0.01	0.03024	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	3	90.00	0.22	0.03024	200% Above	No	No
70377000315	SIMVASTATIN 20 MG TABLET	3	90.00	0.22	0.03024	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	4	90.00	0.22	0.03002	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	30.00	0.01	0.03168	51%-75% Below	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	90.00	0.22	0.03168	200% Above	Yes	No
70377000315	SIMVASTATIN 20 MG TABLET	12	90.00	0.49	0.03168	200% Above	Yes	No
70377000414	SIMVASTATIN 40 MG TABLET	1	90.00	0.47	0.05445	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1345

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000415	SIMVASTATIN 40 MG TABLET	1	30.00	0.21	0.05445	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	1	90.00	0.03	0.05445	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	1	90.00	0.21	0.05445	200% Above	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	2	30.00	0.03	0.05466	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	2	90.00	0.21	0.05466	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	2	90.00	0.21	0.05466	200% Above	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	3	30.00	0.03	0.05467	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	3	30.00	0.05	0.05467	10%-25% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	3	30.00	0.21	0.05467	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	3	90.00	0.01	0.05467	76%-100% Below	No	No
70377000415	SIMVASTATIN 40 MG TABLET	3	90.00	0.03	0.05467	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	3	90.00	0.21	0.05467	200% Above	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	4	30.00	0.05	0.05463	10%-25% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	4	30.00	0.21	0.05463	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	12	30.00	0.03	0.05378	51%-75% Below	Yes	No
70377000415	SIMVASTATIN 40 MG TABLET	12	30.00	0.21	0.05378	200% Above	No	No
70377000415	SIMVASTATIN 40 MG TABLET	12	90.00	0.21	0.05378	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.25	0.03547	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.57	0.03547	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.25	0.03547	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.25	0.03414	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.01	0.03414	51%-75% Below	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.25	0.03414	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1346

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	90.00	0.25	0.03414	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.25	0.03451	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.03451	51%-75% Below	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	Yes	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.25	0.03594	200% Above	No	No
70377000612	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.52	0.03594	200% Above	No	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.02	0.03547	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.25	0.03547	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.57	0.03547	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.02	0.03547	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	1	90.00	0.57	0.03547	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.01	0.03414	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.25	0.03414	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.01	0.03414	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	2	90.00	0.25	0.03414	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.01	0.03451	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.25	0.03451	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.01	0.03451	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	3	90.00	0.25	0.03451	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	4	30.00	0.25	0.03453	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.01	0.03453	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	4	90.00	0.25	0.03453	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03594	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1347

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.02	0.03594	51%-75% Below	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.25	0.03594	200% Above	Yes	No
70377000613	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.57	0.03594	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.01	0.03934	51%-75% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.01	0.03934	51%-75% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.50	0.03934	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.01	0.03828	51%-75% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.22	0.03828	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.01	0.03828	51%-75% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.01	0.03777	51%-75% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.50	0.03777	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.01	0.03787	51%-75% Below	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	Yes	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.50	0.03993	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.52	0.03993	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.22	0.03993	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.50	0.03993	200% Above	No	No
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.50	0.03993	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1348

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000712	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.52	0.03993	200% Above	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.02	0.03934	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.22	0.03934	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	30.00	0.50	0.03934	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03934	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.02	0.03934	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.22	0.03934	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	0.50	0.03934	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.02	0.03828	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.02	0.03828	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	2	90.00	0.22	0.03828	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.02	0.03777	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.22	0.03777	200% Above	No	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.22	0.03777	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.02	0.03777	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	30.00	0.02	0.03787	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.02	0.03787	51%-75% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	4	90.00	0.22	0.03787	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	30.00	0.02	0.03993	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.02	0.03993	26%-50% Below	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.22	0.03993	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1349

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.22	0.03993	200% Above	Yes	No
70377000713	ROSUVASTATIN CALCIUM 10 MG TAB	12	90.00	0.50	0.03993	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.22	0.05094	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.17	0.05094	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05094	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.49	0.05094	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.22	0.05022	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.08	0.05022	51%-75% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.33	0.05022	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.22	0.04848	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.17	0.04848	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.33	0.04848	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.50	0.04848	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.22	0.04807	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	Yes	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.22	0.05168	200% Above	No	No
70377000812	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.50	0.05168	200% Above	No	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	30.00	0.03	0.05094	26%-50% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.03	0.05094	26%-50% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05094	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1350

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.22	0.05094	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05094	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.33	0.05094	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.33	0.05094	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.49	0.05094	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.02	0.05022	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	30.00	0.22	0.05022	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.02	0.05022	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.22	0.05022	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.32	0.05022	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	2	90.00	0.33	0.05022	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.02	0.04848	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	30.00	0.22	0.04848	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.02	0.04848	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.08	0.04848	51%-75% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.22	0.04848	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	3	90.00	0.33	0.04848	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	30.00	0.02	0.04807	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.02	0.04807	51%-75% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	4	90.00	0.22	0.04807	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	30.00	0.33	0.05168	200% Above	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.03	0.05168	26%-50% Below	Yes	No
70377000813	ROSUVASTATIN CALCIUM 20 MG TAB	12	90.00	0.22	0.05168	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1351

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.33	0.06506	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.17	0.06506	101%-200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.43	0.06506	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.81	0.06506	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.33	0.06240	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.35	0.06240	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.17	0.06240	101%-200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.35	0.06240	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.35	0.06240	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.33	0.06008	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.35	0.06008	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.01	0.06008	76%-100% Below	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.35	0.06008	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.35	0.06008	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.43	0.06008	200% Above	Yes	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	4	30.00	0.35	0.05907	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.52	0.06575	200% Above	No	No
70377000911	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.52	0.06575	200% Above	No	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.16	0.06506	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.22	0.06506	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.33	0.06506	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.35	0.06506	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	1	90.00	0.81	0.06506	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	30.00	0.16	0.06240	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.33	0.06240	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1352

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	2	90.00	0.35	0.06240	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	3	30.00	0.16	0.06008	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.33	0.06008	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	0.35	0.06008	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	4	90.00	0.35	0.05907	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	12	30.00	0.16	0.06575	101%-200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.22	0.06575	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.33	0.06575	200% Above	Yes	No
70377000913	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	0.36	0.06575	200% Above	Yes	No
70377003112	SACUBITRIL-VALSARTAN 24-26 MG	1	90.00	1.44	0.78515	76%-100% Above	Yes	No
70377003112	SACUBITRIL-VALSARTAN 24-26 MG	2	60.00	0.45	0.68465	26%-50% Below	No	No
70377003112	SACUBITRIL-VALSARTAN 24-26 MG	3	60.00	0.45	0.62590	26%-50% Below	No	No
70377003112	SACUBITRIL-VALSARTAN 24-26 MG	4	90.00	0.65	0.57850	10%-25% Above	Yes	No
70377003112	SACUBITRIL-VALSARTAN 24-26 MG	12	60.00	0.48	0.88590	26%-50% Below	No	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	1	30.00	0.03	0.06419	51%-75% Below	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	2	30.00	0.03	0.06181	51%-75% Below	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	3	30.00	0.03	0.05998	51%-75% Below	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	3	90.00	0.14	0.05998	101%-200% Above	Yes	No
70377004512	PRAVASTATIN SODIUM 10 MG TAB	12	30.00	0.03	0.06442	51%-75% Below	Yes	No
70377004514	PRAVASTATIN SODIUM 10 MG TAB	3	90.00	0.01	0.05998	76%-100% Below	No	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	1	13.00	0.03	0.06660	26%-50% Below	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.03	0.06660	26%-50% Below	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.13	0.06660	76%-100% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.13	0.06423	76%-100% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.13	0.06243	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1353

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.03	0.06117	26%-50% Below	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.13	0.06728	76%-100% Above	Yes	No
70377004612	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.28	0.06728	200% Above	Yes	No
70377004614	PRAVASTATIN SODIUM 20 MG TAB	1	30.00	0.01	0.06660	76%-100% Below	No	No
70377004614	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.13	0.06660	76%-100% Above	No	No
70377004614	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.01	0.06423	76%-100% Below	No	No
70377004614	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.13	0.06243	101%-200% Above	No	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.14	0.08684	51%-75% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.32	0.08684	200% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.05	0.08589	26%-50% Below	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.14	0.08589	51%-75% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.14	0.08466	51%-75% Above	Yes	No
70377004712	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.14	0.08439	51%-75% Above	Yes	No
70377004714	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.01	0.08684	76%-100% Below	No	No
70377004714	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.05	0.08684	26%-50% Below	No	No
70377004714	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	0.07	0.08711	10%-25% Below	No	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	3	30.00	0.35	0.14982	101%-200% Above	No	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	3	90.00	0.08	0.14982	26%-50% Below	Yes	No
70377004812	PRAVASTATIN SODIUM 80 MG TAB	12	90.00	0.08	0.16031	26%-50% Below	Yes	No
70377005512	ESOMEPRAZOLE MAG DR 20 MG CAP	1	90.00	0.14	0.16597	10%-25% Below	No	No
70377005512	ESOMEPRAZOLE MAG DR 20 MG CAP	2	90.00	0.14	0.16432	10%-25% Below	No	No
70377005512	ESOMEPRAZOLE MAG DR 20 MG CAP	3	90.00	0.14	0.16577	10%-25% Below	Yes	No
70377005512	ESOMEPRAZOLE MAG DR 20 MG CAP	3	90.00	0.50	0.16577	200% Above	No	No
70377005512	ESOMEPRAZOLE MAG DR 20 MG CAP	12	90.00	0.14	0.16794	10%-25% Below	Yes	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.42	0.14339	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	0.42	0.14145	101%-200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.42	0.13883	200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.42	0.13636	200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	0.98	0.14295	200% Above	No	No
70377005612	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.44	0.14295	200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.16	0.14339	10%-25% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	1	30.00	0.42	0.14339	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.22	0.14339	51%-75% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	1	90.00	0.98	0.14339	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	30.00	0.50	0.14145	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.07	0.14145	51%-75% Below	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.07	0.14145	26%-50% Below	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.33	0.14145	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	2	90.00	0.42	0.14145	101%-200% Above	No	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.33	0.13883	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	3	30.00	0.50	0.13883	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.33	0.13883	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	3	90.00	0.42	0.13883	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.33	0.13636	101%-200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	4	30.00	0.50	0.13636	200% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	4	90.00	0.22	0.13636	51%-75% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	30.00	0.16	0.14295	10%-25% Above	Yes	No
70377005613	ESOMEPRAZOLE MAG DR 40 MG CAP	12	90.00	0.44	0.14295	200% Above	Yes	No
70377006012	LABETALOL HCL 100 MG TABLET	1	180.00	0.07	0.08478	10%-25% Below	No	No
70377006012	LABETALOL HCL 100 MG TABLET	3	90.00	0.14	0.07885	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70377006012	LABETALOL HCL 100 MG TABLET	3	90.00	0.22	0.07885	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	1	60.00	0.21	0.08478	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	1	90.00	0.17	0.08478	101%-200% Above	No	No
70377006013	LABETALOL HCL 100 MG TABLET	1	120.00	0.07	0.08478	10%-25% Below	No	No
70377006013	LABETALOL HCL 100 MG TABLET	2	60.00	0.07	0.08297	10%-25% Below	No	No
70377006013	LABETALOL HCL 100 MG TABLET	2	60.00	0.21	0.08297	101%-200% Above	No	No
70377006112	LABETALOL HCL 200 MG TABLET	1	180.00	0.17	0.14522	10%-25% Above	No	No
70377006112	LABETALOL HCL 200 MG TABLET	4	60.00	0.09	0.14258	26%-50% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	1	180.00	0.09	0.14522	26%-50% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	1	360.00	0.02	0.14522	76%-100% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	3	60.00	0.08	0.14225	26%-50% Below	No	No
70377006113	LABETALOL HCL 200 MG TABLET	3	180.00	0.09	0.14225	26%-50% Below	No	No
70377006312	LABETALOL HCL 400 MG TABLET	3	60.00	1.29	1.46178	10%-25% Below	No	No
70377006611	PRAZOSIN 1 MG CAPSULE	1	30.00	0.29	0.09130	200% Above	No	No
70377006611	PRAZOSIN 1 MG CAPSULE	2	30.00	0.29	0.08556	200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	1	30.00	0.01	0.02577	76%-100% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	1	90.00	0.41	0.02577	200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02543	76%-100% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	2	30.00	0.18	0.02543	200% Above	No	No
70377007713	ATORVASTATIN 10 MG TABLET	2	90.00	0.01	0.02543	51%-75% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02524	76%-100% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	76%-100% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	76%-100% Below	No	No
70377007713	ATORVASTATIN 10 MG TABLET	12	30.00	0.01	0.02546	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1356

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	90.00	0.00	0.02546	76%-100% Below	No	No
70377007813	ATORVASTATIN 20 MG TABLET	1	30.00	0.27	0.03048	200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
70377007813	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.02955	51%-75% Below	No	No
70377007813	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	No	No
70377007813	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
70377007813	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No
70377007813	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.01	0.04031	51%-75% Below	No	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04031	200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	2	90.00	0.15	0.04031	200% Above	No	No
70377007913	ATORVASTATIN 40 MG TABLET	3	30.00	0.13	0.03932	200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	1	30.00	0.17	0.07209	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.13	0.07209	51%-75% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.14	0.07209	76%-100% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	1	90.00	0.16	0.07209	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	2	30.00	0.13	0.07199	51%-75% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	2	30.00	0.15	0.07199	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	2	30.00	0.17	0.07199	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.12	0.07199	51%-75% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1357

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.14	0.07199	76%-100% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	2	90.00	0.16	0.07199	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	3	30.00	0.13	0.07148	51%-75% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	3	30.00	0.15	0.07148	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	3	30.00	0.17	0.07148	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	0.01	0.07148	76%-100% Below	No	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	0.14	0.07148	76%-100% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	3	90.00	0.16	0.07148	101%-200% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	4	30.00	0.13	0.07075	76%-100% Above	No	No
70377008013	ATORVASTATIN 80 MG TABLET	12	30.00	0.15	0.07261	101%-200% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	1	30.00	0.29	0.21709	26%-50% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	1	60.00	0.29	0.21709	26%-50% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	1	90.00	0.29	0.21709	26%-50% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	2	30.00	0.14	0.21353	26%-50% Below	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	3	90.00	0.26	0.20929	10%-25% Above	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	12	30.00	0.14	0.23344	26%-50% Below	No	No
70377011412	LIOTHYRONINE SOD 5 MCG TAB	12	90.00	0.33	0.23344	26%-50% Above	No	No
70377013812	TRIAMTERENE 50 MG CAPSULE	2	90.00	3.24	7.05056	51%-75% Below	Yes	No
70377013812	TRIAMTERENE 50 MG CAPSULE	2	90.00	3.68	7.05056	26%-50% Below	Yes	No
70408014634	PROMETHAZINE SOL 6.25/5ML	2	146.00	0.02	.		No	No
70436001002	BUPROPION HCL XL 150 MG TABLET	12	60.00	0.25	0.08751	101%-200% Above	No	No
70436001204	DESVENLAFAXINE SUCCNT ER 50 MG	3	90.00	2.18	0.43987	200% Above	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	12	90.00	0.23	0.42875	26%-50% Below	No	No
70436001206	DESVENLAFAXINE SUCCNT ER 50 MG	12	90.00	0.79	0.42875	76%-100% Above	No	No
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	2	30.00	0.82	0.43204	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1358

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70436001304	DESVENLAFAXINE SUCCNT ER 100 MG	3	30.00	0.82	0.43287	76%-100% Above	No	No
70436003901	GUANFACINE HCL ER 1 MG TABLET	3	60.00	0.17	0.14634	10%-25% Above	No	No
70436003901	GUANFACINE HCL ER 1 MG TABLET	12	60.00	0.38	0.17528	101%-200% Above	No	No
70436004001	GUANFACINE HCL ER 2 MG TABLET	1	90.00	0.19	0.21524	10%-25% Below	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	1	30.00	0.15	0.20197	10%-25% Below	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	1	90.00	0.15	0.20197	10%-25% Below	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	1	90.00	0.34	0.20197	51%-75% Above	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	2	30.00	0.15	0.19165	10%-25% Below	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	3	30.00	0.15	0.17975	10%-25% Below	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	4	90.00	0.15	0.17640	10%-25% Below	No	No
70436004101	GUANFACINE HCL ER 3 MG TABLET	12	30.00	0.15	0.19848	10%-25% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	1	2.00	0.38	0.16182	101%-200% Above	Yes	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	1	30.00	0.11	0.16182	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	2	30.00	0.11	0.16100	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.11	0.16100	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	3	14.00	0.23	0.16321	26%-50% Above	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	3	17.00	0.11	0.16321	26%-50% Below	No	No
70436015301	POTASSIUM CL ER 20 MEQ TABLET	4	30.00	0.11	0.16490	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	118.00	0.05	0.04253	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	1	120.00	0.03	0.04253	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	2	118.00	0.03	0.04068	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	3	120.00	0.03	0.03933	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	4	120.00	0.03	0.03887	26%-50% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	118.00	0.03	0.04377	26%-50% Below	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	118.00	0.03	0.04377	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1359

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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 SOLUTION	12	118.00	0.04	0.04377	10%-25% Below	Yes	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	120.00	0.05	0.04377	10%-25% Above	No	No
70436015542	PROMETHAZINE-DM 6.25-15 MG/5 ML SOLUTION	12	180.00	0.03	0.04377	26%-50% Below	Yes	No
70436022748	FLUCONAZOLE 40 MG/ML SUSP	2	35.00	0.32	0.51712	26%-50% Below	No	No
70461002503	FLUAD INJ 2025-26	1	0.50	163.36	.		No	No
70461002503	FLUAD INJ 2025-26	12	0.50	162.54	.		No	No
70461002503	FLUAD INJ 2025-26	12	0.50	163.36	.		No	No
70461065503	FLUCELVAX INJ 2025-26	1	0.50	78.68	.		No	No
70461065503	FLUCELVAX INJ 2025-26	1	0.50	82.38	.		Yes	No
70461065503	FLUCELVAX INJ 2025-26	1	0.50	82.84	.		No	No
70461065503	FLUCELVAX INJ 2025-26	1	0.50	85.64	.		No	No
70461065503	FLUCELVAX INJ 2025-26	1	0.50	85.64	.		Yes	No
70461065503	FLUCELVAX INJ 2025-26	2	0.50	82.38	.		Yes	No
70461065503	FLUCELVAX INJ 2025-26	2	0.50	85.64	.		No	No
70461065503	FLUCELVAX INJ 2025-26	2	0.50	85.64	.		Yes	No
70461065503	FLUCELVAX INJ 2025-26	3	0.50	82.38	.		Yes	No
70461065503	FLUCELVAX INJ 2025-26	3	0.50	82.84	.		No	No
70461065503	FLUCELVAX INJ 2025-26	3	0.50	85.64	.		No	No
70461065503	FLUCELVAX INJ 2025-26	4	0.50	85.64	.		No	No
70461065503	FLUCELVAX INJ 2025-26	12	0.50	78.16	.		No	No
70461065503	FLUCELVAX INJ 2025-26	12	0.50	80.86	.		No	No
70461065503	FLUCELVAX INJ 2025-26	12	0.50	81.96	.		No	No
70461065503	FLUCELVAX INJ 2025-26	12	0.50	81.96	.		Yes	No
70461065503	FLUCELVAX INJ 2025-26	12	0.50	82.22	.		No	No
70461065503	FLUCELVAX INJ 2025-26	12	0.50	82.30	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1360

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70461065503	FLUCELVAX INJ 2025-26	12	0.50	82.38	.		Yes	No
70461065503	FLUCELVAX INJ 2025-26	12	0.50	82.90	.		No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	1	60.00	0.92	1.22954	10%-25% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	1	60.00	2.14	1.22954	51%-75% Above	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	1	120.00	2.14	1.22954	51%-75% Above	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	2	60.00	0.92	1.19915	10%-25% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	2	80.00	0.92	1.19915	10%-25% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	3	60.00	0.92	1.15732	10%-25% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	4	60.00	0.92	1.23769	10%-25% Below	No	No
70505010010	DOXYLAMINE-PYRIDOXINE 10-10 MG	12	60.00	2.14	1.22122	51%-75% Above	No	No
70512079005	KETOROLAC 0.5% OPTH SOLUTION	1	5.00	3.63	1.52264	101%-200% Above	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	1	10.00	0.50	1.50704	51%-75% Below	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	2	5.00	0.79	1.40615	26%-50% Below	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	2	5.00	2.26	1.40615	51%-75% Above	No	No
70512079305	OFLOXACIN 0.3% EYE DROPS	12	5.00	0.87	1.59126	26%-50% Below	No	No
70512079310	OFLOXACIN 0.3% EYE DROPS	3	10.00	0.71	1.15908	26%-50% Below	No	No
70512084001	CYANOCOBALAM INJ 1000MCG	2	4.00	1.15	.		No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	1.41	1.57560	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	2.00	1.21	1.57560	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	2.17	1.57560	26%-50% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	0.94	1.57560	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.21	1.57560	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	6.00	1.41	1.57560	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.21	1.52535	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.93	1.52535	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	2	4.00	0.94	1.52535	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	1.21	1.50210	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	2.00	1.21	1.50210	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.93	1.50210	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	1.21	1.50210	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	1.21	1.50471	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	0.94	1.50471	26%-50% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	4	12.00	1.21	1.50471	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	1.21	1.58765	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.00	1.21	1.58765	10%-25% Below	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	2.17	1.58765	26%-50% Above	No	No
70512084025	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	1.21	1.58765	10%-25% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	1	30.00	0.02	0.05327	51%-75% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	2	30.00	0.02	0.05314	51%-75% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	3	30.00	0.02	0.05353	51%-75% Below	No	No
70677102204	FT ALLERGY (LORAT) 10 MG TAB	4	30.00	0.02	0.05319	51%-75% Below	No	No
70677111901	FT PAIN RELIEF 325 MG TABLET	2	100.00	0.10	0.02616	200% Above	No	No
70700010915	CLOBETASOL 0.05% CREAM	2	15.00	0.66	0.18413	200% Above	Yes	No
70700010915	CLOBETASOL 0.05% CREAM	3	15.00	1.06	0.18005	200% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	3	30.00	1.06	0.17181	200% Above	Yes	No
70700010916	CLOBETASOL 0.05% CREAM	12	30.00	0.50	0.17711	101%-200% Above	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	1	60.00	0.08	0.11344	26%-50% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	2	60.00	0.08	0.10631	10%-25% Below	Yes	No
70700010917	CLOBETASOL 0.05% CREAM	12	60.00	1.11	0.11790	200% Above	Yes	No
70700010918	CLOBETASOL 0.05% CREAM	12	45.00	2.46	0.13514	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1362

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700011221	TESTOSTERONE 1.62% GEL PUMP	4	225.00	0.13	0.44588	51%-75% Below	No	No
70700011221	TESTOSTERONE 1.62% GEL PUMP	12	225.00	0.59	0.39747	26%-50% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	1	28.00	0.01	0.14016	76%-100% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	2	28.00	0.01	0.13457	76%-100% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	2	84.00	0.01	0.13457	76%-100% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	3	28.00	0.01	0.13456	76%-100% Below	No	No
70700011385	ISIBLOOM 28 DAY TABLET	12	28.00	0.19	0.14478	26%-50% Above	No	No
70700011385	ISIBLOOM 28 DAY TABLET	12	84.00	0.07	0.14478	51%-75% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	1	28.00	0.29	0.16709	51%-75% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	28.00	0.13	0.16614	10%-25% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	2	84.00	0.13	0.16614	10%-25% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	3	28.00	0.13	0.16384	10%-25% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	3	84.00	0.02	0.16384	76%-100% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	3	84.00	0.13	0.16384	10%-25% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	4	28.00	0.13	0.16558	10%-25% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	12	28.00	0.01	0.15099	76%-100% Below	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	12	28.00	0.52	0.16111	200% Above	No	No
70700011485	LORYNA 3 MG-0.02 MG TABLET	12	84.00	0.52	0.16111	200% Above	No	No
70700011585	SYEDA 28 TABLET	1	84.00	0.02	0.16832	76%-100% Below	No	No
70700011585	SYEDA 28 TABLET	1	84.00	0.08	0.16832	51%-75% Below	Yes	No
70700011585	SYEDA 28 TABLET	1	84.00	0.12	0.16832	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	2	28.00	0.12	0.16398	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	2	84.00	0.12	0.16398	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	3	28.00	0.12	0.15747	10%-25% Below	No	No
70700011585	SYEDA 28 TABLET	3	28.00	0.12	0.15747	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1363

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	84.00	0.08	0.15747	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	3	84.00	0.08	0.15747	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	3	84.00	0.12	0.15747	10%-25% Below	Yes	No
70700011585	SYEDA 28 TABLET	4	84.00	0.01	0.16062	76%-100% Below	No	No
70700011585	SYEDA 28 TABLET	4	84.00	0.12	0.16062	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	12	28.00	0.08	0.17314	51%-75% Below	Yes	No
70700011585	SYEDA 28 TABLET	12	28.00	0.12	0.17314	26%-50% Below	Yes	No
70700011585	SYEDA 28 TABLET	12	28.00	0.27	0.17314	51%-75% Above	Yes	No
70700011585	SYEDA 28 TABLET	12	84.00	0.12	0.17314	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	1	28.00	0.06	0.11371	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	2	28.00	0.01	0.11168	76%-100% Below	No	No
70700011685	ALTAVERA-28 TABLET	2	28.00	0.06	0.11168	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	3	28.00	0.01	0.11231	76%-100% Below	No	No
70700011685	ALTAVERA-28 TABLET	3	28.00	0.06	0.11231	26%-50% Below	Yes	No
70700011685	ALTAVERA-28 TABLET	3	28.00	0.06	0.11231	26%-50% Below	No	No
70700011685	ALTAVERA-28 TABLET	12	28.00	0.06	0.12099	51%-75% Below	Yes	No
70700011884	VIENVA-28 TABLET	1	84.00	0.12	0.17411	26%-50% Below	No	No
70700011884	VIENVA-28 TABLET	3	84.00	0.08	0.15641	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	1	28.00	0.02	0.17411	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	1	28.00	0.08	0.17411	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	1	84.00	0.08	0.17411	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	1	84.00	0.08	0.17411	51%-75% Below	No	No
70700011885	VIENVA-28 TABLET	2	28.00	0.01	0.16317	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	2	28.00	0.02	0.16317	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	2	28.00	0.08	0.16317	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1364

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700011885	VIENVA-28 TABLET	2	84.00	0.08	0.16317	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	2	84.00	0.08	0.16317	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	3	28.00	0.01	0.15641	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	3	28.00	0.08	0.15641	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	3	28.00	0.08	0.15641	26%-50% Below	No	No
70700011885	VIENVA-28 TABLET	3	84.00	0.02	0.15641	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	4	28.00	0.08	0.15184	26%-50% Below	Yes	No
70700011885	VIENVA-28 TABLET	12	28.00	0.00	0.17341	76%-100% Below	No	No
70700011885	VIENVA-28 TABLET	12	28.00	0.08	0.17341	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	12	84.00	0.05	0.17341	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	12	84.00	0.08	0.17341	51%-75% Below	Yes	No
70700011885	VIENVA-28 TABLET	12	84.00	0.15	0.17341	10%-25% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	2	28.00	0.01	0.12401	76%-100% Below	No	No
70700011985	ESTARYLLA 0.25-0.035 MG TABLET	12	84.00	0.15	0.12304	10%-25% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	1	28.00	0.42	0.11270	200% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	2	28.00	0.19	0.11258	51%-75% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	3	28.00	0.19	0.11090	51%-75% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	3	84.00	0.19	0.11090	51%-75% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	4	28.00	0.19	0.11024	51%-75% Above	No	No
70700012085	TRI-LO-ESTARYLLA TABLET	12	28.00	0.19	0.11475	51%-75% Above	No	No
70700012185	TRI-ESTARYLLA TABLET	1	28.00	0.07	0.13263	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	1	84.00	0.06	0.13263	51%-75% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	2	28.00	0.07	0.13255	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	2	28.00	0.07	0.13255	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	2	28.00	0.07	0.13255	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1365

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700012185	TRI-ESTARYLLA TABLET	3	28.00	0.07	0.13077	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	3	28.00	0.07	0.13077	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	3	28.00	0.07	0.13077	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	3	84.00	0.01	0.13077	76%-100% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	3	84.00	0.06	0.13077	51%-75% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	3	84.00	0.07	0.13077	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	4	84.00	0.07	0.13320	26%-50% Below	Yes	No
70700012185	TRI-ESTARYLLA TABLET	12	28.00	0.07	0.13234	26%-50% Below	No	No
70700012185	TRI-ESTARYLLA TABLET	12	84.00	0.07	0.13234	26%-50% Below	Yes	No
70700015001	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.02921	76%-100% Above	No	No
70700015001	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.06	0.02884	76%-100% Above	No	No
70700015001	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.06	0.03007	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.06	0.02971	101%-200% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.07	0.02971	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	30.00	0.23	0.02971	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.05	0.02971	51%-75% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.07	0.02971	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.10	0.02971	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.10	0.02971	200% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	1	90.00	0.23	0.02971	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	30.00	0.07	0.02921	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.06	0.02921	76%-100% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	2	90.00	0.10	0.02921	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.07	0.02884	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	30.00	0.10	0.02884	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1366

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	90.00	0.06	0.02884	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	3	90.00	0.10	0.02884	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.07	0.02847	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	30.00	0.10	0.02847	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	4	90.00	0.07	0.02847	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.06	0.03007	101%-200% Above	Yes	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.07	0.03007	101%-200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.10	0.03007	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	30.00	0.23	0.03007	200% Above	No	No
70700015010	OMEPRAZOLE DR 20 MG CAPSULE	12	90.00	0.10	0.03007	200% Above	No	No
70700015285	GEMMILY 1 MG-20 MCG CAPSULE	1	28.00	0.09	0.95620	76%-100% Below	No	No
70700015691	ENILLORING VAGINAL RING	1	1.00	24.23	50.47146	51%-75% Below	Yes	No
70700015691	ENILLORING VAGINAL RING	2	1.00	24.23	50.51333	51%-75% Below	Yes	No
70700015691	ENILLORING VAGINAL RING	3	1.00	24.23	50.04303	51%-75% Below	Yes	No
70700015691	ENILLORING VAGINAL RING	4	1.00	24.23	49.16742	26%-50% Below	Yes	No
70700015691	ENILLORING VAGINAL RING	12	1.00	26.65	49.18816	26%-50% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.33	0.22606	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.33	0.22606	26%-50% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.48	0.22606	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.50	0.22606	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.67	0.22606	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	30.00	0.74	0.22606	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.17	0.22606	26%-50% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.33	0.22606	26%-50% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.33	0.22606	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1367

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	90.00	0.48	0.22606	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.48	0.22606	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	1	90.00	0.72	0.22606	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.33	0.21365	51%-75% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.33	0.21365	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.50	0.21365	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.50	0.21365	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	30.00	0.74	0.21365	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	90.00	0.33	0.21365	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	2	90.00	0.44	0.21365	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	30.00	0.01	0.21149	76%-100% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	30.00	0.33	0.21149	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	30.00	0.50	0.21149	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	90.00	0.17	0.21149	10%-25% Below	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	90.00	0.26	0.21149	10%-25% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	90.00	0.40	0.21149	76%-100% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	3	90.00	0.44	0.21149	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.50	0.21137	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	30.00	0.67	0.21137	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	90.00	0.33	0.21137	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	90.00	0.33	0.21137	51%-75% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	4	90.00	0.72	0.21137	200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	30.00	0.40	0.23615	51%-75% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	30.00	0.50	0.23615	101%-200% Above	No	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	90.00	0.48	0.23615	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1368

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.48	0.23615	101%-200% Above	Yes	No
70700016201	PROGESTERONE 100 MG CAPSULE	12	90.00	0.89	0.23615	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	12.00	1.66	0.41369	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.17	0.41369	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.33	0.41369	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.50	0.41369	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	30.00	0.96	0.41369	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	30.00	1.71	0.41369	200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.22	0.41369	26%-50% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.96	0.41369	101%-200% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	90.00	0.96	0.41369	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	90.00	1.53	0.41369	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	1	180.00	0.21	0.41369	26%-50% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	12.00	1.66	0.40790	200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.33	0.40790	10%-25% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.33	0.40790	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.33	0.40790	10%-25% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.50	0.40790	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	30.00	0.50	0.40790	10%-25% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	90.00	0.17	0.40790	51%-75% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	90.00	0.17	0.40790	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	2	90.00	0.50	0.40790	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.17	0.40975	51%-75% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.33	0.40975	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.33	0.40975	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1369

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.50	0.40975	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	30.00	0.50	0.40975	10%-25% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	40.00	0.16	0.40975	51%-75% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	90.00	0.04	0.40975	76%-100% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	90.00	0.33	0.40975	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	90.00	0.50	0.40975	10%-25% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	3	180.00	0.16	0.40975	51%-75% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.33	0.40132	10%-25% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	30.00	0.50	0.40132	10%-25% Above	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	4	60.00	0.25	0.40132	26%-50% Below	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	12.00	1.24	0.41702	101%-200% Above	Yes	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	30.00	0.33	0.41702	10%-25% Below	No	No
70700016301	PROGESTERONE 200 MG CAPSULE	12	90.00	0.50	0.41702	10%-25% Above	Yes	No
70700017785	JOYEAUX-28 TABLET	1	84.00	0.51	5.22516	76%-100% Below	No	No
70700017785	JOYEAUX-28 TABLET	3	84.00	0.31	4.89269	76%-100% Below	No	No
70700020693	JAIMIESS 0.15-0.03-0.01 MG TAB	12	91.00	0.08	0.11883	26%-50% Below	No	No
70700020793	LOJAIMIESS 0.1-0.02-0.01 TAB	1	91.00	0.30	0.20164	26%-50% Above	No	No
70700020793	LOJAIMIESS 0.1-0.02-0.01 TAB	1	91.00	0.30	0.20164	26%-50% Above	Yes	No
70700020793	LOJAIMIESS 0.1-0.02-0.01 TAB	4	91.00	0.13	0.24059	26%-50% Below	Yes	No
70700020793	LOJAIMIESS 0.1-0.02-0.01 TAB	12	91.00	0.13	0.19108	26%-50% Below	No	No
70700020888	INTROVALE TAB	2	91.00	0.08	.		Yes	No
70700020888	INTROVALE TAB	3	91.00	0.08	.		Yes	No
70700026305	LANSOPRAZOLE DR 30 MG CAPSULE	3	90.00	0.13	0.10824	10%-25% Above	No	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	1	30.00	0.13	0.10486	10%-25% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	1	90.00	0.29	0.10486	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1370

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	2	30.00	0.13	0.10533	10%-25% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	3	30.00	0.13	0.10824	10%-25% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	3	90.00	0.13	0.10824	10%-25% Above	Yes	No
70700026330	LANSOPRAZOLE DR 30 MG CAPSULE	3	90.00	0.41	0.10824	200% Above	Yes	No
70700026390	LANSOPRAZOLE DR 30 MG CAPSULE	1	90.00	0.22	0.10486	101%-200% Above	No	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	1	5.00	4.00	22.53531	76%-100% Below	No	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	1	5.00	9.31	22.53531	51%-75% Below	Yes	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	4	5.00	10.38	21.48967	51%-75% Below	Yes	No
70700027422	ESTRADIOL VALERATE 100 MG/5 ML	12	5.00	9.31	22.12627	51%-75% Below	Yes	No
70700028822	TESTOSTERONE CYP 1,000 MG/10 ML	1	10.00	2.41	5.08022	51%-75% Below	No	No
70700028822	TESTOSTERONE CYP 1,000 MG/10 ML	1	10.00	3.03	5.08022	26%-50% Below	Yes	No
70700028822	TESTOSTERONE CYP 1,000 MG/10 ML	2	10.00	2.28	5.61501	51%-75% Below	Yes	No
70700028922	TESTOSTERONE CYP 200 MG/ML	1	4.00	6.47	11.38382	26%-50% Below	No	No
70700028922	TESTOSTERONE CYP 200 MG/ML	3	12.00	6.39	11.44764	26%-50% Below	Yes	No
70700030485	VALTYA 1/35 TAB	2	84.00	0.16	.		No	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	2	84.00	0.35	0.12836	101%-200% Above	No	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	3	84.00	0.07	0.12767	26%-50% Below	Yes	No
70700030785	FEIRZA 1 MG-20 MCG TABLET	3	84.00	0.20	0.12767	51%-75% Above	No	No
70700030985	FEIRZA 1.5 MG-30 MCG TABLET	1	28.00	0.05	0.13767	51%-75% Below	No	No
70700030985	FEIRZA 1.5 MG-30 MCG TABLET	2	28.00	0.05	0.13030	51%-75% Below	No	No
70700030985	FEIRZA 1.5 MG-30 MCG TABLET	3	28.00	0.05	0.13707	51%-75% Below	No	No
70700030985	FEIRZA 1.5 MG-30 MCG TABLET	4	28.00	0.05	0.14287	51%-75% Below	No	No
70700031379	LUIZZA 1 MG-20 MCG TABLET	1	21.00	0.09	0.17326	26%-50% Below	No	No
70700031379	LUIZZA 1 MG-20 MCG TABLET	2	21.00	0.09	0.17219	26%-50% Below	No	No
70700031379	LUIZZA 1 MG-20 MCG TABLET	3	21.00	0.09	0.16742	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1371

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70700031379	LUIZZA 1 MG-20 MCG TABLET	3	63.00	0.09	0.16742	26%-50% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	1	84.00	0.01	0.08940	76%-100% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	3	84.00	0.01	0.09445	76%-100% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	3	84.00	0.06	0.09445	26%-50% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	4	84.00	0.01	0.09225	76%-100% Below	No	No
70700031785	MELEYA 0.35 MG TABLET	12	84.00	0.14	0.08490	51%-75% Above	No	No
70700032650	GALLIFREY 5 MG TABLET	1	30.00	0.36	0.29740	10%-25% Above	No	No
70700032650	GALLIFREY 5 MG TABLET	2	30.00	0.36	0.29461	10%-25% Above	No	No
70700032650	GALLIFREY 5 MG TABLET	3	60.00	0.36	0.28947	10%-25% Above	No	No
70700032650	GALLIFREY 5 MG TABLET	12	30.00	0.83	0.30191	101%-200% Above	No	No
70700032650	GALLIFREY 5 MG TABLET	12	180.00	0.35	0.30191	10%-25% Above	No	No
70700033085	ABIGALE 1 MG-0.5 MG TABLET	1	28.00	0.60	0.73251	10%-25% Below	No	No
70700033085	ABIGALE 1 MG-0.5 MG TABLET	1	28.00	1.40	0.73251	76%-100% Above	No	No
70700033085	ABIGALE 1 MG-0.5 MG TABLET	1	84.00	1.40	0.73251	76%-100% Above	Yes	No
70700033085	ABIGALE 1 MG-0.5 MG TABLET	2	28.00	0.60	0.69350	10%-25% Below	No	No
70710100902	OSELTAMIVIR PHOS 45 MG CAPSULE	1	10.00	1.91	1.09827	51%-75% Above	No	No
70710100902	OSELTAMIVIR PHOS 45 MG CAPSULE	12	10.00	2.00	1.15007	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	0.50	0.90366	26%-50% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.00	0.90366	10%-25% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.17	0.90366	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.18	0.90366	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.21	0.90366	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.28	0.90366	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.13	0.90366	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1372

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.99	0.88849	10%-25% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.00	0.88849	10%-25% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.18	0.88849	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.21	0.88849	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.18	0.90290	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.50	0.90290	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.78	0.90290	76%-100% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	4	10.00	1.18	0.88807	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	0.00	0.91339	76%-100% Below	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.18	0.91339	26%-50% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.39	0.91339	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.47	0.91339	51%-75% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.86	0.91339	101%-200% Above	No	No
70710101002	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	4.13	0.91339	200% Above	No	No
70710102408	ISOTRETINOIN 30 MG CAPSULE	1	60.00	1.00	1.90361	26%-50% Below	Yes	No
70710102408	ISOTRETINOIN 30 MG CAPSULE	2	60.00	1.00	1.89367	26%-50% Below	Yes	No
70710102408	ISOTRETINOIN 30 MG CAPSULE	4	60.00	1.00	1.98699	26%-50% Below	Yes	No
70710102408	ISOTRETINOIN 30 MG CAPSULE	12	30.00	1.08	2.03382	26%-50% Below	Yes	No
70710102508	ISOTRETINOIN 40 MG CAPSULE	12	60.00	1.14	2.20945	26%-50% Below	Yes	No
70710111000	CYPROHEPTADINE 4 MG TABLET	1	180.00	0.26	0.06566	200% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	1	28.00	0.04	0.06566	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	1	45.00	0.26	0.06566	200% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	2	30.00	0.04	0.06572	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	2	30.00	0.11	0.06572	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1373

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710111001	CYPROHEPTADINE 4 MG TABLET	2	45.00	0.11	0.06572	51%-75% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	2	90.00	0.11	0.06572	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	3	30.00	0.11	0.06623	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	3	45.00	0.11	0.06623	51%-75% Above	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	3	60.00	0.03	0.06623	26%-50% Below	Yes	No
70710111001	CYPROHEPTADINE 4 MG TABLET	3	180.00	0.11	0.06623	51%-75% Above	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	7	90.00	0.04	0.08254	51%-75% Below	No	No
70710111001	CYPROHEPTADINE 4 MG TABLET	12	30.00	0.03	0.06501	51%-75% Below	Yes	No
70710111108	TIZANIDINE HCL 2 MG CAPSULE	2	60.00	0.26	0.08037	200% Above	No	No
70710111108	TIZANIDINE HCL 2 MG CAPSULE	12	60.00	0.27	0.08176	200% Above	No	No
70710111208	TIZANIDINE HCL 4 MG CAPSULE	3	90.00	0.36	0.08591	200% Above	No	No
70710111308	TIZANIDINE HCL 6 MG CAPSULE	2	90.00	0.57	0.13831	200% Above	No	No
70710111308	TIZANIDINE HCL 6 MG CAPSULE	3	90.00	0.57	0.13354	200% Above	No	No
70710111308	TIZANIDINE HCL 6 MG CAPSULE	12	90.00	1.32	0.12627	200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	14.00	0.56	0.25257	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	14.00	0.58	0.25257	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	30.00	0.51	0.25257	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	1	60.00	0.51	0.25257	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	2	14.00	0.48	0.25008	76%-100% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	2	14.00	0.56	0.25008	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	2	14.00	0.61	0.25008	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	2	28.00	0.36	0.25008	26%-50% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	3	14.00	0.56	0.26002	101%-200% Above	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	3	20.00	0.05	0.26002	76%-100% Below	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	3	60.00	0.23	0.26002	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1374

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	20.00	0.02	0.26369	76%-100% Below	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	4	60.00	0.23	0.26369	10%-25% Below	No	No
70710112307	DOXYCYCLINE MONO 100 MG TABLET	12	14.00	0.23	0.26040	10%-25% Below	No	No
70710113801	FLUCONAZOLE 100 MG TABLET	2	2.00	0.64	0.22991	101%-200% Above	No	No
70710113801	FLUCONAZOLE 100 MG TABLET	2	5.00	0.19	0.22991	10%-25% Below	No	No
70710113801	FLUCONAZOLE 100 MG TABLET	3	2.00	0.64	0.23483	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	1	2.00	0.29	0.23998	10%-25% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	1	5.00	1.49	0.23998	200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	1	24.00	0.13	0.23998	26%-50% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	2	10.00	0.64	0.22991	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	4.00	0.64	0.23483	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	5.00	0.21	0.23483	10%-25% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	7.00	0.64	0.23483	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	8.00	0.16	0.23483	26%-50% Below	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	3	10.00	0.64	0.23483	101%-200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	12	1.00	0.56	0.23746	101%-200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	12	4.00	1.49	0.23746	200% Above	Yes	No
70710113803	FLUCONAZOLE 100 MG TABLET	12	7.00	1.49	0.23746	200% Above	No	No
70710113803	FLUCONAZOLE 100 MG TABLET	12	16.00	0.20	0.23746	10%-25% Below	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.36	0.54498	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.56	0.54498	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	1.66	0.54498	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	2.16	0.54498	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	1.00	5.02	0.54498	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.19	0.54498	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1375

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	2.00	1.24	0.54498	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.27	0.54498	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.35	0.54498	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.40	0.54498	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.43	0.54498	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	1.44	0.54498	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	2.17	0.54498	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	2.17	0.54498	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	4.80	0.54498	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	2.00	5.02	0.54498	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	0.34	0.54498	26%-50% Below	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	1.13	0.54498	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	1.24	0.54498	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	2.16	0.54498	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	4.80	0.54498	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	3.00	5.02	0.54498	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	4.00	1.21	0.54498	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	4.00	2.17	0.54498	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	5.00	1.07	0.54498	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	1	5.00	1.14	0.54498	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	1.36	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	1.46	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	1.53	0.49006	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	1.54	0.49006	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	1.56	0.49006	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1376

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1.00	1.96	0.49006	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	2.16	0.49006	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	1.00	2.16	0.49006	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.19	0.49006	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.19	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.22	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.34	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.35	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.44	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	1.67	0.49006	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	2.17	0.49006	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	2.00	2.17	0.49006	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	3.00	0.28	0.49006	26%-50% Below	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	3.00	1.13	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	3.00	2.16	0.49006	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	3.00	2.16	0.49006	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	5.00	0.98	0.49006	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	7.00	1.25	0.49006	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	2	8.00	1.07	0.49006	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	1.00	1.39	0.43470	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	1.00	2.16	0.43470	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	1.19	0.43470	101%-200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	1.19	0.43470	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	1.27	0.43470	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	1.34	0.43470	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1377

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	2.00	2.17	0.43470	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	2.00	2.17	0.43470	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	3.00	1.13	0.43470	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	3.00	1.16	0.43470	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	3.00	2.16	0.43470	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	4.00	1.17	0.43470	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	5.00	1.14	0.43470	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	6.00	1.01	0.43470	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	7.00	2.16	0.43470	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	3	10.00	1.07	0.43470	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	1.39	0.42729	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	1.46	0.42729	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	1.00	2.16	0.42729	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	1.19	0.42729	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	1.27	0.42729	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	2.00	2.17	0.42729	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	3.00	1.29	0.42729	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	4	3.00	2.16	0.42729	200% Above	No	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	1.00	1.61	0.57907	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	1.00	2.26	0.57907	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	1.16	0.57907	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	1.19	0.57907	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	1.35	0.57907	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	1.67	0.57907	101%-200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	2.00	2.26	0.57907	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1378

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	2.00	5.02	0.57907	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	3.00	1.13	0.57907	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	3.00	2.26	0.57907	200% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	7.00	1.06	0.57907	76%-100% Above	Yes	No
70710113908	FLUCONAZOLE 150 MG TABLET	12	12.00	2.26	0.57907	200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	1	1.00	0.64	0.46051	26%-50% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	2	1.00	0.54	0.44876	10%-25% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	2	7.00	0.93	0.44876	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	2	8.00	0.26	0.44876	26%-50% Below	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	3	2.00	0.93	0.43495	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	3	7.00	0.93	0.43495	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	3	8.00	0.93	0.43495	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	3	15.00	0.22	0.43388	26%-50% Below	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	3	30.00	0.93	0.43495	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	4	1.00	0.93	0.42204	101%-200% Above	Yes	No
70710114003	FLUCONAZOLE 200 MG TABLET	12	3.00	0.93	0.45187	101%-200% Above	No	No
70710114003	FLUCONAZOLE 200 MG TABLET	12	22.00	0.20	0.45187	51%-75% Below	Yes	No
70710114901	ISOSORBIDE DINITRATE 10 MG TAB	2	30.00	0.46	0.17510	101%-200% Above	Yes	No
70710114901	ISOSORBIDE DINITRATE 10 MG TAB	2	60.00	0.25	0.17510	26%-50% Above	Yes	No
70710114901	ISOSORBIDE DINITRATE 10 MG TAB	3	60.00	0.25	0.17383	26%-50% Above	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	2	90.00	1.15	0.29757	200% Above	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	3	90.00	0.33	0.28844	10%-25% Above	Yes	No
70710115803	LEFLUNOMIDE 20 MG TABLET	12	30.00	0.16	0.31783	26%-50% Below	Yes	No
70710115903	MIRABEGRON ER 25 MG TABLET	12	30.00	5.07	9.74755	26%-50% Below	Yes	No
70710116003	MIRABEGRON ER 50 MG TABLET	1	90.00	11.60	9.73531	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1379

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710116003	MIRABEGRON ER 50 MG TABLET	3	90.00	0.63	9.63665	76%-100% Below	No	No
70710116101	MECLIZINE 12.5 MG TABLET	1	30.00	0.04	0.04812	10%-25% Below	No	No
70710116101	MECLIZINE 12.5 MG TABLET	3	60.00	0.04	0.04698	10%-25% Below	No	No
70710116200	MECLIZINE 25 MG TABLET	1	30.00	0.10	0.08335	10%-25% Above	No	No
70710116200	MECLIZINE 25 MG TABLET	2	30.00	0.10	0.07927	10%-25% Above	No	No
70710116200	MECLIZINE 25 MG TABLET	3	30.00	0.10	0.07940	10%-25% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	2	9.00	0.10	0.07927	26%-50% Above	No	No
70710116201	MECLIZINE 25 MG TABLET	2	15.00	0.07	0.07927	10%-25% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	3	30.00	0.06	0.07940	26%-50% Below	No	No
70710116201	MECLIZINE 25 MG TABLET	3	90.00	0.04	0.07940	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.09	0.15187	26%-50% Below	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.17	0.15187	10%-25% Above	No	No
70710116506	OSELTAMIVIR 6 MG/ML SUSPENSION	3	120.00	0.17	0.14975	10%-25% Above	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	2	90.00	0.15	0.26740	26%-50% Below	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	3	180.00	0.15	0.26476	26%-50% Below	No	No
70710116701	ATENOLOL-CHLORTHALIDONE 50-25	12	180.00	0.16	0.28383	26%-50% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	3.39	36.46886	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	14.53	36.46886	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	17.30	36.46886	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	17.30	36.46886	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	3.00	29.01	36.46886	10%-25% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	1	9.00	3.39	36.46886	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	3.00	3.39	36.41433	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	3.00	17.30	36.41433	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	3.00	17.42	36.41433	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1380

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3.00	17.42	36.41433	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	9.00	14.53	36.41433	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	9.00	17.42	36.41433	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	2	9.00	17.42	36.41433	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	3.00	2.09	36.14510	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	3.00	14.53	36.14510	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	3.00	17.42	36.14510	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	3.00	17.42	36.14510	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	9.00	17.42	36.14510	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	9.00	17.42	36.14510	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	3	12.00	17.42	36.14510	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	2.09	36.18569	76%-100% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	17.42	36.18569	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	4	3.00	17.42	36.18569	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	3.00	15.89	36.68553	51%-75% Below	No	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	9.00	14.82	36.68553	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	12.00	14.53	36.68553	51%-75% Below	Yes	No
70710119003	NORELGESTROM-EE 150-35 MCG/DAY	12	12.00	14.82	36.68553	51%-75% Below	Yes	No
70710119308	ESTRADIOL 0.05 MG PATCH (2/WK)	1	8.00	3.14	7.14823	51%-75% Below	No	No
70710119308	ESTRADIOL 0.05 MG PATCH (2/WK)	3	8.00	3.16	7.27563	51%-75% Below	No	No
70710119308	ESTRADIOL 0.05 MG PATCH (2/WK)	4	24.00	0.83	7.33071	76%-100% Below	No	No
70710122500	AMITRIPTYLINE HCL 10 MG TAB	3	30.00	0.06	0.03527	76%-100% Above	No	No
70710122501	AMITRIPTYLINE HCL 10 MG TAB	3	60.00	0.06	0.03527	76%-100% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	2	30.00	0.22	0.05282	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	3	30.00	0.21	0.05232	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1381

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	30.00	0.19	0.05422	200% Above	No	No
70710122600	AMITRIPTYLINE HCL 25 MG TAB	12	90.00	0.00	0.05664	76%-100% Below	No	No
70710122700	AMITRIPTYLINE HCL 50 MG TAB	3	90.00	0.13	0.09322	26%-50% Above	Yes	No
70710123304	BETAMETHASONE DP 0.05% CRM	3	45.00	0.33	0.41685	10%-25% Below	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	3	60.00	0.17	0.20700	10%-25% Below	No	No
70710128403	FLUOCINONIDE 0.05% SOLUTION	12	60.00	0.14	0.20313	26%-50% Below	No	No
70710128500	BACLOFEN 10 MG TABLET	1	15.00	0.04	0.03471	10%-25% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	3	60.00	0.09	0.03300	101%-200% Above	No	No
70710128500	BACLOFEN 10 MG TABLET	4	90.00	0.09	0.03403	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	1	30.00	0.09	0.03471	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	1	30.00	0.20	0.03471	200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	1	60.00	0.09	0.03471	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	1	90.00	0.20	0.03471	200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	2	35.00	0.09	0.03288	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	3	30.00	0.09	0.03300	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	3	35.00	0.09	0.03300	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	3	60.00	0.09	0.03300	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	4	30.00	0.09	0.03403	101%-200% Above	No	No
70710128501	BACLOFEN 10 MG TABLET	12	60.00	0.09	0.03608	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	1	45.00	0.09	0.03471	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	2	45.00	0.09	0.03288	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	2	90.00	0.09	0.03288	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	3	30.00	0.09	0.03300	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	3	45.00	0.09	0.03300	101%-200% Above	No	No
70710128505	BACLOFEN 10 MG TABLET	3	90.00	0.09	0.03300	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1382

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710128505	BACLOFEN 10 MG TABLET	12	45.00	0.09	0.03608	101%-200% Above	No	No
70710128601	BACLOFEN 20 MG TABLET	1	180.00	0.11	0.05350	76%-100% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	1	120.00	0.11	0.05350	76%-100% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	2	88.00	0.11	0.05160	101%-200% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	3	120.00	0.11	0.05148	101%-200% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	12	90.00	0.44	0.05306	200% Above	No	No
70710128605	BACLOFEN 20 MG TABLET	12	120.00	0.11	0.05306	76%-100% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	1	1.00	0.64	0.35569	76%-100% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	2	5.00	0.93	0.36600	101%-200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	3	2.00	0.54	0.36024	26%-50% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	3	2.00	0.93	0.36024	101%-200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	12	1.00	0.97	0.34520	101%-200% Above	No	No
70710128901	TRIAZOLAM 0.25 MG TABLET	12	4.00	2.06	0.34520	200% Above	Yes	No
70710130207	MESALAMINE 1,000 MG SUPP	3	30.00	0.73	1.50360	51%-75% Below	Yes	No
70710130207	MESALAMINE 1,000 MG SUPP	12	30.00	0.76	1.49639	26%-50% Below	Yes	No
70710134403	RAMELTEON 8 MG TABLET	2	90.00	0.38	0.71273	26%-50% Below	Yes	No
70710135103	COLCHICINE 0.6 MG TABLET	1	90.00	0.90	0.12832	200% Above	No	No
70710145701	AZITHROMYCIN 100 MG/5 ML SUSP	12	15.00	0.33	0.38236	10%-25% Below	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	1	45.00	0.22	0.33014	26%-50% Below	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	2	15.00	0.22	0.31642	26%-50% Below	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	3	15.00	0.22	0.31287	26%-50% Below	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	4	30.00	0.22	0.31280	26%-50% Below	No	No
70710145802	AZITHROMYCIN 200 MG/5 ML SUSP	12	15.00	0.23	0.33005	26%-50% Below	No	No
70710145902	AZITHROMYCIN 200 MG/5 ML SUSP	1	22.50	0.52	0.24879	101%-200% Above	No	No
70710147206	IVABRADINE HCL 7.5 MG TABLET	2	60.00	1.40	1.27436	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1383

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710147206	IVABRADINE HCL 7.5 MG TABLET	3	60.00	0.38	0.99370	51%-75% Below	Yes	No
70710160901	BACLOFEN 5 MG TABLET	1	60.00	0.39	0.09328	200% Above	No	No
70710160901	BACLOFEN 5 MG TABLET	1	90.00	0.39	0.09328	200% Above	No	No
70710160901	BACLOFEN 5 MG TABLET	2	90.00	0.17	0.08892	76%-100% Above	No	No
70710160901	BACLOFEN 5 MG TABLET	12	60.00	0.17	0.09792	76%-100% Above	No	No
70710164106	LUBIPROSTONE 8 MCG CAPSULE	1	60.00	1.30	0.67157	76%-100% Above	No	No
70710164206	LUBIPROSTONE 24 MCG CAPSULE	3	60.00	0.17	0.69773	76%-100% Below	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	30.00	0.11	0.05196	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	30.00	0.12	0.05196	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	90.00	0.11	0.05196	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	90.00	0.25	0.05196	200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	1	180.00	0.11	0.05196	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	30.00	0.11	0.05125	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	30.00	0.12	0.05125	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	2	60.00	0.11	0.05125	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	10.00	0.11	0.05137	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	30.00	0.11	0.05137	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05137	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05137	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	30.00	0.12	0.05137	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	60.00	0.11	0.05137	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	3	90.00	0.10	0.05137	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	30.00	0.11	0.05159	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	30.00	0.12	0.05159	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	4	60.00	0.11	0.05159	101%-200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	12	28.00	0.11	0.05202	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1384

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	30.00	0.44	0.05202	200% Above	No	No
70710168400	FAMOTIDINE 40 MG TABLET	12	60.00	0.11	0.05202	101%-200% Above	No	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	1	127.00	0.13	0.09093	26%-50% Above	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	2	90.00	0.13	0.08813	26%-50% Above	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	3	7.00	0.19	0.08731	101%-200% Above	Yes	No
70710169809	VENLAFAXINE HCL ER 37.5 MG CAP	3	127.00	0.13	0.08731	51%-75% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	1	30.00	0.11	0.09204	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	1	90.00	0.24	0.09204	101%-200% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	2	30.00	0.11	0.09070	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	2	90.00	0.11	0.09070	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.11	0.09025	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	30.00	0.14	0.09025	51%-75% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09025	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.11	0.09025	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	3	90.00	0.13	0.09025	26%-50% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	4	30.00	0.11	0.08791	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	4	90.00	0.11	0.08791	10%-25% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	12	30.00	0.24	0.09163	101%-200% Above	Yes	No
70710169909	VENLAFAXINE HCL ER 75 MG CAP	12	90.00	0.11	0.09163	10%-25% Above	Yes	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.17	0.12796	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	1	60.00	0.17	0.12796	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.17	0.12796	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.20	0.12796	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.17	0.12387	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	2	60.00	0.17	0.12387	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1385

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	20.00	0.20	0.12317	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.17	0.12317	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.17	0.12317	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.20	0.12317	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.21	0.12317	51%-75% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	12	60.00	0.17	0.13088	26%-50% Above	No	No
70710170000	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.20	0.13088	51%-75% Above	No	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.16	0.12796	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	1	30.00	0.21	0.12796	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.06	0.12796	51%-75% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	1	90.00	0.21	0.12796	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	2	30.00	0.16	0.12387	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	2	60.00	0.21	0.12387	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.16	0.12387	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	2	90.00	0.21	0.12387	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	2	180.00	0.21	0.12387	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.18	0.12317	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	30.00	0.21	0.12317	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	60.00	0.21	0.12317	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.06	0.12317	51%-75% Below	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.19	0.12317	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	3	90.00	0.21	0.12317	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	4	30.00	0.21	0.12253	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	4	90.00	0.21	0.12253	51%-75% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	12	30.00	0.21	0.13088	51%-75% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1386

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70710170009	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.19	0.13088	26%-50% Above	Yes	No
70710170009	VENLAFAXINE HCL ER 150 MG CAP	12	90.00	0.46	0.13088	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	8.00	0.70	0.14752	200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	12.00	0.41	0.14752	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	12.00	0.78	0.14752	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	15.00	0.30	0.14752	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	15.00	0.66	0.14752	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	15.00	0.67	0.14752	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	16.00	0.30	0.14752	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.30	0.14752	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.30	0.14752	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.70	0.14752	200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	1	20.00	0.70	0.14752	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	1	30.00	0.50	0.14752	200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	2	10.00	0.30	0.13480	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	10.00	0.58	0.13480	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	12.00	0.30	0.13480	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	15.00	0.30	0.13480	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	15.00	0.70	0.13480	200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	2	20.00	0.25	0.13480	76%-100% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	2	20.00	0.30	0.13480	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	20.00	0.50	0.13480	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	2	20.00	0.75	0.13480	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	3	10.00	0.30	0.12442	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	3	10.00	0.58	0.12442	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1387

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	12.00	0.30	0.12442	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	3	15.00	0.30	0.12442	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	3	20.00	0.30	0.12442	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	3	20.00	0.66	0.12442	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	4	8.00	0.69	0.13651	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	4	12.00	0.30	0.13651	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	4	15.00	0.30	0.13651	101%-200% Above	No	No
70710171001	KETOROLAC 10 MG TABLET	4	15.00	0.30	0.13651	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	4	20.00	0.30	0.13651	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	15.00	0.31	0.14705	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	16.00	0.31	0.14705	101%-200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	16.00	0.77	0.14705	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	20.00	0.25	0.14705	51%-75% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	20.00	0.66	0.14705	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	20.00	0.66	0.14705	200% Above	Yes	No
70710171001	KETOROLAC 10 MG TABLET	12	20.00	0.75	0.14705	200% Above	Yes	No
70710183201	DICLOFENAC POT 50 MG TABLET	12	20.00	0.52	0.10690	200% Above	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	1	10.00	2.57	5.00844	26%-50% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	2	6.00	3.34	4.72329	26%-50% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	2	8.00	3.34	4.72329	26%-50% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	3	4.00	3.34	4.48932	10%-25% Below	No	No
70710184602	SCOPOLAMINE 1 MG/3 DAY PATCH	12	10.00	1.50	5.07091	51%-75% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	2	2.00	3.35	4.72329	26%-50% Below	No	No
70710184604	SCOPOLAMINE 1 MG/3 DAY PATCH	12	4.00	3.49	5.07091	26%-50% Below	No	No
70748012849	VARENICLINE 1 MG TABLET	1	56.00	2.47	0.43344	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1388

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70748012849	VARENICLINE 1 MG TABLET	12	56.00	2.58	0.43120	200% Above	No	No
70748033202	PREDNISOLONE AC 1% EYE DROP	2	5.00	2.70	4.58107	26%-50% Below	No	No
70748033202	PREDNISOLONE AC 1% EYE DROP	3	5.00	2.39	4.76676	26%-50% Below	No	No
70748033203	PREDNISOLONE AC 1% EYE DROP	3	10.00	2.38	4.46814	26%-50% Below	No	No
70752010710	CYPROHEPTADINE 4 MG TABLET	3	30.00	0.06	0.06623	10%-25% Below	No	No
70752011303	LIDOCAINE 5% OINTMENT	3	35.44	0.08	0.16146	26%-50% Below	Yes	No
70752011303	LIDOCAINE 5% OINTMENT	3	35.44	0.11	0.16146	26%-50% Below	Yes	No
70752013005	TRIAMCINOLONE 0.1% LOTION	1	60.00	0.25	0.28194	10%-25% Below	No	No
70752013005	TRIAMCINOLONE 0.1% LOTION	3	60.00	0.15	0.28049	26%-50% Below	No	No
70752013812	PROMETHAZINE 6.25 MG/5 ML SOLN	2	54.00	0.02	0.04197	26%-50% Below	No	No
70752013812	PROMETHAZINE 6.25 MG/5 ML SOLN	4	150.00	0.02	0.04107	26%-50% Below	Yes	No
70752013912	PROMETHAZINE-CODEINE SOLUTION	1	140.00	0.02	0.04779	51%-75% Below	No	No
70752013912	PROMETHAZINE-CODEINE SOLUTION	2	118.00	0.02	0.05009	51%-75% Below	No	No
70752014017	TRIAMCINOLONE 0.1% PASTE	1	5.00	1.90	2.91526	26%-50% Below	No	No
70752015920	FLUOCINOLONE OIL 0.01% EAR DRP	1	20.00	2.27	0.96649	101%-200% Above	Yes	No
70752018512	CYPROHEPTADINE 2 MG/5 ML SOLN	1	280.00	0.02	0.04227	51%-75% Below	Yes	No
70752018512	CYPROHEPTADINE 2 MG/5 ML SOLN	2	210.00	0.02	0.04148	26%-50% Below	No	No
70752018512	CYPROHEPTADINE 2 MG/5 ML SOLN	3	210.00	0.02	0.04083	26%-50% Below	No	No
70752018512	CYPROHEPTADINE 2 MG/5 ML SOLN	3	280.00	0.02	0.04083	51%-75% Below	Yes	No
70752018512	CYPROHEPTADINE 2 MG/5 ML SOLN	4	210.00	0.02	0.04131	26%-50% Below	No	No
70752020312	LEVETIRACETAM 100 MG/ML SOLN	12	300.00	0.04	0.03163	26%-50% Above	Yes	No
70752020411	FOLIC ACID 1 MG TABLET	1	30.00	0.05	0.02111	101%-200% Above	No	No
70752023111	FOLIC ACID 1 MG TABLET	1	90.00	0.01	0.02111	51%-75% Below	Yes	No
70752023111	FOLIC ACID 1 MG TABLET	2	30.00	0.02	0.02008	10%-25% Above	No	No
70752023111	FOLIC ACID 1 MG TABLET	3	30.00	0.02	0.01899	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1389

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756001111	CHLORTHALIDONE 25 MG TABLET	1	90.00	0.37	0.08632	200% Above	No	No
70756001111	CHLORTHALIDONE 25 MG TABLET	4	90.00	0.16	0.09012	76%-100% Above	No	No
70756001112	CHLORTHALIDONE 25 MG TABLET	1	30.00	0.37	0.08632	200% Above	No	No
70756001112	CHLORTHALIDONE 25 MG TABLET	2	90.00	0.16	0.08331	76%-100% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	1	60.00	0.25	0.05196	200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	2	60.00	0.11	0.05125	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	2	180.00	0.11	0.05125	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	3	20.00	0.11	0.05137	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	3	60.00	0.11	0.05137	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	12	60.00	0.11	0.05202	101%-200% Above	No	No
70756005212	FAMOTIDINE 40 MG TABLET	12	180.00	0.09	0.05202	51%-75% Above	No	No
70756008011	BUMETANIDE 1 MG TABLET	2	40.00	0.15	0.12298	10%-25% Above	No	No
70756008051	BUMETANIDE 1 MG TABLET	2	30.00	0.63	0.12298	200% Above	No	No
70756008111	BUMETANIDE 2 MG TABLET	3	90.00	0.27	0.18256	26%-50% Above	No	No
70756008111	BUMETANIDE 2 MG TABLET	12	90.00	0.62	0.18559	200% Above	No	No
70756008511	BACLOFEN 5 MG TABLET	3	30.00	0.06	0.08516	26%-50% Below	Yes	No
70756021551	FENOFIBRATE 160 MG TABLET	1	90.00	0.17	0.09070	76%-100% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	2	90.00	0.15	0.10093	26%-50% Above	No	No
70756021551	FENOFIBRATE 160 MG TABLET	3	30.00	0.15	0.11352	26%-50% Above	No	No
70756021590	FENOFIBRATE 160 MG TABLET	1	90.00	0.35	0.09070	200% Above	No	No
70756024790	ATORVASTATIN 10 MG TABLET	12	90.00	0.18	0.02546	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	1	30.00	0.60	0.03048	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
70756024812	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
70756024912	ATORVASTATIN 40 MG TABLET	2	90.00	0.14	0.04031	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1390

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756024912	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
70756024951	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
70756025051	ATORVASTATIN 80 MG TABLET	12	90.00	0.13	0.07261	51%-75% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	6.00	0.30	0.34774	10%-25% Below	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	10.00	0.96	0.34774	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.50	0.34774	26%-50% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.71	0.34774	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	0.79	0.34774	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.14	0.34774	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.15	0.34774	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.20	0.34774	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	14.00	1.22	0.34774	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	1	20.00	0.50	0.34774	26%-50% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.15	0.33520	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.23	0.33520	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	10.00	1.35	0.33520	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	0.50	0.33520	26%-50% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.07	0.33520	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	2	14.00	1.18	0.33520	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	3	10.00	1.15	0.33183	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	3	14.00	0.71	0.33183	101%-200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	4	14.00	1.14	0.32469	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	12	10.00	1.15	0.35193	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1391

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	10.00	1.23	0.35193	200% Above	No	No
70756040411	NITROFURANTOIN MONO-MCR 100 MG	12	20.00	0.79	0.35193	101%-200% Above	No	No
70756041111	NITROFURANTOIN MCR 50 MG CAP	3	90.00	0.33	0.14206	101%-200% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	2	20.00	0.75	0.24344	200% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	2	30.00	0.50	0.24344	101%-200% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	3	10.00	0.99	0.23724	200% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	3	30.00	0.50	0.23724	101%-200% Above	Yes	No
70756041211	NITROFURANTOIN MCR 100 MG CAP	12	14.00	0.91	0.23390	200% Above	No	No
70756042322	OMEGA-3 ETHYL ESTERS 1 GM CAP	3	360.00	0.07	0.17185	51%-75% Below	No	No
70756042411	DOXEPIN 10 MG CAPSULE	1	30.00	0.11	0.07990	26%-50% Above	No	No
70756042411	DOXEPIN 10 MG CAPSULE	2	30.00	0.11	0.07952	26%-50% Above	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	1	5.00	2.79	1.50704	76%-100% Above	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	2	5.00	0.79	1.40615	26%-50% Below	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	2	5.00	2.42	1.40615	51%-75% Above	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	3	5.00	0.76	1.34893	26%-50% Below	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	4	5.00	0.76	1.30038	26%-50% Below	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	4	10.00	0.77	1.30038	26%-50% Below	No	No
70756060730	OFLOXACIN 0.3% EYE DROPS	12	5.00	0.74	1.59126	51%-75% Below	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	1	5.00	3.32	1.24947	101%-200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	1	5.00	7.69	1.24947	200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	2	5.00	1.98	1.19831	51%-75% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	2	5.00	3.32	1.19831	101%-200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	2	5.00	3.32	1.19831	101%-200% Above	Yes	No
70756060915	OFLOXACIN 0.3% EAR DROPS	3	5.00	3.32	1.17162	101%-200% Above	No	No
70756060915	OFLOXACIN 0.3% EAR DROPS	4	5.00	3.32	1.13838	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1392

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70756060915	OFLOXACIN 0.3% EAR DROPS	12	5.00	2.98	1.27667	101%-200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	1	10.00	3.32	1.15977	101%-200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	2	5.00	3.32	1.08469	200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	2	10.00	0.58	1.08469	26%-50% Below	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	2	10.00	3.32	1.08469	200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	3	10.00	0.58	1.03953	26%-50% Below	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	3	10.00	3.32	1.03953	200% Above	No	No
70756061030	OFLOXACIN 0.3% EAR DROPS	3	10.00	3.32	1.03953	200% Above	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	12	10.00	0.99	1.15475	10%-25% Below	Yes	No
70756061030	OFLOXACIN 0.3% EAR DROPS	12	10.00	1.49	1.15475	26%-50% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.17	1.57560	26%-50% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	0.93	1.57560	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	0.93	1.57560	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	2.17	1.57560	26%-50% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	0.94	1.57560	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.39	1.57560	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	10.00	0.93	1.57560	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	1	12.00	1.30	1.57560	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.93	1.52535	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	1.95	1.52535	26%-50% Above	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.93	1.52535	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.94	1.52535	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	1.78	1.52535	10%-25% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.93	1.50210	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.94	1.50210	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1393

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	4.00	1.23	1.50210	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	1.78	1.50210	10%-25% Above	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	0.93	1.50210	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	1.30	1.50210	10%-25% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	1.30	1.50210	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	3	12.00	0.93	1.50210	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	0.93	1.50471	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	0.94	1.50471	26%-50% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	1.87	1.58765	10%-25% Above	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.00	0.56	1.58765	51%-75% Below	No	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	2.00	0.98	1.58765	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	1.42	1.58765	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	6.00	1.30	1.58765	10%-25% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.00	0.98	1.58765	26%-50% Below	Yes	No
70756063525	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.00	1.30	1.58765	10%-25% Below	Yes	No
70756063825	MOXIFLOXACIN 0.5% EYE DROPS	12	3.00	5.92	1.78532	200% Above	Yes	No
70756065030	OFLOXACIN 0.3% EYE DROPS	2	10.00	0.71	1.15544	26%-50% Below	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	1	30.00	0.36	0.12432	101%-200% Above	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	2	30.00	0.36	0.13532	101%-200% Above	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	2	180.00	0.36	0.13532	101%-200% Above	Yes	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	3	30.00	0.36	0.13222	101%-200% Above	No	No
70756072111	ACETAZOLAMIDE 250 MG TABLET	3	180.00	0.36	0.13222	101%-200% Above	No	No
70756080751	LANSOPRAZOLE DR 30 MG CAPSULE	2	90.00	0.40	0.10533	200% Above	No	No
70756080790	LANSOPRAZOLE DR 30 MG CAPSULE	1	90.00	0.29	0.10486	101%-200% Above	No	No
70954000510	OXYBUTYNIN 5 MG TABLET	3	60.00	0.09	0.04787	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1394

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954000520	OXYBUTYNIN 5 MG TABLET	1	90.00	0.09	0.04548	76%-100% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	2	90.00	0.19	0.04685	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	3	30.00	0.09	0.04787	76%-100% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	3	30.00	0.17	0.04787	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	3	60.00	0.24	0.04787	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	4	30.00	0.17	0.04836	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	6	60.00	0.11	0.04933	101%-200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	9	60.00	0.09	0.04921	76%-100% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	11	60.00	0.09	0.04682	76%-100% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	12	30.00	0.24	0.04719	200% Above	Yes	No
70954000520	OXYBUTYNIN 5 MG TABLET	12	42.00	0.24	0.04719	200% Above	No	No
70954000520	OXYBUTYNIN 5 MG TABLET	12	60.00	0.20	0.04719	200% Above	No	No
70954000530	OXYBUTYNIN 5 MG TABLET	1	90.00	0.08	0.04548	51%-75% Above	No	No
70954001610	THIOTHIXENE 5 MG CAPSULE	1	30.00	0.33	1.36057	51%-75% Below	No	No
70954001610	THIOTHIXENE 5 MG CAPSULE	2	30.00	0.33	1.34146	51%-75% Below	No	No
70954001610	THIOTHIXENE 5 MG CAPSULE	12	30.00	0.43	1.35434	51%-75% Below	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	1	30.00	0.29	0.09130	200% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	1	30.00	0.29	0.09130	200% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	2	30.00	0.12	0.08556	26%-50% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	2	30.00	0.12	0.08556	26%-50% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	2	90.00	0.12	0.08556	26%-50% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	2	270.00	0.12	0.08556	26%-50% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	3	30.00	0.12	0.08540	26%-50% Above	No	No
70954001910	PRAZOSIN 1 MG CAPSULE	3	30.00	0.12	0.08540	26%-50% Above	Yes	No
70954001910	PRAZOSIN 1 MG CAPSULE	4	30.00	0.12	0.08341	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1395

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954001910	PRAZOSIN 1 MG CAPSULE	4	30.00	0.12	0.08341	26%-50% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	1	30.00	0.36	0.08596	200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	1	30.00	0.36	0.08596	200% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	1	90.00	0.16	0.08596	76%-100% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	1	90.00	0.34	0.08596	200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	2	30.00	0.16	0.08914	51%-75% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	2	30.00	0.36	0.08914	200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	2	90.00	0.03	0.08914	51%-75% Below	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	2	90.00	0.33	0.08914	200% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	3	30.00	0.16	0.09067	51%-75% Above	No	No
70954002010	PRAZOSIN 2 MG CAPSULE	3	30.00	0.16	0.09067	51%-75% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	4	30.00	0.16	0.08888	51%-75% Above	Yes	No
70954002010	PRAZOSIN 2 MG CAPSULE	4	90.00	0.34	0.08888	200% Above	Yes	No
70954002110	PRAZOSIN 5 MG CAPSULE	2	30.00	0.25	0.14748	51%-75% Above	Yes	No
70954002110	PRAZOSIN 5 MG CAPSULE	3	30.00	0.25	0.14620	51%-75% Above	Yes	No
70954002110	PRAZOSIN 5 MG CAPSULE	3	90.00	0.25	0.14620	51%-75% Above	Yes	No
70954002110	PRAZOSIN 5 MG CAPSULE	12	90.00	0.26	0.14669	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	6.00	0.13	0.03767	200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	12.00	0.11	0.03767	200% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	1	24.00	0.10	0.03767	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	30.00	0.08	0.03767	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	30.00	0.09	0.03767	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	30.00	0.10	0.03767	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	63.00	0.08	0.03767	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	1	90.00	0.07	0.03767	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1396

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	120.00	0.08	0.03767	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	5.00	0.06	0.03751	51%-75% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	2	7.00	0.13	0.03751	200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	30.00	0.09	0.03751	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	30.00	0.10	0.03751	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	2	90.00	0.06	0.03751	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	4.00	0.06	0.03745	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	30.00	0.08	0.03745	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	30.00	0.09	0.03745	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	30.00	0.10	0.03745	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	3	90.00	0.08	0.03745	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	4	4.00	0.06	0.03732	51%-75% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	4	30.00	0.08	0.03732	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	4	90.00	0.06	0.03732	51%-75% Above	No	No
70954005820	PREDNISONE 5 MG TABLET	12	21.00	0.09	0.03988	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	12	30.00	0.09	0.03988	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	12	30.00	0.10	0.03988	101%-200% Above	Yes	No
70954005820	PREDNISONE 5 MG TABLET	12	90.00	0.10	0.03988	101%-200% Above	Yes	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.33	0.39409	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	1	21.00	0.46	0.39409	10%-25% Above	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	0.21	0.38092	26%-50% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	2	21.00	0.29	0.38092	10%-25% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	0.21	0.39830	26%-50% Below	No	No
70954005830	PREDNISONE 5 MG TAB DOSE PACK	12	21.00	0.33	0.39830	10%-25% Below	No	No
70954005920	PREDNISONE 10 MG TABLET	1	9.00	0.13	0.05909	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1397

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	9.00	0.17	0.05909	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	10.00	0.08	0.05909	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	1	10.00	0.08	0.05909	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	10.00	0.13	0.05909	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	10.00	0.13	0.05909	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	14.00	0.13	0.05909	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	15.00	0.08	0.05909	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	1	21.00	0.08	0.05909	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	1	21.00	0.12	0.05909	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	1	30.00	0.10	0.05909	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	3.00	0.08	0.05836	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	3.00	0.24	0.05836	200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	2	5.00	0.08	0.05836	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	5.00	0.16	0.05836	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	5.00	0.17	0.05836	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	6.00	0.08	0.05836	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	7.00	0.08	0.05836	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	10.00	0.08	0.05836	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	2	10.00	0.08	0.05836	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	10.00	0.13	0.05836	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	18.00	0.08	0.05836	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	20.00	0.10	0.05836	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	21.00	0.08	0.05836	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	21.00	0.12	0.05836	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	21.00	0.12	0.05836	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	2	30.00	0.10	0.05836	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	2	35.00	0.08	0.05836	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	5.00	0.08	0.05793	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	5.00	0.16	0.05793	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	10.00	0.08	0.05793	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	10.00	0.12	0.05793	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	10.00	0.13	0.05793	101%-200% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	3	10.00	0.15	0.05793	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	12.00	0.11	0.05793	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	21.00	0.08	0.05793	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	22.00	0.10	0.05793	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	24.00	0.08	0.05793	26%-50% Above	No	No
70954005920	PREDNISONE 10 MG TABLET	3	30.00	0.10	0.05793	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	32.00	0.11	0.05793	76%-100% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	3	50.00	0.08	0.05793	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	5.00	0.08	0.05754	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	6.00	0.08	0.05754	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	9.00	0.12	0.05754	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	10.00	0.08	0.05754	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	12.00	0.12	0.05754	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	14.00	0.08	0.05754	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	21.00	0.08	0.05754	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	30.00	0.10	0.05754	51%-75% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	4	105.00	0.05	0.05754	10%-25% Below	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	5.00	0.09	0.05943	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
70954005920	PREDNISONE 10 MG TABLET	12	5.00	0.16	0.05943	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	10.00	0.09	0.05943	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	10.00	0.12	0.05943	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	10.00	0.13	0.05943	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	12.00	0.09	0.05943	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	15.00	0.02	0.05943	51%-75% Below	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	16.00	0.12	0.05943	101%-200% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	18.00	0.09	0.05943	26%-50% Above	Yes	No
70954005920	PREDNISONE 10 MG TABLET	12	30.00	0.13	0.05943	101%-200% Above	Yes	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.58	0.52202	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	1	21.00	0.65	0.52202	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	2	21.00	0.25	0.52402	51%-75% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.25	0.52613	51%-75% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	3	21.00	0.29	0.52613	26%-50% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	0.28	0.53832	26%-50% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	4	21.00	0.65	0.53832	10%-25% Above	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.29	0.53161	26%-50% Below	No	No
70954005930	PREDNISONE 10 MG TAB DOSE PACK	12	21.00	0.65	0.53161	10%-25% Above	No	No
70954005940	PREDNISONE 10 MG TAB DOSE PACK	1	48.00	0.29	0.52202	26%-50% Below	No	No
70954005940	PREDNISONE 10 MG TAB DOSE PACK	3	48.00	0.28	0.52613	26%-50% Below	No	No
70954006010	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	No	No
70954006010	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07099	101%-200% Above	No	No
70954006010	PREDNISONE 20 MG TABLET	3	8.00	0.03	0.07142	51%-75% Below	No	No
70954006010	PREDNISONE 20 MG TABLET	4	10.00	0.01	0.07110	76%-100% Below	No	No
70954006020	PREDNISONE 20 MG TABLET	1	4.00	0.11	0.07398	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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	5.00	0.11	0.07398	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.15	0.07398	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.19	0.07398	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.20	0.07398	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.21	0.07398	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	5.00	0.25	0.07398	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	7.00	0.11	0.07398	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	7.00	0.15	0.07398	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	7.00	0.17	0.07398	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	7.00	0.23	0.07398	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	8.00	0.16	0.07398	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.11	0.07398	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.11	0.07398	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.15	0.07398	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	10.00	0.17	0.07398	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	12.00	0.11	0.07398	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	14.00	0.14	0.07398	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	14.00	0.17	0.07398	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	15.00	0.14	0.07398	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	15.00	0.15	0.07398	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	15.00	0.15	0.07398	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	15.00	0.17	0.07398	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	20.00	0.15	0.07398	76%-100% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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	1	21.00	0.15	0.07398	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	1	30.00	0.11	0.07398	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	1	30.00	0.14	0.07398	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	4.00	0.11	0.07099	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	4.00	0.23	0.07099	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.11	0.07099	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.11	0.07099	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.19	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.20	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.21	0.07099	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.22	0.07099	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	5.00	0.22	0.07099	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	6.00	0.11	0.07099	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	7.00	0.11	0.07099	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	8.00	0.16	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	9.00	0.16	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.11	0.07099	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.15	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.17	0.07099	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.17	0.07099	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.19	0.07099	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	10.00	0.22	0.07099	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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	2	12.00	0.11	0.07099	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	12.00	0.11	0.07099	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	12.00	0.15	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	14.00	0.11	0.07099	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	14.00	0.19	0.07099	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	15.00	0.03	0.07099	51%-75% Below	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	15.00	0.11	0.07099	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	15.00	0.14	0.07099	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	18.00	0.14	0.07099	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	2	28.00	0.15	0.07099	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	2	30.00	0.13	0.07099	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	2.00	0.45	0.07142	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.11	0.07142	51%-75% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.11	0.07142	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.19	0.07142	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.21	0.07142	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	5.00	0.27	0.07142	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	6.00	0.11	0.07142	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	7.00	0.11	0.07142	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	7.00	0.17	0.07142	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	7.00	0.23	0.07142	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	8.00	0.11	0.07142	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	9.00	0.11	0.07142	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	9.00	0.16	0.07142	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.03	0.07142	51%-75% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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	10.00	0.11	0.07142	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.11	0.07142	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.15	0.07142	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.16	0.07142	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.17	0.07142	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.17	0.07142	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.18	0.07142	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.19	0.07142	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.19	0.07142	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.21	0.07142	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	10.00	0.22	0.07142	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	3	12.00	0.17	0.07142	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	14.00	0.11	0.07142	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	14.00	0.14	0.07142	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	15.00	0.11	0.07142	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	17.00	0.13	0.07142	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	3	30.00	0.12	0.07142	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	4.00	0.11	0.07110	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	5.00	0.11	0.07110	51%-75% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	6.00	0.18	0.07110	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	6.00	0.20	0.07110	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	7.00	0.25	0.07110	200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.11	0.07110	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.15	0.07110	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	10.00	0.16	0.07110	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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	11.00	0.11	0.07110	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	15.00	0.15	0.07110	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	4	21.00	0.13	0.07110	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	3.00	0.11	0.07747	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	3.00	0.23	0.07747	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.03	0.07747	51%-75% Below	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.11	0.07747	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.18	0.07747	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.19	0.07747	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.21	0.07747	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.23	0.07747	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	5.00	0.27	0.07747	200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	6.00	0.19	0.07747	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	7.00	0.11	0.07747	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	7.00	0.17	0.07747	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	7.00	0.19	0.07747	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	9.00	0.03	0.07747	51%-75% Below	No	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.03	0.07747	51%-75% Below	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.11	0.07747	26%-50% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.11	0.07747	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.14	0.07747	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.14	0.07747	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.15	0.07747	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.15	0.07747	76%-100% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	10.00	0.16	0.07747	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1405

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	10.00	0.22	0.07747	101%-200% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	11.00	0.15	0.07747	76%-100% Above	No	No
70954006020	PREDNISONE 20 MG TABLET	12	15.00	0.11	0.07747	26%-50% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	16.00	0.17	0.07747	101%-200% Above	Yes	No
70954006020	PREDNISONE 20 MG TABLET	12	30.00	0.11	0.07747	26%-50% Above	No	No
70954006030	PREDNISONE 20 MG TABLET	2	10.00	0.16	0.07099	101%-200% Above	No	No
70954008510	CHLORZOXAZONE 500 MG TABLET	1	90.00	0.08	0.22049	51%-75% Below	No	No
70954008510	CHLORZOXAZONE 500 MG TABLET	2	56.00	0.09	0.21586	51%-75% Below	No	No
70954008510	CHLORZOXAZONE 500 MG TABLET	12	45.00	0.15	0.22457	26%-50% Below	No	No
70954014010	LEVOCARNITINE SF 1 G/10 ML SOL	1	180.00	0.14	0.24914	26%-50% Below	No	No
70954014010	LEVOCARNITINE SF 1 G/10 ML SOL	3	180.00	0.08	0.25622	51%-75% Below	No	No
70954018810	ACYCLOVIR 200 MG/5 ML SUSP	1	300.00	0.05	0.07839	26%-50% Below	Yes	No
70954018810	ACYCLOVIR 200 MG/5 ML SUSP	2	280.00	0.10	0.07724	26%-50% Above	Yes	No
70954020010	DIGOXIN 62.5 MCG TABLET	12	30.00	2.49	8.13140	51%-75% Below	No	No
70954025810	SULFAMETHOXAZOLE-TMP SUSP	3	160.00	0.06	0.05706	10%-25% Above	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.20	0.31317	26%-50% Below	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	1	50.00	0.24	0.19970	10%-25% Above	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	2	50.00	0.24	0.17030	26%-50% Above	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	3	50.00	0.24	0.15430	51%-75% Above	No	No
70954031610	FAMOTIDINE 40 MG/5 ML SUSP	4	50.00	0.20	0.14337	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	4.00	0.29	0.23017	10%-25% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	5.00	0.29	0.23017	10%-25% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	5.00	0.67	0.23017	101%-200% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	6.00	0.29	0.23017	10%-25% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	1	8.00	0.67	0.23017	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1406

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	2.00	0.29	0.21002	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	5.00	0.29	0.21002	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	6.00	0.29	0.21002	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	2	8.00	0.29	0.21002	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	5.00	0.29	0.19556	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	3	10.00	0.29	0.19556	26%-50% Above	No	No
70954040310	DEXAMETHASONE 4 MG TABLET	4	10.00	0.62	0.29048	101%-200% Above	No	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	2	30.00	0.14	0.18671	10%-25% Below	No	No
70954041230	BISOPROLOL-HYDROCHLOROTHIAZIDE 2.5-6.25 MG TB	3	30.00	0.14	0.19512	26%-50% Below	No	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	2	90.00	0.25	0.21834	10%-25% Above	Yes	No
70954041410	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	90.00	0.25	0.21491	10%-25% Above	Yes	No
70954044310	MISOPROSTOL 100 MCG TABLET	3	1.00	0.22	0.42433	26%-50% Below	Yes	No
70954044410	MISOPROSTOL 200 MCG TABLET	1	1.00	1.00	0.70017	26%-50% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	1	1.00	1.37	0.70017	76%-100% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	1	4.00	0.80	0.70017	10%-25% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	2	2.00	0.82	0.69082	10%-25% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	3	1.00	1.19	0.67053	76%-100% Above	No	No
70954044410	MISOPROSTOL 200 MCG TABLET	12	2.00	0.98	0.70116	26%-50% Above	No	No
70954049210	LEVOCARNITINE 330 MG TABLET	2	270.00	0.63	0.71184	10%-25% Below	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	1	30.00	0.08	0.06330	26%-50% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	1	30.00	0.26	0.06330	200% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	1	90.00	0.08	0.06330	10%-25% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	1	90.00	0.11	0.06330	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	2	30.00	0.08	0.06046	26%-50% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	2	90.00	0.11	0.06046	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1407

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954056410	ESTRADIOL 0.5 MG TABLET	3	30.00	0.11	0.05932	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	3	90.00	0.11	0.05932	76%-100% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	4	90.00	0.08	0.05847	26%-50% Above	No	No
70954056410	ESTRADIOL 0.5 MG TABLET	12	90.00	0.08	0.06603	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	90.00	0.08	0.06982	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	90.00	0.09	0.06982	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	90.00	0.10	0.06982	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	90.00	0.24	0.06982	200% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	1	180.00	0.18	0.06982	101%-200% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	90.00	0.09	0.06850	10%-25% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	90.00	0.10	0.06850	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	2	90.00	0.10	0.06850	51%-75% Above	Yes	No
70954056510	ESTRADIOL 1 MG TABLET	3	45.00	0.10	0.06733	51%-75% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	3	90.00	0.09	0.06733	26%-50% Above	No	No
70954056510	ESTRADIOL 1 MG TABLET	3	90.00	0.10	0.06733	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	30.00	0.10	0.06982	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	30.00	0.24	0.06982	200% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	90.00	0.10	0.06982	26%-50% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	90.00	0.11	0.06982	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	1	90.00	0.24	0.06982	200% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	30.00	0.10	0.06850	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	90.00	0.08	0.06850	10%-25% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	90.00	0.10	0.06850	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	90.00	0.12	0.06850	76%-100% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	2	225.00	0.10	0.06850	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1408

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
70954056520	ESTRADIOL 1 MG TABLET	3	30.00	0.10	0.06733	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	3	90.00	0.10	0.06733	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	4	30.00	0.10	0.06578	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	4	90.00	0.10	0.06578	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	12	30.00	0.11	0.07031	51%-75% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	12	30.00	0.24	0.07031	200% Above	No	No
70954056520	ESTRADIOL 1 MG TABLET	12	90.00	0.11	0.07031	51%-75% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	1	30.00	0.20	0.08708	101%-200% Above	No	No
70954056610	ESTRADIOL 2 MG TABLET	1	90.00	0.20	0.08708	101%-200% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	1	30.00	0.12	0.08708	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	1	30.00	0.13	0.08708	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	1	90.00	0.20	0.08708	101%-200% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	2	30.00	0.12	0.08575	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	2	30.00	0.12	0.08575	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	2	30.00	0.13	0.08575	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	3	30.00	0.12	0.08430	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	3	30.00	0.13	0.08430	26%-50% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	3	180.00	0.13	0.08430	51%-75% Above	No	No
70954056620	ESTRADIOL 2 MG TABLET	12	30.00	0.13	0.08851	26%-50% Above	No	No
70954060010	FLUOXETINE 20 MG/5 ML SOLUTION	1	150.00	0.10	0.21571	51%-75% Below	Yes	No
70954060010	FLUOXETINE 20 MG/5 ML SOLUTION	3	150.00	0.10	0.21267	26%-50% Below	Yes	No
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.04	0.08253	51%-75% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.04	0.08253	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.08253	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.08253	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1409

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	0.08253	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.06	0.08253	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.04	0.08025	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.06	0.08025	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.06	0.07981	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.08364	26%-50% Below	No	No
70954066210	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.06	0.08364	26%-50% Below	No	No
70954066810	PENTOXIFYLLINE ER 400 MG TAB	3	10.00	0.13	0.24462	26%-50% Below	No	No
70954068910	PROCHLORPERAZINE 10 MG TAB	1	30.00	0.16	0.20051	10%-25% Below	Yes	No
70954068910	PROCHLORPERAZINE 10 MG TAB	2	30.00	0.16	0.18404	10%-25% Below	Yes	No
70954068910	PROCHLORPERAZINE 10 MG TAB	12	30.00	0.15	0.20031	10%-25% Below	Yes	No
70954068910	PROCHLORPERAZINE 10 MG TAB	12	30.00	0.34	0.20031	51%-75% Above	Yes	No
70954089610	MEGESTROL ACET 40 MG/ML SUSP	4	240.00	0.17	0.13829	10%-25% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	1	120.00	0.14	0.03415	200% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	2	120.00	0.06	0.03342	76%-100% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	3	120.00	0.06	0.03282	76%-100% Above	No	No
71093012105	GABAPENTIN 300 MG CAPSULE	12	120.00	0.06	0.03399	76%-100% Above	No	No
71288030002	CYANOCOBALAM INJ 1000MCG	3	1.00	0.93	.		No	No
71288030002	CYANOCOBALAM INJ 1000MCG	3	4.00	0.94	.		No	No
71288030002	CYANOCOBALAM INJ 1000MCG	3	4.00	1.63	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1410

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	4	1.00	0.93	1.50471	26%-50% Below	No	No
71288030002	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	0.94	1.50471	26%-50% Below	No	No
71288030111	CYANOCOBALAMIN 10,000 MCG/10 ML	2	10.00	0.36	0.78254	51%-75% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.32	1.57560	26%-50% Above	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	0.93	1.57560	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	3.00	1.30	1.57560	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	0.94	1.57560	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.22	1.57560	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	4.00	1.38	1.57560	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	6.00	1.22	1.57560	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	12.00	1.22	1.57560	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	1	12.00	1.30	1.57560	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.93	1.52535	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	2.32	1.52535	51%-75% Above	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.93	1.52535	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	3.00	0.93	1.52535	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	4.00	0.94	1.52535	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	12.00	0.93	1.52535	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	2	12.00	0.93	1.52535	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	3	1.00	0.93	1.50210	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.93	1.50210	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.94	1.50210	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	3	4.00	0.94	1.50210	26%-50% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	3.00	0.93	1.50471	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	4	4.00	0.94	1.50471	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1411

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	4	12.00	0.93	1.50471	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	1.00	0.98	1.58765	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	3.00	0.98	1.58765	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	0.51	1.58765	51%-75% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	0.98	1.58765	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	1.20	1.58765	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	1.22	1.58765	10%-25% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	4.00	1.39	1.58765	10%-25% Below	Yes	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.00	0.97	1.58765	26%-50% Below	No	No
71288030302	CYANOCOBALAMIN 1,000 MCG/ML VL	12	12.00	0.98	1.58765	26%-50% Below	No	No
71288043383	ENOXAPARIN 40 MG/0.4 ML SYR	1	5.60	6.10	7.91091	10%-25% Below	Yes	No
71288043383	ENOXAPARIN 40 MG/0.4 ML SYR	1	12.00	6.10	7.91091	10%-25% Below	Yes	No
71288043383	ENOXAPARIN 40 MG/0.4 ML SYR	2	4.00	6.10	8.03817	10%-25% Below	Yes	No
71288043383	ENOXAPARIN 40 MG/0.4 ML SYR	2	12.00	6.10	8.03817	10%-25% Below	Yes	No
71288043383	ENOXAPARIN 40 MG/0.4 ML SYR	3	12.00	6.10	7.96483	10%-25% Below	Yes	No
71288043383	ENOXAPARIN 40 MG/0.4 ML SYR	12	12.00	6.10	7.80716	10%-25% Below	Yes	No
71288056384	LIRAGLUTIDE 3-PAK 18 MG/3 ML	1	27.00	25.26	48.06009	26%-50% Below	Yes	No
71399101401	ASPIRIN LOW TAB 81MG	1	90.00	0.01	.		No	No
71399101401	ASPIRIN LOW TAB 81MG	2	90.00	0.01	.		No	No
71610006460	ALLOPURINOL TAB 300MG	1	90.00	0.19	.		No	No
71610006460	ALLOPURINOL TAB 300MG	10	90.00	0.22	.		No	No
71610017799	JARDIANCE TAB 25MG	1	45.00	2.18	.		No	No
71610017799	JARDIANCE TAB 25MG	3	45.00	2.12	.		No	No
71610048860	HYDROCHLOROT TAB 25MG	4	90.00	0.02	.		No	No
71610075160	AMITRIPTYLIN TAB 25MG	12	90.00	0.14	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
71610091080	TAMSULOSIN CAP 0.4MG	9	180.00	0.31	.		No	No
71656006770	METRONIDAZOLE VAGINAL 0.75% GL	2	70.00	0.21	0.18248	10%-25% Above	No	No
71656006770	METRONIDAZOLE VAGINAL 0.75% GL	4	70.00	0.21	0.15810	26%-50% Above	No	No
71656008904	FLUOXETINE 20 MG/5 ML SOLUTION	4	200.00	0.12	0.21425	26%-50% Below	No	No
71715000221	NUZYRA TAB 150MG	1	28.00	267.33	.		No	No
71839011010	ENOXAPARIN 40 MG/0.4 ML SYR	3	1.60	6.61	7.96483	10%-25% Below	No	No
71839011310	ENOXAPARIN 100 MG/ML SYRINGE	1	20.00	5.54	8.45945	26%-50% Below	No	No
71839011310	ENOXAPARIN 100 MG/ML SYRINGE	12	10.00	7.07	8.60470	10%-25% Below	No	No
71839011310	ENOXAPARIN 100 MG/ML SYRINGE	12	20.00	7.07	8.60470	10%-25% Below	No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	1	30.00	4.88	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	2	30.00	5.07	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	3	30.00	5.07	.		No	No
71858011305	TIROSINT-SOL SOL 44MCG/ML	4	30.00	5.07	.		No	No
71921018250	IBUPROFEN TAB 800MG	1	270.00	0.07	.		No	No
71921018250	IBUPROFEN TAB 800MG	2	28.00	0.07	.		No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	1	90.00	0.01	0.02469	51%-75% Below	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	2	60.00	0.07	0.02409	101%-200% Above	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	2	90.00	0.08	0.02409	200% Above	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	3	60.00	0.07	0.02372	101%-200% Above	No	No
71921021450	GLIMEPIRIDE 1 MG TABLET	4	60.00	0.07	0.02252	200% Above	No	No
71921021550	GLIMEPIRIDE 2 MG TABLET	1	90.00	0.23	0.02958	200% Above	No	No
71921021550	GLIMEPIRIDE 2 MG TABLET	3	90.00	0.10	0.03029	200% Above	No	No
71921021550	GLIMEPIRIDE 2 MG TABLET	4	30.00	0.10	0.03330	101%-200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	1	14.00	0.20	0.03823	200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	1	60.00	0.12	0.03823	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
71921021650	GLIMEPIRIDE 4 MG TABLET	2	60.00	0.12	0.03813	200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	2	180.00	0.08	0.03813	101%-200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	2	180.00	0.19	0.03813	200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	3	60.00	0.12	0.04287	101%-200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	3	90.00	0.08	0.04287	76%-100% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	3	180.00	0.17	0.04287	200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	4	60.00	0.12	0.04722	101%-200% Above	No	No
71921021650	GLIMEPIRIDE 4 MG TABLET	12	90.00	0.17	0.03750	200% Above	No	No
71921024001	ALLOPURINOL 100 MG TABLET	1	30.00	0.20	0.03584	200% Above	No	No
71921024001	ALLOPURINOL 100 MG TABLET	12	30.00	0.23	0.03660	200% Above	No	No
71921024060	ALLOPURINOL 100 MG TABLET	2	90.00	0.08	0.03476	101%-200% Above	No	No
71921024109	ALLOPURINOL 200 MG TABLET	3	30.00	1.37	3.62322	51%-75% Below	No	No
71921024250	ALLOPURINOL 300 MG TABLET	1	90.00	0.29	0.06202	200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	2	30.00	0.12	0.05890	101%-200% Above	No	No
71921024250	ALLOPURINOL 300 MG TABLET	4	90.00	0.12	0.05520	101%-200% Above	No	No
71921030751	VARENICLINE STARTING MONTH BOX	3	53.00	1.19	0.51000	101%-200% Above	No	No
71921030956	VARENICLINE 1 MG TABLET	1	56.00	5.29	0.43344	200% Above	No	No
71930000613	BACLOFEN 10 MG TABLET	3	15.00	0.09	0.03300	101%-200% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	15.00	0.18	0.12931	26%-50% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	18.00	0.15	0.12893	10%-25% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	21.00	0.15	0.12893	10%-25% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	21.00	0.18	0.12893	26%-50% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	40.00	0.15	0.12893	10%-25% Above	No	No
71930001913	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	4	40.00	0.15	0.12756	10%-25% Above	No	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	1	180.00	0.04	0.07858	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	200.00	0.05	0.07322	26%-50% Below	No	No
71930002643	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	8	180.00	0.05	0.08763	26%-50% Below	No	No
71930004512	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	3	12.00	0.08	0.12005	26%-50% Below	No	No
71930004752	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	120.00	0.11	0.24056	51%-75% Below	No	No
71930004752	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	15.00	0.11	0.23814	51%-75% Below	No	No
71930004752	OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	3	120.00	0.11	0.23814	51%-75% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	2	12.00	0.11	0.21773	26%-50% Below	No	No
71930005512	ACETAMINOPHEN-COD #3 TABLET	2	20.00	0.11	0.21773	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	1	48.00	0.11	0.23381	51%-75% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	2	48.00	0.11	0.21773	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	3	12.00	0.11	0.21243	26%-50% Below	No	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	3	16.00	0.11	0.21243	26%-50% Below	Yes	No
71930005552	ACETAMINOPHEN-COD #3 TABLET	12	12.00	0.11	0.24887	51%-75% Below	No	No
72143025330	ACCUTANE CAP 30MG	3	90.00	2.42	.		No	No
72143025430	ACCUTANE CAP 40MG	1	60.00	1.27	.		No	No
72143025430	ACCUTANE CAP 40MG	1	60.00	1.70	.		No	No
72143025430	ACCUTANE CAP 40MG	2	60.00	1.27	.		No	No
72143025430	ACCUTANE CAP 40MG	3	60.00	1.27	.		No	No
72143025430	ACCUTANE CAP 40MG	12	60.00	1.27	.		No	No
72143025430	ACCUTANE CAP 40MG	12	60.00	1.28	.		No	No
72205000130	MOXIFLOXACIN HCL 400 MG TABLET	1	7.00	0.87	1.67251	26%-50% Below	No	No
72205000130	MOXIFLOXACIN HCL 400 MG TABLET	1	14.00	0.87	1.67251	26%-50% Below	No	No
72205000130	MOXIFLOXACIN HCL 400 MG TABLET	3	7.00	0.92	1.72599	26%-50% Below	Yes	No
72205000390	ROSUVASTATIN CALCIUM 10 MG TAB	1	90.00	1.97	0.03934	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	2	30.00	0.22	0.03828	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	3	30.00	0.22	0.03777	200% Above	No	No
72205000399	ROSUVASTATIN CALCIUM 10 MG TAB	3	90.00	0.22	0.03777	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.17	0.05094	200% Above	No	No
72205000499	ROSUVASTATIN CALCIUM 20 MG TAB	1	90.00	0.22	0.05094	200% Above	No	No
72205000590	ROSUVASTATIN CALCIUM 40 MG TAB	3	90.00	1.97	0.06008	200% Above	No	No
72205000590	ROSUVASTATIN CALCIUM 40 MG TAB	12	90.00	1.97	0.06575	200% Above	No	No
72205000599	ROSUVASTATIN CALCIUM 40 MG TAB	1	30.00	0.81	0.06506	200% Above	No	No
72205001190	PREGABALIN 25 MG CAPSULE	4	60.00	0.03	0.04425	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	1	30.00	0.31	0.04852	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	1	30.00	0.68	0.04852	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	1	90.00	0.03	0.04852	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	1	90.00	0.68	0.04852	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	2	30.00	0.31	0.04713	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	2	60.00	0.03	0.04713	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	2	90.00	0.03	0.04713	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	2	90.00	0.31	0.04713	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	30.00	0.31	0.04696	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	60.00	0.31	0.04696	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	90.00	0.03	0.04696	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	90.00	0.31	0.04696	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	120.00	0.31	0.04696	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	3	270.00	0.02	0.04696	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	4	30.00	0.31	0.04651	200% Above	No	No
72205001290	PREGABALIN 50 MG CAPSULE	4	90.00	0.03	0.04651	26%-50% Below	No	No
72205001290	PREGABALIN 50 MG CAPSULE	4	90.00	0.31	0.04651	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205001290	PREGABALIN 50 MG CAPSULE	12	60.00	0.31	0.04940	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	30.00	0.31	0.05263	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	60.00	0.31	0.05263	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	80.00	0.68	0.05263	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	1	90.00	0.03	0.05263	26%-50% Below	No	No
72205001390	PREGABALIN 75 MG CAPSULE	2	60.00	0.31	0.05130	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	2	80.00	0.31	0.05130	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	3	60.00	0.31	0.05119	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	3	80.00	0.31	0.05119	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	4	90.00	0.31	0.05088	200% Above	No	No
72205001390	PREGABALIN 75 MG CAPSULE	12	60.00	0.31	0.05723	200% Above	No	No
72205001490	PREGABALIN 100 MG CAPSULE	1	60.00	0.03	0.06072	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	1	60.00	0.04	0.06072	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	2	60.00	0.03	0.05680	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	3	60.00	0.02	0.05604	51%-75% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	3	60.00	0.03	0.05604	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	3	90.00	0.31	0.05604	200% Above	No	No
72205001490	PREGABALIN 100 MG CAPSULE	4	60.00	0.04	0.05447	26%-50% Below	No	No
72205001490	PREGABALIN 100 MG CAPSULE	4	90.00	0.31	0.05447	200% Above	No	No
72205001490	PREGABALIN 100 MG CAPSULE	12	60.00	0.52	0.06547	200% Above	No	No
72205001590	PREGABALIN 150 MG CAPSULE	2	180.00	0.03	0.05194	26%-50% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	3	60.00	0.32	0.05143	200% Above	No	No
72205001590	PREGABALIN 150 MG CAPSULE	3	180.00	0.02	0.05143	51%-75% Below	No	No
72205001590	PREGABALIN 150 MG CAPSULE	4	90.00	0.32	0.05143	200% Above	No	No
72205001590	PREGABALIN 150 MG CAPSULE	12	180.00	0.02	0.05446	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205001690	PREGABALIN 200 MG CAPSULE	1	90.00	0.03	0.05999	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	1	90.00	0.67	0.05999	200% Above	No	No
72205001690	PREGABALIN 200 MG CAPSULE	2	90.00	0.03	0.05928	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	3	48.00	0.04	0.05912	26%-50% Below	No	No
72205001690	PREGABALIN 200 MG CAPSULE	3	90.00	0.30	0.05912	200% Above	No	No
72205001690	PREGABALIN 200 MG CAPSULE	12	90.00	0.30	0.06142	200% Above	No	No
72205001690	PREGABALIN 200 MG CAPSULE	12	90.00	0.52	0.06142	200% Above	No	No
72205002205	ATORVASTATIN 10 MG TABLET	12	30.00	0.18	0.02546	200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
72205002290	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	Yes	No
72205002290	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	No	No
72205002290	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	Yes	No
72205002290	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	51%-75% Below	No	No
72205002290	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	Yes	No
72205002299	ATORVASTATIN 10 MG TABLET	1	30.00	0.01	0.02577	51%-75% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	1	30.00	0.12	0.02577	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	1	90.00	0.18	0.02577	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	1	90.00	0.41	0.02577	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	2	30.00	0.01	0.02543	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	2	30.00	0.12	0.02543	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	2	30.00	0.18	0.02543	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	2	90.00	0.18	0.02543	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	3	30.00	0.01	0.02524	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	3	30.00	0.12	0.02524	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205002299	ATORVASTATIN 10 MG TABLET	3	30.00	0.18	0.02524	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	3	90.00	0.01	0.02524	76%-100% Below	No	No
72205002299	ATORVASTATIN 10 MG TABLET	3	90.00	0.18	0.02524	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	12	30.00	0.12	0.02546	200% Above	No	No
72205002299	ATORVASTATIN 10 MG TABLET	12	90.00	0.18	0.02546	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	No	No
72205002305	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
72205002305	ATORVASTATIN 20 MG TABLET	12	30.00	0.27	0.03072	200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	No	No
72205002390	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	Yes	No
72205002390	ATORVASTATIN 20 MG TABLET	12	30.00	0.01	0.03072	51%-75% Below	No	No
72205002390	ATORVASTATIN 20 MG TABLET	12	90.00	0.60	0.03072	200% Above	Yes	No
72205002399	ATORVASTATIN 20 MG TABLET	1	30.00	0.01	0.03048	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	30.00	0.60	0.03048	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	90.00	0.01	0.03048	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	90.00	0.15	0.03048	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205002399	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	30.00	0.01	0.02955	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	90.00	0.06	0.02955	76%-100% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	2	90.00	0.27	0.02955	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	30.00	0.01	0.02927	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	90.00	0.01	0.02927	51%-75% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	12	30.00	0.27	0.03072	200% Above	No	No
72205002399	ATORVASTATIN 20 MG TABLET	12	90.00	0.01	0.03072	76%-100% Below	No	No
72205002399	ATORVASTATIN 20 MG TABLET	12	90.00	0.27	0.03072	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	200% Above	No	No
72205002405	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
72205002490	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	Yes	No
72205002499	ATORVASTATIN 40 MG TABLET	1	30.00	0.13	0.04141	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	30.00	0.15	0.04141	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	30.00	0.26	0.04141	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	90.00	0.01	0.04141	51%-75% Below	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	90.00	0.15	0.04141	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	1	90.00	0.26	0.04141	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	2	30.00	0.13	0.04031	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205002499	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	90.00	0.10	0.03932	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	3	90.00	0.16	0.03932	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	30.00	0.01	0.03828	51%-75% Below	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	30.00	0.12	0.03828	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	30.00	0.15	0.03828	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	4	90.00	0.12	0.03828	200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	30.00	0.12	0.04222	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	90.00	0.12	0.04222	101%-200% Above	No	No
72205002499	ATORVASTATIN 40 MG TABLET	12	90.00	0.14	0.04222	200% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No
72205002505	ATORVASTATIN 80 MG TABLET	4	90.00	0.14	0.07075	76%-100% Above	No	No
72205002590	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	Yes	No
72205002590	ATORVASTATIN 80 MG TABLET	3	90.00	0.13	0.07148	51%-75% Above	Yes	No
72205002590	ATORVASTATIN 80 MG TABLET	4	90.00	0.13	0.07075	76%-100% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	1	90.00	0.13	0.07209	51%-75% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	1	90.00	0.14	0.07209	76%-100% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	2	90.00	0.12	0.07199	51%-75% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	3	30.00	0.15	0.07148	101%-200% Above	No	No
72205002599	ATORVASTATIN 80 MG TABLET	3	90.00	0.14	0.07148	76%-100% Above	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.02	0.03547	26%-50% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	2	30.00	0.01	0.03414	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	3	30.00	0.01	0.03451	51%-75% Below	No	No
72205002790	ROSUVASTATIN CALCIUM 5 MG TAB	12	30.00	0.02	0.03594	26%-50% Below	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	1	30.00	0.57	0.03547	200% Above	No	No
72205002799	ROSUVASTATIN CALCIUM 5 MG TAB	12	90.00	0.07	0.03594	101%-200% Above	No	No
72205003474	LACOSAMIDE 10 MG/ML SOLUTION	1	600.00	1.27	0.09722	200% Above	No	No
72205003474	LACOSAMIDE 10 MG/ML SOLUTION	12	800.00	0.64	0.09465	200% Above	No	No
72205004060	DOFETILIDE 250 MCG CAPSULE	2	60.00	0.70	0.18859	200% Above	Yes	No
72205004060	DOFETILIDE 250 MCG CAPSULE	3	60.00	0.70	0.19331	200% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.00	0.90366	10%-25% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.00	0.90366	10%-25% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	1.78	0.90366	76%-100% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.13	0.90366	200% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	1	10.00	4.13	0.90366	200% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.00	0.88849	10%-25% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.17	0.88849	26%-50% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.21	0.88849	26%-50% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	2	10.00	1.78	0.88849	76%-100% Above	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.48	0.90290	51%-75% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	3	10.00	1.78	0.90290	76%-100% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	0.77	0.91339	10%-25% Below	No	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.17	0.91339	26%-50% Above	Yes	No
72205004411	OSELTAMIVIR PHOS 75 MG CAPSULE	12	10.00	1.86	0.91339	101%-200% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	1	60.00	0.40	0.16549	101%-200% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	2	120.00	0.17	0.15187	10%-25% Above	Yes	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	12	60.00	0.40	0.17004	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	12	120.00	0.36	0.17004	101%-200% Above	No	No
72205006078	OSELTAMIVIR 6 MG/ML SUSPENSION	12	180.00	0.06	0.17004	51%-75% Below	Yes	No
72205008891	DOXEPIN 10 MG CAPSULE	1	30.00	0.07	0.07990	10%-25% Below	No	No
72205008891	DOXEPIN 10 MG CAPSULE	2	30.00	0.07	0.07952	10%-25% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	1	30.00	0.11	0.13777	10%-25% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	2	30.00	0.11	0.12820	10%-25% Below	No	No
72205008991	DOXEPIN 25 MG CAPSULE	3	30.00	0.11	0.12473	10%-25% Below	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.19	0.02130	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.27	0.02130	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02075	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.07	0.02075	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.19	0.02075	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.12	0.02102	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.19	0.02102	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	3	90.00	0.05	0.02102	101%-200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.12	0.02106	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.12	0.02247	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	12	30.00	0.22	0.02247	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.12	0.02247	200% Above	No	No
72205014199	LOSARTAN POTASSIUM 25 MG TAB	12	90.00	0.22	0.02247	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.25	0.03146	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.01	0.03146	51%-75% Below	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	1	90.00	0.07	0.03146	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	30.00	0.11	0.03302	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.01	0.03302	51%-75% Below	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.08	0.03302	101%-200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	3	90.00	0.11	0.03302	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	30.00	0.11	0.03343	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	4	90.00	0.05	0.03343	51%-75% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.11	0.03109	200% Above	No	No
72205014299	LOSARTAN POTASSIUM 50 MG TAB	12	90.00	0.30	0.03109	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.11	0.04195	101%-200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	1	90.00	0.28	0.04195	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	2	90.00	0.13	0.04114	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	200% Above	No	No
72205014399	LOSARTAN POTASSIUM 100 MG TAB	4	90.00	0.13	0.04315	101%-200% Above	No	No
72205015230	NEBIVOLOL 10 MG TABLET	1	30.00	0.22	0.13884	51%-75% Above	No	No
72205015230	NEBIVOLOL 10 MG TABLET	12	30.00	0.22	0.13765	51%-75% Above	No	No
72205015390	NEBIVOLOL 20 MG TABLET	2	60.00	0.12	0.18126	26%-50% Below	No	No
72205015390	NEBIVOLOL 20 MG TABLET	2	90.00	0.10	0.18126	26%-50% Below	No	No
72205015390	NEBIVOLOL 20 MG TABLET	3	60.00	0.12	0.17932	26%-50% Below	No	No
72205015390	NEBIVOLOL 20 MG TABLET	4	60.00	0.12	0.18343	26%-50% Below	No	No
72205016530	OLMESARTAN MEDOXOMIL 5 MG TAB	1	90.00	0.50	0.05932	200% Above	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	1	30.00	0.01	0.07415	76%-100% Below	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	1	90.00	0.22	0.07415	101%-200% Above	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	2	30.00	0.01	0.07315	76%-100% Below	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.21	0.07315	101%-200% Above	No	No
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	3	30.00	0.01	0.07348	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205016630	OLMESARTAN MEDOXOMIL 20 MG TAB	4	30.00	0.01	0.07438	76%-100% Below	No	No
72205016666	OLMESARTAN MEDOXOMIL 20 MG TAB	2	90.00	0.21	0.07315	101%-200% Above	No	No
72205016666	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.21	0.07348	101%-200% Above	No	No
72205016666	OLMESARTAN MEDOXOMIL 20 MG TAB	4	90.00	0.22	0.07438	101%-200% Above	No	No
72205016690	OLMESARTAN MEDOXOMIL 20 MG TAB	3	90.00	0.17	0.07348	101%-200% Above	No	No
72205016730	OLMESARTAN MEDOXOMIL 40 MG TAB	2	90.00	0.08	0.12340	26%-50% Below	No	No
72205016766	OLMESARTAN MEDOXOMIL 40 MG TAB	1	90.00	0.75	0.12345	200% Above	No	No
72205016766	OLMESARTAN MEDOXOMIL 40 MG TAB	3	30.00	0.34	0.12264	101%-200% Above	No	No
72205016790	OLMESARTAN MEDOXOMIL 40 MG TAB	12	90.00	0.75	0.12283	200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	1	30.00	0.23	0.05336	200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	2	30.00	0.09	0.05002	76%-100% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	2	30.00	0.10	0.05002	101%-200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	3	30.00	0.09	0.04814	76%-100% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	3	30.00	0.10	0.04814	101%-200% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	3	90.00	0.09	0.04814	76%-100% Above	No	No
72205019905	CLOPIDOGREL 75 MG TABLET	4	5.00	0.10	0.04802	101%-200% Above	No	No
72205019990	CLOPIDOGREL 75 MG TABLET	1	90.00	0.07	0.05336	26%-50% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	1	90.00	0.07	0.05336	26%-50% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	1	90.00	0.09	0.05336	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	1	90.00	0.23	0.05336	200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	2	30.00	0.08	0.05002	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	2	30.00	0.10	0.05002	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	2	90.00	0.02	0.05002	51%-75% Below	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	2	90.00	0.10	0.05002	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	3	10.00	0.11	0.04814	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72205019990	CLOPIDOGREL 75 MG TABLET	3	30.00	0.08	0.04814	51%-75% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	3	30.00	0.10	0.04814	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	3	90.00	0.10	0.04814	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	4	30.00	0.10	0.04802	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	4	90.00	0.07	0.04802	26%-50% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	4	90.00	0.10	0.04802	101%-200% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	12	90.00	0.10	0.05625	76%-100% Above	Yes	No
72205019990	CLOPIDOGREL 75 MG TABLET	12	90.00	0.23	0.05625	200% Above	Yes	No
72205026230	VILAZODONE HCL 40 MG TABLET	1	30.00	4.60	1.23187	200% Above	No	No
72205026230	VILAZODONE HCL 40 MG TABLET	2	30.00	1.98	1.19921	51%-75% Above	No	No
72205026230	VILAZODONE HCL 40 MG TABLET	3	30.00	1.98	1.20572	51%-75% Above	No	No
72205028018	SACUBITRIL-VALSARTAN 24-26 MG	3	60.00	0.45	0.62590	26%-50% Below	No	No
72205028160	SACUBITRIL-VALSARTAN 49-51 MG	4	60.00	0.18	0.57172	51%-75% Below	No	No
72205028260	SACUBITRIL-VALSARTAN 97-103 MG	3	180.00	0.08	0.66270	76%-100% Below	No	No
72205036860	TICAGRELOR 90 MG TABLET	1	180.00	1.16	0.42163	101%-200% Above	No	No
72205036860	TICAGRELOR 90 MG TABLET	3	60.00	0.13	0.32053	51%-75% Below	Yes	No
72205036860	TICAGRELOR 90 MG TABLET	4	180.00	0.52	0.29776	51%-75% Above	No	No
72205040601	TICAGRELOR 60 MG TABLET	1	180.00	1.59	4.13213	51%-75% Below	Yes	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.01	0.03148	51%-75% Below	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03148	10%-25% Above	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.11	0.03148	200% Above	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	2	14.00	0.05	0.03279	51%-75% Above	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.01	0.03279	51%-75% Below	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.01	0.03279	51%-75% Below	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03279	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1426

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72241000705	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.11	0.03279	200% Above	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	2	50.00	0.01	0.03279	51%-75% Below	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	2	90.00	0.02	0.03279	26%-50% Below	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	3	30.00	0.11	0.03481	200% Above	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	3	60.00	0.11	0.03481	200% Above	No	No
72241000705	FLUOXETINE HCL 10 MG CAPSULE	3	90.00	0.11	0.03481	200% Above	No	No
72241000711	FLUOXETINE HCL 10 MG CAPSULE	1	30.00	0.04	0.03148	10%-25% Above	No	No
72241000711	FLUOXETINE HCL 10 MG CAPSULE	1	90.00	0.02	0.03148	26%-50% Below	No	No
72241000711	FLUOXETINE HCL 10 MG CAPSULE	2	30.00	0.04	0.03279	10%-25% Above	No	No
72241000711	FLUOXETINE HCL 10 MG CAPSULE	12	90.00	0.02	0.03296	26%-50% Below	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.04	0.03012	10%-25% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.08	0.03012	101%-200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	1	30.00	0.17	0.03012	200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.04	0.02965	10%-25% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	2	30.00	0.08	0.02965	101%-200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	2	90.00	0.08	0.02965	101%-200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.04	0.02981	10%-25% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	No	No
72241000811	FLUOXETINE HCL 20 MG CAPSULE	12	30.00	0.08	0.03004	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.17	0.05977	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	1	30.00	0.24	0.05977	200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	1	90.00	0.11	0.05977	76%-100% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	2	30.00	0.17	0.05698	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.11	0.05698	76%-100% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	2	90.00	0.17	0.05698	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1427

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72241000910	FLUOXETINE HCL 40 MG CAPSULE	3	30.00	0.17	0.05426	200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	3	180.00	0.01	0.05426	76%-100% Below	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.00	0.06210	76%-100% Below	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	12	30.00	0.11	0.06210	51%-75% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	12	90.00	0.15	0.06210	101%-200% Above	No	No
72241000910	FLUOXETINE HCL 40 MG CAPSULE	12	180.00	0.11	0.06210	51%-75% Above	No	No
72241001622	TELMISARTAN 40 MG TABLET	2	90.00	0.15	0.17077	10%-25% Below	No	No
72241002410	CELECOXIB 200 MG CAPSULE	1	30.00	0.17	0.08664	76%-100% Above	No	No
72241004005	GLYBURIDE 5 MG TABLET	2	120.00	0.08	0.05449	51%-75% Above	No	No
72241004011	GLYBURIDE 5 MG TABLET	3	90.00	0.08	0.05811	26%-50% Above	No	No
72241004011	GLYBURIDE 5 MG TABLET	4	120.00	0.08	0.05652	26%-50% Above	No	No
72241004011	GLYBURIDE 5 MG TABLET	12	90.00	0.19	0.05331	200% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	1	30.00	0.03	0.02111	51%-75% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	1	90.00	0.02	0.02111	10%-25% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	1	90.00	0.04	0.02111	101%-200% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02008	26%-50% Below	No	No
72241005011	FOLIC ACID 1 MG TABLET	2	90.00	0.01	0.02008	26%-50% Below	No	No
72241005011	FOLIC ACID 1 MG TABLET	2	90.00	0.02	0.02008	10%-25% Above	No	No
72241005011	FOLIC ACID 1 MG TABLET	3	30.00	0.02	0.01899	26%-50% Above	No	No
72241007722	VENLAFAXINE HCL ER 225 MG TAB	4	30.00	1.82	0.50973	200% Above	No	No
72241007722	VENLAFAXINE HCL ER 225 MG TAB	12	30.00	1.90	0.50159	200% Above	No	No
72266011825	KETOROLAC 30 MG/ML VIAL	1	2.00	1.20	0.74789	51%-75% Above	No	No
72266011825	KETOROLAC 30 MG/ML VIAL	3	1.00	1.20	0.70467	51%-75% Above	No	No
72266013901	BIMATOPROST 0.03% EYE DROPS	1	2.50	16.56	7.83762	101%-200% Above	No	No
72266015801	MOXIFLOXACIN 0.5% EYE DROPS	1	3.00	2.64	1.82235	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1428

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72266015801	MOXIFLOXACIN 0.5% EYE DROPS	3	3.00	2.64	1.77440	26%-50% Above	No	No
72266015801	MOXIFLOXACIN 0.5% EYE DROPS	4	3.00	2.64	1.79395	26%-50% Above	No	No
72266025755	GUANFACINE HCL ER 3 MG TABLET	12	30.00	0.15	0.19848	10%-25% Below	No	No
72319069660	CLINDAMYCIN PHOS 1% PLEDGET	3	60.00	0.17	0.28918	26%-50% Below	No	No
72485061310	OFLOXACIN 0.3% EYE DROPS	1	5.00	2.26	1.50704	26%-50% Above	No	No
72485061310	OFLOXACIN 0.3% EYE DROPS	4	5.00	0.52	1.71249	51%-75% Below	No	No
72485061710	KETOTIFEN 0.025% (0.035%) DROP	4	5.00	2.70	1.31833	101%-200% Above	No	No
72485062513	CIPROFLOX-DEXAMETH OTIC SUSP	2	7.50	11.69	8.44583	26%-50% Above	No	No
72485063005	LOTEPREDNOL 0.5% OPHTHALMC GEL	3	5.00	12.76	15.04268	10%-25% Below	No	No
72485063005	LOTEPREDNOL 0.5% OPHTHALMC GEL	4	5.00	3.00	15.21003	76%-100% Below	No	No
72485066505	LOTEPREDNOL ETABONATE 0.5% DRP	4	5.00	8.00	11.32858	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	1.26	3.00961	51%-75% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	1	3.50	1.87	3.00961	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	1	7.00	4.34	3.00961	26%-50% Above	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	2	3.50	1.87	2.91906	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	4	3.50	1.87	2.86140	26%-50% Below	No	No
72485067035	ERYTHROMYCIN 0.5% EYE OINTMENT	12	3.50	1.95	3.01167	26%-50% Below	No	No
72495060184	FEMLYV TAB 1/0.02MG	2	28.00	6.42	.		No	No
72495060184	FEMLYV TAB 1/0.02MG	2	84.00	6.42	.		No	No
72495060184	FEMLYV TAB 1/0.02MG	3	28.00	6.42	.		No	No
72495060184	FEMLYV TAB 1/0.02MG	12	28.00	6.42	.		No	No
72516001101	DEXTROAMP-AMPHETAMIN 30 MG TAB	2	30.00	0.15	0.31166	51%-75% Below	No	No
72516001101	DEXTROAMP-AMPHETAMIN 30 MG TAB	3	30.00	0.16	0.31364	26%-50% Below	No	No
72516001101	DEXTROAMP-AMPHETAMIN 30 MG TAB	12	30.00	0.15	0.31244	51%-75% Below	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	2	30.00	0.11	0.05629	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1429

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72516003001	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.11	0.05629	76%-100% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	3	15.00	0.11	0.05630	76%-100% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	3	30.00	0.17	0.05630	101%-200% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.18	0.05630	200% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.22	0.05630	200% Above	No	No
72516003001	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.11	0.05863	76%-100% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	1	45.00	0.26	0.05703	200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	2	90.00	0.23	0.05629	200% Above	No	No
72516003010	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.23	0.05630	200% Above	No	No
72516003201	METOPROLOL SUCC ER 100 MG TAB	3	90.00	0.03	0.08180	51%-75% Below	No	No
72516003201	METOPROLOL SUCC ER 100 MG TAB	12	90.00	0.03	0.08718	51%-75% Below	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	1	30.00	0.35	0.08665	200% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	2	30.00	0.15	0.08224	76%-100% Above	No	No
72516003210	METOPROLOL SUCC ER 100 MG TAB	3	30.00	0.15	0.08180	76%-100% Above	No	No
72516003250	METOPROLOL SUCC ER 100 MG TAB	12	30.00	0.16	0.08718	76%-100% Above	No	No
72578000105	DOXYCYCLINE HYCLATE 100 MG TAB	4	60.00	0.32	0.12409	101%-200% Above	Yes	No
72578000118	DOXYCYCLINE HYCLATE 100 MG TAB	3	20.00	0.75	0.11939	200% Above	Yes	No
72578000801	METRONIDAZOLE 500 MG TABLET	1	21.00	0.16	0.09995	51%-75% Above	No	No
72578000801	METRONIDAZOLE 500 MG TABLET	2	3.00	0.44	0.10005	200% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	2	20.00	0.16	0.10005	51%-75% Above	No	No
72578000805	METRONIDAZOLE 500 MG TABLET	3	28.00	0.16	0.10236	51%-75% Above	No	No
72578003601	METFORMIN HCL ER 750 MG TABLET	2	30.00	0.08	0.05639	26%-50% Above	No	No
72578003601	METFORMIN HCL ER 750 MG TABLET	3	30.00	0.08	0.05628	26%-50% Above	No	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.21	0.11535	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1430

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	20.00	0.49	0.11535	200% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	1	60.00	0.17	0.11535	26%-50% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.71	0.11372	200% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.21	0.11372	76%-100% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.21	0.11469	76%-100% Above	Yes	No
72578005505	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	1.06	0.11767	200% Above	Yes	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	1	14.00	0.21	0.11535	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	1	20.00	0.49	0.11535	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	1	28.00	0.49	0.11535	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	7.00	0.21	0.11372	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.21	0.11372	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	14.00	0.77	0.11372	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.21	0.11372	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.75	0.11372	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	20.00	0.77	0.11372	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	2	30.00	0.50	0.11372	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.21	0.11469	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	3	20.00	0.75	0.11469	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	3	30.00	0.50	0.11469	200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	3	40.00	0.25	0.11469	101%-200% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	3	60.00	0.21	0.11469	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	14.00	0.22	0.11767	76%-100% Above	No	No
72578005518	DOXYCYCLINE HYCLATE 100 MG CAP	12	20.00	0.49	0.11767	200% Above	No	No
72578008101	SUCRALFATE 1 GM TABLET	1	60.00	0.15	0.18752	10%-25% Below	No	No
72578008101	SUCRALFATE 1 GM TABLET	1	120.00	0.07	0.18752	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1431

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578008101	SUCRALFATE 1 GM TABLET	2	60.00	0.08	0.18688	51%-75% Below	No	No
72578008101	SUCRALFATE 1 GM TABLET	3	56.00	0.08	0.19055	51%-75% Below	No	No
72578008101	SUCRALFATE 1 GM TABLET	3	60.00	0.08	0.19055	51%-75% Below	No	No
72578008101	SUCRALFATE 1 GM TABLET	12	40.00	0.17	0.18706	10%-25% Below	No	No
72578008101	SUCRALFATE 1 GM TABLET	12	60.00	0.08	0.18706	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	2	60.00	0.08	0.18688	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	2	120.00	0.08	0.18688	51%-75% Below	No	No
72578008105	SUCRALFATE 1 GM TABLET	12	30.00	0.08	0.18706	51%-75% Below	No	No
72578008201	ACYCLOVIR 5% OINTMENT	1	15.00	4.73	0.61329	200% Above	No	No
72578008201	ACYCLOVIR 5% OINTMENT	2	15.00	2.04	0.61352	200% Above	No	No
72578008201	ACYCLOVIR 5% OINTMENT	12	15.00	2.13	0.64287	200% Above	No	No
72578008602	DESONIDE 0.05% CREAM	1	60.00	0.72	0.19317	200% Above	No	No
72578008801	NYSTATIN-TRIAMCINOLONE OINTM	1	15.00	1.33	0.35384	200% Above	Yes	No
72578008801	NYSTATIN-TRIAMCINOLONE OINTM	2	15.00	0.99	0.35379	101%-200% Above	Yes	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	1	30.00	0.33	0.25396	26%-50% Above	No	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	1	30.00	0.39	0.25396	51%-75% Above	No	No
72578008904	NYSTATIN 100,000 UNIT/GM OINT	2	30.00	0.17	0.25652	26%-50% Below	No	No
72578009001	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	4	90.00	0.15	0.11839	26%-50% Above	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	1	90.00	0.08	0.11633	26%-50% Below	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	3	90.00	0.08	0.11474	26%-50% Below	Yes	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	12	30.00	0.09	0.11811	26%-50% Below	No	No
72578009010	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG CP	12	90.00	0.15	0.11811	26%-50% Above	Yes	No
72578009402	DAPSONE 7.5% GEL PUMP	1	60.00	0.70	0.94464	26%-50% Below	No	No
72578009402	DAPSONE 7.5% GEL PUMP	3	60.00	0.70	0.79021	10%-25% Below	No	No
72578009621	TIZANIDINE HCL 2 MG TABLET	1	30.00	0.03	0.03244	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1432

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	30.00	0.11	0.03084	200% Above	No	No
72578009621	TIZANIDINE HCL 2 MG TABLET	3	40.00	0.03	0.03084	10%-25% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	3	60.00	0.02	0.03084	10%-25% Below	Yes	No
72578009621	TIZANIDINE HCL 2 MG TABLET	12	30.00	0.26	0.03120	200% Above	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.09	0.03313	101%-200% Above	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.03	0.03313	10%-25% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	2	60.00	0.03	0.03285	10%-25% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.03	0.03285	10%-25% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	4	60.00	0.03	0.03342	10%-25% Below	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.04	0.03289	10%-25% Above	No	No
72578009710	TIZANIDINE HCL 4 MG TABLET	12	120.00	0.09	0.03289	101%-200% Above	No	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.03	0.03313	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	30.00	0.04	0.03313	10%-25% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	40.00	0.09	0.03313	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.03	0.03313	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.09	0.03313	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	60.00	0.19	0.03313	200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.03313	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.02	0.03313	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	90.00	0.19	0.03313	200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	120.00	0.09	0.03313	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	1	360.00	0.02	0.03313	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	18.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.03	0.03285	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	30.00	0.04	0.03285	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1433

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	45.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.03285	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	90.00	0.02	0.03285	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	120.00	0.02	0.03285	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	180.00	0.02	0.03285	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	270.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	2	360.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	20.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.03	0.03285	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.04	0.03285	10%-25% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.04	0.03285	26%-50% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	30.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	56.00	0.03	0.03285	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	60.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.03285	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	90.00	0.02	0.03285	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	120.00	0.09	0.03285	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	3	360.00	0.02	0.03285	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.04	0.03342	10%-25% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	30.00	0.09	0.03342	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.02	0.03342	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	90.00	0.09	0.03342	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	4	120.00	0.09	0.03342	101%-200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	30.00	0.03	0.03289	10%-25% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72578009721	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.02	0.03289	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.02	0.03289	26%-50% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	90.00	0.03	0.03289	10%-25% Below	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	120.00	0.19	0.03289	200% Above	Yes	No
72578009721	TIZANIDINE HCL 4 MG TABLET	12	270.00	0.09	0.03289	101%-200% Above	Yes	No
72578009818	LEVOFLOXACIN 250 MG TABLET	1	10.00	0.56	0.10786	200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	1	7.00	0.91	0.14168	200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	2	30.00	0.41	0.14175	101%-200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	3	7.00	0.41	0.14273	101%-200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	3	10.00	0.10	0.14273	26%-50% Below	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	4	7.00	0.41	0.14361	101%-200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	4	10.00	0.41	0.14361	101%-200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	12	3.00	0.41	0.14770	101%-200% Above	No	No
72578009918	LEVOFLOXACIN 500 MG TABLET	12	10.00	0.41	0.14770	101%-200% Above	No	No
72578010006	LEVOFLOXACIN 750 MG TABLET	3	10.00	0.48	0.27285	76%-100% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	1	7.00	1.07	0.28395	200% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	1	10.00	0.48	0.28395	51%-75% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	2	10.00	0.48	0.27532	51%-75% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	3	5.00	0.22	0.27285	10%-25% Below	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	3	7.00	0.48	0.27285	76%-100% Above	No	No
72578010092	LEVOFLOXACIN 750 MG TABLET	12	10.00	1.07	0.29023	200% Above	No	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	1	30.00	0.28	0.17808	51%-75% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	1	45.00	0.27	0.17808	26%-50% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	2	90.00	0.27	0.16554	51%-75% Above	Yes	No
72578011101	BISOPROLOL FUMARATE 5 MG TAB	2	180.00	0.21	0.16554	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72578011106	BISOPROLOL FUMARATE 5 MG TAB	12	45.00	0.28	0.17564	51%-75% Above	No	No
72578011106	BISOPROLOL FUMARATE 5 MG TAB	12	90.00	0.27	0.17564	51%-75% Above	No	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	1	90.00	0.25	0.21661	10%-25% Above	Yes	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	3	90.00	0.35	0.19902	51%-75% Above	Yes	No
72578011201	BISOPROLOL FUMARATE 10 MG TAB	12	90.00	0.35	0.22843	51%-75% Above	Yes	No
72578011206	BISOPROLOL FUMARATE 10 MG TAB	1	90.00	0.19	0.21661	10%-25% Below	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	30.00	0.15	0.22244	26%-50% Below	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	1	90.00	0.33	0.22244	26%-50% Above	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	2	30.00	0.15	0.21834	26%-50% Below	No	No
72578011505	BISOPROLOL-HYDROCHLOROTHIAZIDE 10-6.25 MG TAB	3	30.00	0.15	0.21491	26%-50% Below	No	No
72578011904	ADAPALENE-BNZZYL PEROX 0.3-2.5%	2	45.00	0.48	0.59963	10%-25% Below	No	No
72578011904	ADAPALENE-BNZZYL PEROX 0.3-2.5%	2	45.00	2.78	0.59963	200% Above	No	No
72578012008	IVERMECTIN 1% CREAM	1	45.00	1.37	3.18141	51%-75% Below	Yes	No
72578012008	IVERMECTIN 1% CREAM	2	45.00	1.37	3.06364	51%-75% Below	Yes	No
72578012908	METRONIDAZOLE 0.75% CREAM	3	45.00	0.38	0.29251	26%-50% Above	No	No
72578013106	VALSARTAN 40 MG TABLET	2	30.00	0.16	0.11128	26%-50% Above	No	No
72578013106	VALSARTAN 40 MG TABLET	3	30.00	0.16	0.10241	51%-75% Above	No	No
72578013216	VALSARTAN 80 MG TABLET	1	30.00	0.18	0.12024	51%-75% Above	No	No
72578013316	VALSARTAN 160 MG TABLET	3	90.00	0.28	0.13856	101%-200% Above	No	No
72578013316	VALSARTAN 160 MG TABLET	4	30.00	0.28	0.14016	76%-100% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	1	90.00	1.36	0.20161	200% Above	No	No
72578013606	FEBUXOSTAT 40 MG TABLET	1	90.00	1.36	0.20161	200% Above	Yes	No
72578013706	FEBUXOSTAT 80 MG TABLET	3	90.00	1.42	0.29646	200% Above	Yes	No
72578013801	LOPERAMIDE 2 MG CAPSULE	1	40.00	0.18	0.05433	200% Above	No	No
72578013801	LOPERAMIDE 2 MG CAPSULE	2	120.00	0.18	0.05195	200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1436

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578013801	LOPERAMIDE 2 MG CAPSULE	4	8.00	0.17	0.05234	200% Above	Yes	No
72578013801	LOPERAMIDE 2 MG CAPSULE	4	120.00	0.18	0.05234	200% Above	No	No
72578013801	LOPERAMIDE 2 MG CAPSULE	12	18.00	0.17	0.05836	101%-200% Above	Yes	No
72578013801	LOPERAMIDE 2 MG CAPSULE	12	60.00	0.18	0.05836	200% Above	Yes	No
72578013805	LOPERAMIDE 2 MG CAPSULE	12	24.00	0.33	0.05836	200% Above	No	No
72578014901	ACETAZOLAMIDE 125 MG TABLET	2	20.00	0.72	0.10162	200% Above	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.04	0.08253	51%-75% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.04	0.08253	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.08253	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.08253	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.08253	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.08253	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.05	0.08253	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	1	120.00	0.06	0.08253	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.04	0.08025	51%-75% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.04	0.08025	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	2	240.00	0.04	0.08025	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.04	0.07981	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.04	0.07981	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1437

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72578015612	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	3	120.00	0.05	0.07981	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	3	360.00	0.05	0.07981	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.05	0.07977	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	4	120.00	0.06	0.07977	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.08364	26%-50% Below	No	No
72578015612	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.08364	26%-50% Below	Yes	No
72578015612	KETOCONAZOLE 2% SHAMPOO	12	120.00	0.05	0.08364	26%-50% Below	Yes	No
72578016506	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	1	30.00	0.15	0.26977	26%-50% Below	Yes	No
72578016506	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	0.15	0.25583	26%-50% Below	Yes	No
72578016506	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	2	30.00	0.16	0.25583	26%-50% Below	Yes	No
72578016506	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.18	0.23948	26%-50% Below	Yes	No
72578016506	LIDOCAINE-PRILOCAINE 2.5%-2.5% CREAM	3	30.00	0.18	0.23948	10%-25% Below	Yes	No
72578016601	DEXAMETHASONE 1 MG TABLET	1	1.00	0.42	0.17960	101%-200% Above	Yes	No
72578016601	DEXAMETHASONE 1 MG TABLET	1	10.00	0.12	0.17960	26%-50% Below	No	No
72578016601	DEXAMETHASONE 1 MG TABLET	1	10.00	0.12	0.17960	26%-50% Below	Yes	No
72578016601	DEXAMETHASONE 1 MG TABLET	3	1.00	0.09	0.15088	26%-50% Below	Yes	No
72578016601	DEXAMETHASONE 1 MG TABLET	3	1.00	0.52	0.15088	200% Above	No	No
72578016601	DEXAMETHASONE 1 MG TABLET	12	20.00	0.09	0.18361	26%-50% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	1	10.00	0.17	0.33489	26%-50% Below	Yes	No
72578016701	DEXAMETHASONE 2 MG TABLET	1	10.00	0.19	0.33489	26%-50% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	1	10.00	0.19	0.33489	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72578016701	DEXAMETHASONE 2 MG TABLET	2	12.00	0.19	0.30555	26%-50% Below	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	3	3.00	0.36	0.29745	10%-25% Above	No	No
72578016701	DEXAMETHASONE 2 MG TABLET	3	10.00	0.19	0.29745	26%-50% Below	Yes	No
72578016701	DEXAMETHASONE 2 MG TABLET	3	12.00	0.19	0.29745	26%-50% Below	No	No
72578016901	DEXAMETHASONE 0.75 MG TABLET	2	42.00	0.05	0.09769	26%-50% Below	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	1	8.00	0.18	0.23017	10%-25% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	1	10.00	0.17	0.23017	26%-50% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	2	9.00	0.17	0.21002	10%-25% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	2	10.00	0.17	0.21002	10%-25% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	2	90.00	0.29	0.21002	26%-50% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	3	2.00	0.29	0.19556	26%-50% Above	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	3	2.00	0.46	0.19556	101%-200% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	3	10.00	0.11	0.19556	26%-50% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	3	60.00	0.12	0.19556	26%-50% Below	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	4	5.00	0.21	0.19210	10%-25% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	4	10.00	0.10	0.19210	26%-50% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	4	60.00	0.12	0.19210	26%-50% Below	No	No
72578017101	DEXAMETHASONE 4 MG TABLET	12	4.00	0.30	0.23242	26%-50% Above	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	12	6.00	0.19	0.23242	10%-25% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	12	8.00	0.18	0.23242	10%-25% Below	Yes	No
72578017101	DEXAMETHASONE 4 MG TABLET	12	8.00	0.30	0.23242	26%-50% Above	Yes	No
72578017201	DEXAMETHASONE 6 MG TABLET	2	5.00	0.43	0.49796	10%-25% Below	Yes	No
72578018106	DOXEPIN HCL 3 MG TABLET	1	30.00	1.06	1.73386	26%-50% Below	Yes	No
72578018106	DOXEPIN HCL 3 MG TABLET	1	30.00	5.12	1.73386	101%-200% Above	Yes	No
72578018106	DOXEPIN HCL 3 MG TABLET	2	30.00	0.83	1.59298	26%-50% Below	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 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
72578018106	DOXEPIN HCL 3 MG TABLET	12	30.00	1.06	2.06413	26%-50% Below	Yes	No
72578018206	DOXEPIN HCL 6 MG TABLET	3	90.00	0.83	1.67332	26%-50% Below	Yes	No
72578021201	METHIMAZOLE 5 MG TABLET	4	45.00	0.09	0.07183	10%-25% Above	No	No
72578021201	METHIMAZOLE 5 MG TABLET	4	60.00	0.09	0.07183	10%-25% Above	No	No
72578021301	METHIMAZOLE 10 MG TABLET	4	30.00	0.17	0.12008	26%-50% Above	No	No
72603011501	TAMSULOSIN HCL 0.4 MG CAPSULE	4	90.00	0.14	0.05054	101%-200% Above	No	No
72603011502	TAMSULOSIN HCL 0.4 MG CAPSULE	1	30.00	0.31	0.05214	200% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	1	180.00	0.08	0.04751	51%-75% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	2	60.00	0.08	0.04583	51%-75% Above	No	No
72603013402	SPIRONOLACTONE 25 MG TABLET	4	30.00	0.08	0.04504	51%-75% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	6	30.00	0.09	0.05050	76%-100% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	7	30.00	0.09	0.05013	76%-100% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	8	30.00	0.08	0.05051	51%-75% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	9	30.00	0.08	0.04980	51%-75% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	10	30.00	0.08	0.05032	51%-75% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	11	30.00	0.08	0.05007	51%-75% Above	No	No
72603013403	SPIRONOLACTONE 25 MG TABLET	12	30.00	0.18	0.04901	200% Above	No	No
72603013502	SPIRONOLACTONE 50 MG TABLET	1	180.00	0.21	0.09514	101%-200% Above	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	1	30.00	0.11	0.18634	26%-50% Below	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	3	30.00	0.11	0.17983	26%-50% Below	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	4	30.00	0.11	0.17894	26%-50% Below	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	12	30.00	0.11	0.18792	26%-50% Below	No	No
72603013601	SPIRONOLACTONE 100 MG TABLET	12	30.00	0.25	0.18792	26%-50% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	1	90.00	0.08	0.05703	26%-50% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	2	60.00	0.11	0.05629	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1440

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603014203	METOPROLOL SUCC ER 25 MG TAB	3	90.00	0.11	0.05630	76%-100% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	3	180.00	0.11	0.05630	76%-100% Above	No	No
72603014203	METOPROLOL SUCC ER 25 MG TAB	4	90.00	0.24	0.05863	200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.11	0.06092	51%-75% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	1	90.00	0.25	0.06092	200% Above	No	No
72603014303	METOPROLOL SUCC ER 50 MG TAB	4	90.00	0.11	0.05251	101%-200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	1	30.00	0.13	0.04247	200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	2	30.00	0.13	0.04156	200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	3	135.00	0.13	0.04099	200% Above	No	No
72603015001	ESCITALOPRAM 10 MG TABLET	4	30.00	0.13	0.04013	200% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	1	30.00	0.11	0.06218	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	1	90.00	0.08	0.06218	10%-25% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	2	30.00	0.11	0.06093	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	3	30.00	0.11	0.06049	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	3	135.00	0.11	0.06049	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	4	30.00	0.11	0.06129	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	12	30.00	0.11	0.06311	76%-100% Above	No	No
72603015101	ESCITALOPRAM 20 MG TABLET	12	30.00	0.25	0.06311	200% Above	No	No
72603017801	PANTOPRAZOLE SOD DR 40 MG TAB	4	30.00	0.23	0.03766	200% Above	No	No
72603018602	OFLOXACIN 0.3% EAR DROPS	2	10.00	3.32	1.08469	200% Above	No	No
72603018901	DEXAMETHASONE 4 MG TABLET	1	6.00	0.19	0.23017	10%-25% Below	No	No
72603020602	GEMFIBROZIL 600 MG TABLET	3	30.00	0.06	0.10269	26%-50% Below	No	No
72603026501	TESTOSTERONE 1.62% GEL PUMP	3	75.00	0.22	0.44198	26%-50% Below	No	No
72603027201	OXCARBAZEPINE 600 MG TABLET	3	60.00	0.17	0.32392	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1441

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603027301	ESTRADIOL 0.5 MG TABLET	2	30.00	0.11	0.06046	76%-100% Above	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	3	30.00	0.11	0.05932	76%-100% Above	No	No
72603027301	ESTRADIOL 0.5 MG TABLET	4	30.00	0.11	0.05847	76%-100% Above	No	No
72603027401	ESTRADIOL 1 MG TABLET	4	30.00	0.10	0.06578	51%-75% Above	No	No
72603027402	ESTRADIOL 1 MG TABLET	3	21.00	0.10	0.06733	51%-75% Above	No	No
72603027802	SOD SUL-POTASS SUL-MAG SUL SOL	3	354.00	0.05	0.12364	51%-75% Below	No	No
72603028302	ATORVASTATIN 20 MG TABLET	2	90.00	0.01	0.02955	51%-75% Below	No	No
72603028303	ATORVASTATIN 20 MG TABLET	1	30.00	0.13	0.03048	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	1	30.00	0.27	0.03048	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	1	90.00	0.27	0.03048	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	1	90.00	0.60	0.03048	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	2	30.00	0.13	0.02955	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	2	30.00	0.27	0.02955	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	3	30.00	0.13	0.02927	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	3	90.00	0.27	0.02927	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	4	30.00	0.13	0.02872	200% Above	No	No
72603028303	ATORVASTATIN 20 MG TABLET	12	90.00	0.27	0.03072	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	1	15.00	0.26	0.04141	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	1	30.00	0.12	0.04141	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	1	90.00	0.12	0.04141	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	2	21.00	0.12	0.04031	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	2	30.00	0.12	0.04031	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	2	90.00	0.10	0.04031	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1442

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603028403	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	3	30.00	0.12	0.03932	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	3	30.00	0.15	0.03932	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	3	90.00	0.13	0.03932	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	4	30.00	0.15	0.03828	200% Above	No	No
72603028403	ATORVASTATIN 40 MG TABLET	12	30.00	0.16	0.04222	200% Above	No	No
72603028501	ATORVASTATIN 80 MG TABLET	1	90.00	0.14	0.07209	76%-100% Above	No	No
72603028502	ATORVASTATIN 80 MG TABLET	1	90.00	0.13	0.07209	51%-75% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	1	30.00	0.13	0.07209	51%-75% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	1	30.00	0.28	0.07209	200% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	2	30.00	0.13	0.07199	51%-75% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	2	90.00	0.13	0.07199	51%-75% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	3	30.00	0.13	0.07148	51%-75% Above	No	No
72603028503	ATORVASTATIN 80 MG TABLET	4	30.00	0.13	0.07075	76%-100% Above	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	1	2.00	13.28	11.38382	10%-25% Above	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	1	4.00	13.28	11.38382	10%-25% Above	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	1	4.00	32.30	11.38382	101%-200% Above	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	2	4.00	32.30	11.34861	101%-200% Above	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.39	11.44764	26%-50% Below	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	3	2.00	6.47	11.44764	26%-50% Below	No	No
72603028601	TESTOSTERONE CYP 200 MG/ML	12	2.00	6.47	11.54345	26%-50% Below	No	No
72603029201	OLMESARTAN-HYDROCHLOROTHIAZIDE 40-25 MG TAB	3	90.00	0.43	0.21593	101%-200% Above	No	No
72603030702	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.05	0.02161	101%-200% Above	No	No
72603030702	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.05	0.02086	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1443

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603030702	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.05	0.02003	101%-200% Above	No	No
72603030802	CLONAZEPAM 1 MG TABLET	2	30.00	0.08	0.02478	200% Above	No	No
72603030802	CLONAZEPAM 1 MG TABLET	3	30.00	0.08	0.02492	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.09	0.01799	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.20	0.01799	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.09	0.01787	200% Above	No	No
72603031203	CYCLOBENZAPRINE 10 MG TABLET	4	30.00	0.09	0.01758	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	1	30.00	0.27	0.02130	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	2	30.00	0.12	0.02075	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	2	90.00	0.12	0.02075	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	3	30.00	0.12	0.02102	200% Above	No	No
72603034001	LOSARTAN POTASSIUM 25 MG TAB	4	30.00	0.12	0.02106	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	1	30.00	0.25	0.03146	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	1	60.00	0.11	0.03146	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	3	60.00	0.11	0.03302	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	4	60.00	0.11	0.03343	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	4	180.00	0.11	0.03343	200% Above	No	No
72603034102	LOSARTAN POTASSIUM 50 MG TAB	12	60.00	0.25	0.03109	200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	1	30.00	0.13	0.04195	200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	2	30.00	0.13	0.04114	200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	3	30.00	0.13	0.04254	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	3	90.00	0.13	0.04254	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	4	30.00	0.13	0.04315	101%-200% Above	No	No
72603034202	LOSARTAN POTASSIUM 100 MG TAB	12	30.00	0.28	0.04249	200% Above	No	No
72603047801	VARENICLINE STARTING MONTH BOX	3	53.00	0.13	0.51000	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1444

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603048902	FLUOXETINE CAP 20MG	2	30.00	0.08	.		No	No
72603048902	FLUOXETINE HCL 20 MG CAPSULE	3	30.00	0.08	0.02981	101%-200% Above	No	No
72603054001	TIMOLOL MALEATE 0.5% EYE DROPS	1	5.00	0.72	1.08940	26%-50% Below	No	No
72603055602	DESVENLAFAXINE SUCCNT ER 50 MG	1	90.00	1.76	0.42481	200% Above	No	No
72603060403	DICLOFENAC SOD DR 75 MG TAB	1	60.00	0.12	0.07677	51%-75% Above	No	No
72603060403	DICLOFENAC SOD DR 75 MG TAB	2	30.00	0.10	0.07144	26%-50% Above	No	No
72603060403	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.12	0.06933	76%-100% Above	No	No
72603060403	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.12	0.06651	76%-100% Above	No	No
72603061301	URSODIOL 300 MG CAPSULE	1	120.00	0.22	0.45009	51%-75% Below	No	No
72603061301	URSODIOL 300 MG CAPSULE	1	120.00	0.23	0.45009	26%-50% Below	No	No
72603061301	URSODIOL 300 MG CAPSULE	2	120.00	0.23	0.46280	26%-50% Below	No	No
72603061301	URSODIOL 300 MG CAPSULE	4	120.00	0.24	0.46719	26%-50% Below	No	No
72603062030	FORMOTEROL 20 MCG/2 ML NEB VL	12	60.00	4.49	2.18048	101%-200% Above	No	No
72603065025	CYANOCOBALAMIN 1,000 MCG/ML VL	1	1.00	2.17	1.57560	26%-50% Above	No	No
72603065025	CYANOCOBALAMIN 1,000 MCG/ML VL	2	1.00	0.93	1.52535	26%-50% Below	No	No
72603065025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	3.00	0.93	1.50210	26%-50% Below	No	No
72603065025	CYANOCOBALAMIN 1,000 MCG/ML VL	3	6.00	1.30	1.50210	10%-25% Below	No	No
72603066201	LEVOTHYROXINE 75 MCG TABLET	1	90.00	0.03	0.04954	26%-50% Below	No	No
72603066201	LEVOTHYROXINE 75 MCG TABLET	2	90.00	0.03	0.04850	26%-50% Below	No	No
72603066201	LEVOTHYROXINE 75 MCG TABLET	3	90.00	0.03	0.04697	26%-50% Below	No	No
72603066301	LEVOTHYROXINE 88 MCG TABLET	1	30.00	0.17	0.05372	200% Above	No	No
72603066402	LEVOTHYROXINE 100 MCG TABLET	1	30.00	0.31	0.05499	200% Above	No	No
72603066402	LEVOTHYROXINE 100 MCG TABLET	2	30.00	0.31	0.05259	200% Above	No	No
72603066402	LEVOTHYROXINE 100 MCG TABLET	12	30.00	0.33	0.05712	200% Above	No	No
72603066501	LEVOTHYROXINE 112 MCG TABLET	1	180.00	0.04	0.06476	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1445

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72603066601	LEVOTHYROXINE 125 MCG TABLET	3	90.00	0.17	0.06093	101%-200% Above	No	No
72603066701	LEVOTHYROXINE 137 MCG TABLET	12	90.00	0.39	0.07547	200% Above	No	No
72603081401	VILAZODONE HCL 20 MG TABLET	12	90.00	0.50	0.90083	26%-50% Below	No	No
72603084101	FENOFIBRATE 160 MG TABLET	3	30.00	0.23	0.11352	101%-200% Above	No	No
72603084101	FENOFIBRATE 160 MG TABLET	4	30.00	0.23	0.12586	76%-100% Above	No	No
72603087201	NEBIVOLOL 10 MG TABLET	1	30.00	0.23	0.13884	51%-75% Above	No	No
72603087201	NEBIVOLOL 10 MG TABLET	2	30.00	0.23	0.13532	51%-75% Above	No	No
72603087201	NEBIVOLOL 10 MG TABLET	3	30.00	0.23	0.13403	51%-75% Above	No	No
72603087201	NEBIVOLOL 10 MG TABLET	12	30.00	0.23	0.13765	51%-75% Above	No	No
72603087801	KETOCONAZOLE 2% SHAMPOO	2	120.00	0.05	0.08025	26%-50% Below	No	No
72789032577	TIZANIDINE TAB 4MG	2	180.00	0.02	.		No	No
72789040295	MELOXICAM TAB 7.5MG	1	60.00	0.03	.		No	No
72789040295	MELOXICAM TAB 7.5MG	4	60.00	0.03	.		No	No
72789040295	MELOXICAM TAB 7.5MG	12	60.00	0.03	.		No	No
72789040395	MELOXICAM TAB 15MG	2	90.00	0.02	.		No	No
72789040395	MELOXICAM TAB 15MG	2	90.00	0.03	.		No	No
72865014190	LOSARTAN POT TAB 25MG	3	90.00	0.10	.		No	No
72865014290	LOSARTAN POT TAB 50MG	3	180.00	0.09	.		No	No
72865014290	LOSARTAN POT TAB 50MG	12	180.00	0.10	.		No	No
72865014801	INDOMETHACIN CAP 25MG	1	15.00	0.09	.		No	No
72865017590	MONTELUKAST TAB 10MG	1	90.00	0.05	.		No	No
72865023090	PANTOPRAZOLE TAB 40MG	2	90.00	0.04	.		No	No
72865023890	LEVOTHYROXIN TAB 75MCG	1	30.00	0.05	.		No	No
72865023890	LEVOTHYROXIN TAB 75MCG	2	30.00	0.05	.		No	No
72865023890	LEVOTHYROXIN TAB 75MCG	3	30.00	0.05	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1446

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72865025227	GABAPENTIN CAP 100MG	12	270.00	0.01	.		No	No
72865025318	GABAPENTIN CAP 300MG	4	180.00	0.02	.		No	No
72865025390	GABAPENTIN CAP 300MG	1	90.00	0.02	.		No	No
72865025405	GABAPENTIN CAP 400MG	1	270.00	0.02	.		No	No
72887014306	URSODIOL CAP 200MG	2	90.00	41.11	.		No	No
72887014306	URSODIOL CAP 200MG	3	90.00	41.11	.		No	No
72888000901	BACLOFEN 5 MG TABLET	3	60.00	0.06	0.08516	26%-50% Below	No	No
72888000901	BACLOFEN 5 MG TABLET	3	90.00	0.17	0.08516	76%-100% Above	No	No
72888000901	BACLOFEN 5 MG TABLET	12	180.00	0.39	0.09792	200% Above	No	No
72888001000	BACLOFEN 10 MG TABLET	1	90.00	0.02	0.03471	26%-50% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	1	90.00	0.09	0.03471	101%-200% Above	No	No
72888001000	BACLOFEN 10 MG TABLET	2	90.00	0.02	0.03288	26%-50% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	3	30.00	0.09	0.03300	101%-200% Above	No	No
72888001000	BACLOFEN 10 MG TABLET	3	90.00	0.02	0.03300	26%-50% Below	No	No
72888001000	BACLOFEN 10 MG TABLET	4	90.00	0.09	0.03403	101%-200% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	1	14.00	0.20	0.03471	200% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	1	90.00	0.02	0.03471	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	1	90.00	0.02	0.03471	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	2	14.00	0.05	0.03288	51%-75% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	2	14.00	0.09	0.03288	101%-200% Above	No	No
72888001005	BACLOFEN 10 MG TABLET	3	90.00	0.02	0.03300	26%-50% Below	No	No
72888001005	BACLOFEN 10 MG TABLET	12	90.00	0.20	0.03608	200% Above	No	No
72888001100	BACLOFEN 20 MG TABLET	2	90.00	0.03	0.05160	26%-50% Below	No	No
72888001100	BACLOFEN 20 MG TABLET	2	180.00	0.11	0.05160	101%-200% Above	No	No
72888001101	BACLOFEN 20 MG TABLET	3	180.00	0.02	0.05148	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1447

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	2	30.00	0.09	0.02094	200% Above	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	4	30.00	0.01	0.02108	51%-75% Below	No	No
72888001201	CYCLOBENZAPRINE 5 MG TABLET	4	60.00	0.01	0.02108	51%-75% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	1	90.00	0.01	0.02138	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	2	90.00	0.01	0.02094	26%-50% Below	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	3	20.00	0.04	0.02088	51%-75% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	3	30.00	0.09	0.02088	200% Above	No	No
72888001205	CYCLOBENZAPRINE 5 MG TABLET	12	90.00	0.09	0.02171	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.02	0.01799	10%-25% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	3	15.00	0.09	0.01787	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.09	0.01787	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	3	90.00	0.01	0.01787	26%-50% Below	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	4	20.00	0.09	0.01758	200% Above	No	No
72888001400	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.02	0.01770	10%-25% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	1	30.00	0.01	0.01799	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01799	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	1	180.00	0.01	0.01799	26%-50% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	2	30.00	0.01	0.01781	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	2	60.00	0.01	0.01781	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	3	12.00	0.09	0.01787	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	3	30.00	0.01	0.01787	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	3	60.00	0.01	0.01787	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	4	90.00	0.09	0.01758	200% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	12	21.00	0.02	0.01770	26%-50% Above	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	12	28.00	0.01	0.01770	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1448

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888001405	CYCLOBENZAPRINE 10 MG TABLET	12	30.00	0.01	0.01770	51%-75% Below	No	No
72888001405	CYCLOBENZAPRINE 10 MG TABLET	12	60.00	0.01	0.01770	51%-75% Below	No	No
72888001901	BUMETANIDE 0.5 MG TABLET	12	30.00	0.33	0.13149	101%-200% Above	No	No
72888002301	METOPROLOL TARTRATE 75 MG TAB	1	58.00	0.22	0.13753	51%-75% Above	Yes	No
72888002301	METOPROLOL TARTRATE 75 MG TAB	2	180.00	0.22	0.14308	51%-75% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	1	180.00	0.03	0.01685	26%-50% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	1	180.00	0.13	0.01685	200% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	3	180.00	0.03	0.01709	26%-50% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	4	180.00	0.03	0.01718	26%-50% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	4	180.00	0.06	0.01718	200% Above	Yes	No
72888003405	CARVEDILOL 3.125 MG TABLET	12	180.00	0.03	0.01650	51%-75% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	1	180.00	0.01	0.01861	26%-50% Below	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	2	180.00	0.05	0.01849	101%-200% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	3	180.00	0.05	0.01849	101%-200% Above	Yes	No
72888003505	CARVEDILOL 6.25 MG TABLET	12	180.00	0.12	0.01872	200% Above	Yes	No
72888003600	CARVEDILOL 12.5 MG TABLET	3	60.00	0.06	0.02087	101%-200% Above	No	No
72888003605	CARVEDILOL 12.5 MG TABLET	1	90.00	0.06	0.02095	101%-200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	180.00	0.03	0.02089	26%-50% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	2	180.00	0.06	0.02089	101%-200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	3	180.00	0.01	0.02087	26%-50% Below	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	3	270.00	0.06	0.02087	101%-200% Above	Yes	No
72888003605	CARVEDILOL 12.5 MG TABLET	12	270.00	0.02	0.02137	10%-25% Above	Yes	No
72888003700	CARVEDILOL 25 MG TABLET	1	30.00	0.11	0.03190	200% Above	No	No
72888003700	CARVEDILOL 25 MG TABLET	3	30.00	0.05	0.03159	51%-75% Above	No	No
72888003705	CARVEDILOL 25 MG TABLET	1	60.00	0.04	0.03190	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1449

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	60.00	0.11	0.03190	200% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	1	180.00	0.04	0.03190	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	1	180.00	0.04	0.03190	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	1	180.00	0.05	0.03190	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	1	180.00	0.11	0.03190	200% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	2	60.00	0.04	0.03159	26%-50% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	2	60.00	0.05	0.03159	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	2	180.00	0.04	0.03159	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	2	180.00	0.04	0.03159	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	2	180.00	0.05	0.03159	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	3	60.00	0.05	0.03159	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	3	180.00	0.05	0.03159	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	4	60.00	0.05	0.03153	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	4	180.00	0.05	0.03153	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	12	60.00	0.04	0.03228	26%-50% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	12	180.00	0.04	0.03228	10%-25% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	12	180.00	0.05	0.03228	51%-75% Above	Yes	No
72888003705	CARVEDILOL 25 MG TABLET	12	180.00	0.11	0.03228	200% Above	Yes	No
72888004213	POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL LIQUID	1	900.00	0.25	0.04598	200% Above	Yes	No
72888004701	ACETAZOLAMIDE 125 MG TABLET	2	20.00	0.72	0.10162	200% Above	No	No
72888005930	RABEPRAZOLE SOD DR 20 MG TAB	12	30.00	0.07	0.24186	51%-75% Below	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.14	0.11873	10%-25% Above	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	1	60.00	0.14	0.11873	10%-25% Above	Yes	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	1	90.00	0.14	0.11873	10%-25% Above	No	No
72888006301	BUSPIRONE HCL 7.5 MG TABLET	1	270.00	0.14	0.11873	10%-25% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1450

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888006301	BUSPIRONE HCL 7.5 MG TABLET	3	60.00	0.14	0.11183	10%-25% Above	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	1	180.00	0.07	0.04575	26%-50% Above	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	2	60.00	0.06	0.04413	26%-50% Above	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	2	270.00	0.07	0.04413	26%-50% Above	No	No
72888006501	BUSPIRONE HCL 15 MG TABLET	12	90.00	0.07	0.04806	26%-50% Above	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	1	270.00	0.65	0.10339	200% Above	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	2	30.00	0.28	0.10166	101%-200% Above	No	No
72888007301	DICLOFENAC POT 50 MG TABLET	4	270.00	0.28	0.10171	101%-200% Above	No	No
72888007305	DICLOFENAC POT 50 MG TABLET	1	90.00	0.09	0.10339	10%-25% Below	No	No
72888007305	DICLOFENAC POT 50 MG TABLET	4	90.00	0.09	0.10171	10%-25% Below	No	No
72888007500	POTASSIUM CL ER 10 MEQ TABLET	2	90.00	0.04	0.09041	51%-75% Below	No	No
72888007500	POTASSIUM CL ER 10 MEQ TABLET	3	90.00	0.05	0.08723	26%-50% Below	No	No
72888007500	POTASSIUM CL ER 10 MEQ TABLET	12	30.00	0.08	0.09425	10%-25% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	1	30.00	0.21	0.16182	26%-50% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	1	270.00	0.25	0.16182	51%-75% Above	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	2	90.00	0.20	0.16100	10%-25% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	3	10.00	0.11	0.16321	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	3	180.00	0.20	0.16321	10%-25% Above	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.11	0.16490	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	4	90.00	0.11	0.16490	26%-50% Below	Yes	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	4	120.00	0.11	0.16490	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	12	6.00	0.11	0.16428	26%-50% Below	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	0.20	0.16428	10%-25% Above	No	No
72888007601	POTASSIUM CL ER 20 MEQ TABLET	12	90.00	0.25	0.16428	51%-75% Above	Yes	No
72888007715	DORZOLAMIDE HCL 2% EYE DROPS	1	10.00	1.16	0.92544	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1451

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888007715	DORZOLAMIDE HCL 2% EYE DROPS	3	10.00	0.59	0.89699	26%-50% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	1	8.00	0.06	0.02390	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	1	14.00	0.05	0.02390	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	1	20.00	0.11	0.02390	200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	1	90.00	0.02	0.02390	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	1	120.00	0.02	0.02390	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	1	180.00	0.11	0.02390	200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	2	14.00	0.05	0.02387	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	2	90.00	0.02	0.02387	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	2	120.00	0.02	0.02387	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	3	90.00	0.02	0.02392	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	3	120.00	0.02	0.02392	10%-25% Below	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	3	180.00	0.05	0.02392	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	12	16.00	0.05	0.02368	101%-200% Above	No	No
72888008000	TRAMADOL HCL 50 MG TABLET	12	90.00	0.02	0.02368	10%-25% Below	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	1	120.00	0.11	0.02390	200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	2	14.00	0.05	0.02387	101%-200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	2	30.00	0.05	0.02387	101%-200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	3	12.00	0.05	0.02392	101%-200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	3	14.00	0.05	0.02392	101%-200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	3	21.00	0.05	0.02392	101%-200% Above	No	No
72888008001	TRAMADOL HCL 50 MG TABLET	12	20.00	0.05	0.02368	101%-200% Above	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	1	30.00	0.05	0.02390	101%-200% Above	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	3	30.00	0.05	0.02392	101%-200% Above	No	No
72888008005	TRAMADOL HCL 50 MG TABLET	12	12.00	0.01	0.02368	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1452

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	21.00	0.01	0.02368	51%-75% Below	No	No
72888008401	ISOSORBIDE DINITRATE 30 MG TAB	1	90.00	0.15	0.30131	26%-50% Below	No	No
72888009401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.02	0.09622	51%-75% Below	No	No
72888009401	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	180.00	0.02	0.09622	51%-75% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	1	45.00	0.04	0.09680	51%-75% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	3	90.00	0.08	0.09622	10%-25% Below	No	No
72888009405	TRIAMTERENE-HYDROCHLOROTHIAZIDE 37.5-25 MG TB	12	90.00	0.19	0.09591	101%-200% Above	No	No
72888009501	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	3	30.00	0.13	0.11468	10%-25% Above	No	No
72888009501	TRIAMTERENE-HYDROCHLOROTHIAZIDE 75-50 MG TAB	3	90.00	0.10	0.11468	10%-25% Below	No	No
72888011001	DICLOFENAC SOD DR 50 MG TAB	2	90.00	0.11	0.07271	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	20.00	0.14	0.07677	76%-100% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	28.00	0.22	0.07677	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	30.00	0.10	0.07677	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	30.00	0.15	0.07677	76%-100% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	1	50.00	0.22	0.07677	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	2	30.00	0.13	0.07144	76%-100% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.08	0.07144	10%-25% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.10	0.07144	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	2	60.00	0.12	0.07144	51%-75% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	10.00	0.16	0.06933	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	14.00	0.16	0.06933	101%-200% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	15.00	0.10	0.06933	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	30.00	0.10	0.06933	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	30.00	0.13	0.06933	76%-100% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.10	0.06933	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1453

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888011100	DICLOFENAC SOD DR 75 MG TAB	3	60.00	0.12	0.06933	76%-100% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	4	60.00	0.10	0.06651	26%-50% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	12	30.00	0.15	0.07801	76%-100% Above	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.00	0.07801	76%-100% Below	No	No
72888011100	DICLOFENAC SOD DR 75 MG TAB	12	60.00	0.12	0.07801	51%-75% Above	No	No
72888011301	MIDODRINE HCL 5 MG TABLET	1	30.00	0.23	0.10988	101%-200% Above	Yes	No
72888011301	MIDODRINE HCL 5 MG TABLET	3	30.00	0.23	0.11104	101%-200% Above	Yes	No
72888011301	MIDODRINE HCL 5 MG TABLET	12	30.00	0.28	0.11177	101%-200% Above	Yes	No
72888011401	MIDODRINE HCL 10 MG TABLET	3	270.00	0.17	0.14028	10%-25% Above	Yes	No
72888011600	GLIPIZIDE 5 MG TABLET	3	90.00	0.06	0.03594	51%-75% Above	Yes	No
72888011605	GLIPIZIDE 5 MG TABLET	1	30.00	0.14	0.03580	200% Above	No	No
72888011700	GLIPIZIDE 10 MG TABLET	1	180.00	0.06	0.04735	26%-50% Above	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	2	180.00	0.06	0.04700	26%-50% Above	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	2	360.00	0.06	0.04700	26%-50% Above	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	3	180.00	0.03	0.04633	26%-50% Below	No	No
72888011700	GLIPIZIDE 10 MG TABLET	3	180.00	0.06	0.04633	26%-50% Above	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	4	180.00	0.02	0.04617	51%-75% Below	Yes	No
72888011700	GLIPIZIDE 10 MG TABLET	12	180.00	0.02	0.04758	51%-75% Below	Yes	No
72888012105	LABETALOL HCL 200 MG TABLET	1	60.00	0.21	0.14522	26%-50% Above	No	No
72888012105	LABETALOL HCL 200 MG TABLET	2	60.00	0.09	0.14349	26%-50% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	3	60.00	0.09	0.14225	26%-50% Below	No	No
72888012105	LABETALOL HCL 200 MG TABLET	4	60.00	0.09	0.14258	26%-50% Below	No	No
72888012205	LABETALOL HCL 300 MG TABLET	4	90.00	0.01	0.20453	76%-100% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	1	75.00	0.07	0.09425	10%-25% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	1	120.00	0.03	0.09425	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1454

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888012526	LIDOCAINE 2% VISCOUS SOLN	1	200.00	0.05	0.09425	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	2	100.00	0.05	0.08755	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	2	100.00	0.05	0.08755	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	3	200.00	0.05	0.08287	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	3	600.00	0.05	0.08287	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	4	100.00	0.05	0.07918	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	40.00	0.05	0.09886	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	75.00	0.05	0.09886	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.05	0.09886	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	100.00	0.07	0.09886	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	120.00	0.06	0.09886	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	200.00	0.05	0.09886	26%-50% Below	No	No
72888012526	LIDOCAINE 2% VISCOUS SOLN	12	300.00	0.05	0.09886	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.28	0.44506	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	1	16.00	0.63	0.44506	26%-50% Above	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.28	0.44570	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.54	0.44570	10%-25% Above	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	2	16.00	0.62	0.44570	26%-50% Above	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.28	0.44734	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.31	0.44734	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.54	0.44734	10%-25% Above	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	3	16.00	0.55	0.44734	10%-25% Above	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	4	16.00	0.28	0.44570	26%-50% Below	No	No
72888014135	FLUTICASONE PROP 50 MCG SPRAY	12	16.00	0.63	0.44993	26%-50% Above	No	No
72888014330	DESVENLAFAXINE SUCCNT ER 50 MG	12	30.00	0.79	0.42875	76%-100% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1455

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888014390	DESVENLAFAXINE SUCCNT ER 50 MG	2	90.00	0.23	0.42556	26%-50% Below	No	No
72888014390	DESVENLAFAXINE SUCCNT ER 50 MG	3	90.00	0.50	0.43987	10%-25% Above	No	No
72888014390	DESVENLAFAXINE SUCCNT ER 50 MG	12	90.00	1.56	0.42875	200% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	0.23	0.44513	26%-50% Below	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	1	30.00	0.82	0.44513	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	1	90.00	0.82	0.44513	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.05	0.43204	76%-100% Below	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.08	0.43204	76%-100% Below	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	2	90.00	0.82	0.43204	76%-100% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	3	90.00	0.50	0.43287	10%-25% Above	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	4	30.00	0.23	0.42872	26%-50% Below	No	No
72888014490	DESVENLAFAXINE SUCCNT ER 100 MG	12	90.00	0.50	0.44549	10%-25% Above	No	No
72888014837	IPRATROPIUM 0.06% SPRAY	12	15.00	0.99	0.88693	10%-25% Above	No	No
72888014938	IPRATROPIUM 0.03% SPRAY	2	30.00	0.25	0.41975	26%-50% Below	No	No
72888014938	IPRATROPIUM 0.03% SPRAY	2	30.00	0.67	0.41975	51%-75% Above	No	No
72888014938	IPRATROPIUM 0.03% SPRAY	12	30.00	0.55	0.44900	10%-25% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	1	60.00	0.02	0.02161	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	1	60.00	0.02	0.02161	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	1	60.00	0.12	0.02161	200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.02	0.02086	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.02	0.02086	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.05	0.02086	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	2	90.00	0.01	0.02086	26%-50% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	5.00	0.05	0.02063	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.03	0.02063	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1456

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	60.00	0.02	0.02063	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.03	0.02063	51%-75% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	3	60.00	0.05	0.02063	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	14.00	0.05	0.02003	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	60.00	0.02	0.02003	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	4	60.00	0.05	0.02003	101%-200% Above	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	12	60.00	0.00	0.02214	76%-100% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	12	60.00	0.02	0.02214	10%-25% Below	No	No
72888015200	CLONAZEPAM 0.5 MG TABLET	12	90.00	0.05	0.02214	101%-200% Above	No	No
72888015201	CLONAZEPAM 0.5 MG TABLET	2	60.00	0.05	0.02086	101%-200% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	10.00	0.05	0.02161	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	21.00	0.03	0.02161	10%-25% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.03	0.02161	26%-50% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.05	0.02161	101%-200% Above	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	30.00	0.05	0.02161	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	90.00	0.01	0.02161	51%-75% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	1	90.00	0.05	0.02161	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	20.00	0.05	0.02086	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	30.00	0.05	0.02086	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	90.00	0.01	0.02086	26%-50% Below	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	2	90.00	0.05	0.02086	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	3	30.00	0.05	0.02063	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	4	30.00	0.01	0.02003	51%-75% Below	No	No
72888015205	CLONAZEPAM 0.5 MG TABLET	12	20.00	0.03	0.02214	10%-25% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.03	0.02214	26%-50% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1457

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	30.00	0.05	0.02214	101%-200% Above	Yes	No
72888015205	CLONAZEPAM 0.5 MG TABLET	12	30.00	0.12	0.02214	200% Above	Yes	No
72888015301	CLONAZEPAM 1 MG TABLET	1	90.00	0.18	0.02634	200% Above	No	No
72888015301	CLONAZEPAM 1 MG TABLET	2	90.00	0.08	0.02478	200% Above	No	No
72888015301	CLONAZEPAM 1 MG TABLET	3	60.00	0.08	0.02492	200% Above	No	No
72888015301	CLONAZEPAM 1 MG TABLET	3	90.00	0.08	0.02492	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	30.00	0.02	0.02634	10%-25% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	30.00	0.08	0.02634	101%-200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	30.00	0.18	0.02634	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	45.00	0.02	0.02634	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	45.00	0.18	0.02634	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	60.00	0.02	0.02634	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	60.00	0.08	0.02634	101%-200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	60.00	0.18	0.02634	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	1	90.00	0.02	0.02634	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	90.00	0.18	0.02634	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	1	180.00	0.01	0.02634	51%-75% Below	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	2	20.00	0.05	0.02478	76%-100% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	30.00	0.08	0.02478	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	2	60.00	0.02	0.02478	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	60.00	0.08	0.02478	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	2	90.00	0.02	0.02478	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	90.00	0.02	0.02478	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	90.00	0.08	0.02478	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	2	90.00	0.08	0.02478	200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1458

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	5.00	0.14	0.02492	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	30.00	0.08	0.02492	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	30.00	0.08	0.02492	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	45.00	0.02	0.02492	10%-25% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	60.00	0.01	0.02492	51%-75% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	60.00	0.08	0.02492	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	3	90.00	0.02	0.02492	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	90.00	0.02	0.02492	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	90.00	0.08	0.02492	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	3	90.00	0.08	0.02492	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	4	5.00	0.14	0.02488	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	4	30.00	0.08	0.02488	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	4	60.00	0.08	0.02488	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	4	90.00	0.08	0.02488	200% Above	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	30.00	0.08	0.02762	101%-200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	12	30.00	0.18	0.02762	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	12	60.00	0.02	0.02762	26%-50% Below	No	No
72888015305	CLONAZEPAM 1 MG TABLET	12	60.00	0.18	0.02762	200% Above	Yes	No
72888015305	CLONAZEPAM 1 MG TABLET	12	90.00	0.18	0.02762	200% Above	Yes	No
72888015405	CLONAZEPAM 2 MG TABLET	2	180.00	0.09	0.03988	101%-200% Above	Yes	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	1	30.00	0.66	0.45630	26%-50% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	1	90.00	0.17	0.45630	51%-75% Below	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	2	14.00	0.04	0.45919	76%-100% Below	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	2	30.00	0.66	0.45919	26%-50% Above	No	No
72888017530	DESVENLAFAXINE SUCCNT ER 25 MG	3	30.00	0.66	0.44405	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1459

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888017830	TRANEXAMIC ACID 650 MG TABLET	1	30.00	0.33	1.02673	51%-75% Below	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	12	10.00	1.50	1.02155	26%-50% Above	No	No
72888017830	TRANEXAMIC ACID 650 MG TABLET	12	30.00	0.62	1.02155	26%-50% Below	No	No
72888020012	MYCOPHENOLIC ACID DR 360 MG TB	12	180.00	1.07	0.24437	200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	3.00	0.17	0.01773	200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	4.00	0.01	0.01773	51%-75% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	30.00	0.05	0.01773	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	45.00	0.11	0.01773	200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.01	0.01773	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.01	0.01773	51%-75% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.05	0.01773	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.11	0.01773	200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	135.00	0.01	0.01773	51%-75% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.05	0.01773	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	1	180.00	0.11	0.01773	200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	30.00	0.03	0.01747	76%-100% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	45.00	0.05	0.01747	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	45.00	0.05	0.01747	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.01	0.01747	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.04	0.01747	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.05	0.01747	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	90.00	0.05	0.01747	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.02	0.01747	26%-50% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.05	0.01747	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.05	0.01747	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1460

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	3	2.00	0.01	0.01712	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	3.00	0.01	0.01712	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	30.00	0.01	0.01712	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	45.00	0.05	0.01712	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	90.00	0.05	0.01712	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	135.00	0.01	0.01712	26%-50% Below	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.01	0.01712	26%-50% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.02	0.01712	26%-50% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.02	0.01712	26%-50% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.05	0.01712	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.05	0.01712	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.05	0.01714	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	4	180.00	0.05	0.01714	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	12	30.00	0.00	0.01767	76%-100% Below	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	12	30.00	0.04	0.01767	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	12	90.00	0.05	0.01767	101%-200% Above	No	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.05	0.01767	101%-200% Above	Yes	No
72888020800	METOPROLOL TARTRATE 25 MG TAB	12	180.00	0.10	0.01767	200% Above	No	No
72888020801	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.02	0.01773	10%-25% Above	No	No
72888020801	METOPROLOL TARTRATE 25 MG TAB	1	60.00	0.05	0.01773	101%-200% Above	No	No
72888020801	METOPROLOL TARTRATE 25 MG TAB	1	90.00	0.01	0.01773	26%-50% Below	No	No
72888020801	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.02	0.01747	10%-25% Above	No	No
72888020801	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.05	0.01747	101%-200% Above	No	No
72888020801	METOPROLOL TARTRATE 25 MG TAB	3	60.00	0.02	0.01712	10%-25% Above	No	No
72888020801	METOPROLOL TARTRATE 25 MG TAB	3	180.00	0.05	0.01712	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1461

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888020801	METOPROLOL TARTRATE 25 MG TAB	12	60.00	0.02	0.01767	10%-25% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	2	60.00	0.05	0.01747	101%-200% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	2	180.00	0.05	0.01747	101%-200% Above	No	No
72888020805	METOPROLOL TARTRATE 25 MG TAB	4	60.00	0.05	0.01714	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.04	0.01987	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.04	0.01987	101%-200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	60.00	0.10	0.01987	200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	90.00	0.02	0.01987	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.01	0.01987	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.02	0.01987	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.04	0.01987	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.04	0.01987	101%-200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	180.00	0.10	0.01987	200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	1	270.00	0.10	0.01987	200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.04	0.02000	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	2	60.00	0.04	0.02000	101%-200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	2	180.00	0.01	0.02000	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	2	180.00	0.02	0.02000	10%-25% Below	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	2	180.00	0.04	0.02000	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	3	60.00	0.04	0.01939	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	3	90.00	0.04	0.01939	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	3	180.00	0.04	0.01939	101%-200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	4	180.00	0.04	0.01928	101%-200% Above	Yes	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	12	60.00	0.05	0.01983	101%-200% Above	No	No
72888021000	METOPROLOL TARTRATE 50 MG TAB	12	60.00	0.05	0.01983	101%-200% Above	Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1462

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
72888021200	METOPROLOL TARTRATE 100 MG TAB	1	90.00	0.15	0.02624	200% Above	Yes	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.06	0.02624	101%-200% Above	Yes	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	1	180.00	0.15	0.02624	200% Above	Yes	No
72888021200	METOPROLOL TARTRATE 100 MG TAB	12	60.00	0.01	0.02601	51%-75% Below	Yes	No
72888023901	DEXAMETHASONE 2 MG TABLET	3	5.00	0.22	0.29745	26%-50% Below	No	No
72888023901	DEXAMETHASONE 2 MG TABLET	4	14.00	0.17	0.26379	26%-50% Below	No	No
73473030370	METRONIDAZOLE VAGINAL 0.75% GL	4	70.00	0.20	0.15810	10%-25% Above	No	No
73473031010	TAZAROTENE GEL 0.1%	2	100.00	3.93	.		Yes	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	1	11.00	0.18	0.16082	10%-25% Above	No	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	2	6.00	0.19	0.15243	10%-25% Above	No	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	12	10.00	0.30	0.16838	76%-100% Above	No	No
75826011410	PHENAZOPYRIDINE 100 MG TAB	12	14.00	0.29	0.16838	51%-75% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	1	12.00	0.39	0.17567	101%-200% Above	No	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	2	30.00	0.36	0.16845	101%-200% Above	Yes	No
75826011510	PHENAZOPYRIDINE 200 MG TAB	3	9.00	0.39	0.17088	101%-200% Above	Yes	No
75826012530	DEXTROAMPHETAMINE 20 MG TAB	4	60.00	2.41	5.68669	51%-75% Below	Yes	No
75826012530	DEXTROAMPHETAMINE 20 MG TAB	12	60.00	2.42	4.91840	26%-50% Below	Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	1	4.00	1.53	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	1	8.00	0.24	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	1	8.00	3.13	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	1	12.00	1.25	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	2	13.00	1.04	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	4	12.00	1.25	.		Yes	No
75834002001	VITAMIN D3 CAP 50,000IU	12	4.00	3.49	.		No	No
75834002001	VITAMIN D3 CAP 50,000IU	12	8.00	1.87	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1463

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75834002001	VITAMIN D3 CAP 50,000IU	12	12.00	1.50	.		No	No
75834015801	VERAPAMIL ER 180 MG TABLET	3	10.00	0.14	0.19151	26%-50% Below	No	No
75834015801	VERAPAMIL ER 180 MG TABLET	3	90.00	0.14	0.19151	26%-50% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	1	90.00	0.30	0.17672	51%-75% Above	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	2	90.00	0.12	0.16971	26%-50% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	3	30.00	0.01	0.16937	76%-100% Below	No	No
75834015901	VERAPAMIL ER 240 MG TABLET	4	30.00	0.01	0.16773	76%-100% Below	No	No
75834015905	VERAPAMIL ER 240 MG TABLET	1	90.00	0.30	0.17672	51%-75% Above	Yes	No
75834015905	VERAPAMIL ER 240 MG TABLET	3	90.00	0.13	0.16937	10%-25% Below	Yes	No
75834025501	ATORVASTATIN 10 MG TABLET	1	90.00	0.01	0.02577	51%-75% Below	No	No
75834025501	ATORVASTATIN 10 MG TABLET	12	30.00	0.18	0.02546	200% Above	No	No
75834025601	ATORVASTATIN 20 MG TABLET	3	30.00	0.27	0.02927	200% Above	No	No
75834025601	ATORVASTATIN 20 MG TABLET	4	90.00	0.27	0.02872	200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	2	90.00	0.12	0.04031	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	3	90.00	0.12	0.03932	101%-200% Above	No	No
75834025701	ATORVASTATIN 40 MG TABLET	12	90.00	0.13	0.04222	200% Above	No	No
75834025801	ATORVASTATIN 80 MG TABLET	2	90.00	0.12	0.07199	51%-75% Above	No	No
75834032701	DEXMETHYLPHENIDATE 5 MG TAB	1	30.00	0.10	0.28941	51%-75% Below	No	No
75834032701	DEXMETHYLPHENIDATE 5 MG TAB	2	30.00	0.15	0.28788	26%-50% Below	Yes	No
75834032701	DEXMETHYLPHENIDATE 5 MG TAB	3	30.00	0.10	0.29153	51%-75% Below	No	No
75834032701	DEXMETHYLPHENIDATE 5 MG TAB	4	30.00	0.12	0.28425	51%-75% Below	Yes	No
75834032801	DEXMETHYLPHENIDATE 10 MG TAB	2	30.00	0.16	0.37834	51%-75% Below	No	No
75834032801	DEXMETHYLPHENIDATE 10 MG TAB	2	60.00	0.16	0.37834	51%-75% Below	No	No
75834032801	DEXMETHYLPHENIDATE 10 MG TAB	3	30.00	0.18	0.37717	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1464

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75834032801	DEXMETHYLPHENIDATE 10 MG TAB	4	30.00	0.18	0.36802	51%-75% Below	No	No
75907000101	LIOTHYRONINE SOD 25 MCG TAB	3	90.00	0.19	0.30006	26%-50% Below	Yes	No
75907002348	CLONIDINE 0.1 MG/DAY PATCH	2	12.00	3.60	7.27256	26%-50% Below	Yes	No
75907002448	CLONIDINE 0.2 MG/DAY PATCH	2	4.00	6.13	8.84002	26%-50% Below	No	No
75907002448	CLONIDINE 0.2 MG/DAY PATCH	2	12.00	4.41	8.84002	26%-50% Below	Yes	No
75907002448	CLONIDINE 0.2 MG/DAY PATCH	3	4.00	6.13	8.96020	26%-50% Below	No	No
75907002448	CLONIDINE 0.2 MG/DAY PATCH	12	4.00	6.40	9.65365	26%-50% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	1	4.00	6.85	12.83188	26%-50% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	2	4.00	3.75	11.96067	51%-75% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	2	12.00	8.92	11.96067	10%-25% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	3	4.00	3.75	12.10480	51%-75% Below	No	No
75907002548	CLONIDINE 0.3 MG/DAY PATCH	4	12.00	3.75	12.36800	51%-75% Below	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	2	60.00	0.36	0.21353	51%-75% Above	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	2	90.00	0.35	0.21353	51%-75% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	2	90.00	0.40	0.21353	76%-100% Above	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	2	180.00	0.14	0.21353	26%-50% Below	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	2	270.00	0.13	0.21353	26%-50% Below	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	3	60.00	0.14	0.20929	26%-50% Below	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	3	90.00	0.28	0.20929	26%-50% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	3	90.00	0.34	0.20929	51%-75% Above	Yes	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	12	90.00	0.14	0.23344	26%-50% Below	No	No
75907003901	LIOTHYRONINE SOD 5 MCG TAB	12	90.00	0.34	0.23344	26%-50% Above	Yes	No
75907004301	TRIMETHOPRIM 100 MG TABLET	12	90.00	1.46	1.20875	10%-25% Above	No	No
75907005930	TAMOXIFEN 20 MG TABLET	3	90.00	0.17	0.28175	26%-50% Below	No	No
75907005930	TAMOXIFEN 20 MG TABLET	12	90.00	0.17	0.28757	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1465

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75907006060	NYSTATIN 100,000 UNIT/GM POWD	1	60.00	0.17	0.27772	26%-50% Below	No	No
75907006060	NYSTATIN 100,000 UNIT/GM POWD	1	60.00	0.39	0.27772	26%-50% Above	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	1	28.00	0.13	0.11832	10%-25% Above	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	1	30.00	0.06	0.11832	51%-75% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	3	90.00	0.06	0.12348	51%-75% Below	No	No
75907006901	NORTRIPTYLINE HCL 10 MG CAP	4	60.00	0.06	0.12875	51%-75% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	1	30.00	0.12	0.16546	26%-50% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	1	100.00	0.06	0.16546	51%-75% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	1	180.00	0.09	0.16546	26%-50% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	2	30.00	0.12	0.15781	10%-25% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	3	30.00	0.12	0.15185	10%-25% Below	No	No
75907007001	NORTRIPTYLINE HCL 25 MG CAP	12	30.00	0.12	0.16748	26%-50% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	1	30.00	0.09	0.16546	26%-50% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	2	30.00	0.09	0.15781	26%-50% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	3	30.00	0.09	0.15185	26%-50% Below	No	No
75907007005	NORTRIPTYLINE HCL 25 MG CAP	12	30.00	0.10	0.16748	26%-50% Below	No	No
75907007101	NORTRIPTYLINE HCL 50 MG CAP	2	25.00	0.10	0.20962	51%-75% Below	No	No
75907007101	NORTRIPTYLINE HCL 50 MG CAP	3	30.00	0.10	0.20826	51%-75% Below	No	No
75907007101	NORTRIPTYLINE HCL 50 MG CAP	3	90.00	0.10	0.20826	51%-75% Below	No	No
75907007432	CAMILA 0.35 MG TABLET	2	28.00	0.04	0.09326	51%-75% Below	Yes	No
75907008363	MICROGESTIN 21 1.5-30 TAB	2	84.00	0.04	0.34861	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	1	63.00	0.09	0.17326	26%-50% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	3	21.00	0.02	0.16742	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	3	63.00	0.02	0.16742	76%-100% Below	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	4	21.00	0.02	0.16522	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1466

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
75907008463	MICROGESTIN 21 1-20 TABLET	12	63.00	0.41	0.16870	101%-200% Above	No	No
75907008463	MICROGESTIN 21 1-20 TABLET	12	84.00	0.41	0.16870	101%-200% Above	No	No
75907008532	NECON 0.5-35-28 TABLET	3	84.00	0.03	0.47484	76%-100% Below	No	No
75907009162	AZURETTE 28 DAY TABLET	2	84.00	0.02	0.17727	76%-100% Below	No	No
75907009162	AZURETTE 28 DAY TABLET	3	84.00	0.08	0.16758	51%-75% Below	Yes	No
75907009540	FLUOROURACIL 5% CREAM	2	40.00	0.85	0.61272	26%-50% Above	No	No
75907020716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	118.00	0.04	0.07322	26%-50% Below	Yes	No
75907020716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	2	240.00	0.04	0.07322	26%-50% Below	Yes	No
75907020716	BROMPHEN-PSE-DM 2-30-10 MG/5 ML	3	150.00	0.04	0.07424	26%-50% Below	Yes	No
76204001155	ALBUTEROL SUL 1.25 MG/3 ML SOL	1	75.00	0.14	0.19236	10%-25% Below	No	No
76204001155	ALBUTEROL SUL 1.25 MG/3 ML SOL	3	75.00	0.11	0.18971	26%-50% Below	No	No
76204001155	ALBUTEROL SUL 1.25 MG/3 ML SOL	4	75.00	0.11	0.18541	26%-50% Below	No	No
76204001155	ALBUTEROL SUL 1.25 MG/3 ML SOL	12	75.00	0.09	0.19446	51%-75% Below	No	No
76204001155	ALBUTEROL SUL 1.25 MG/3 ML SOL	12	75.00	0.11	0.19446	26%-50% Below	No	No
76204002860	CROMOLYN 20 MG/2 ML NEB SOLN	1	240.00	1.43	0.66181	101%-200% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.06106	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.03	0.06106	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	75.00	0.08	0.06106	26%-50% Above	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	150.00	0.03	0.06106	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	75.00	0.03	0.06037	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	150.00	0.03	0.06037	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	75.00	0.03	0.05994	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.03	0.05994	51%-75% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1467

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	150.00	0.03	0.05994	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	150.00	0.03	0.05994	26%-50% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	75.00	0.03	0.06064	51%-75% Below	No	No
76204020025	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	150.00	0.03	0.06237	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.06480	51%-75% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.06480	51%-75% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	180.00	0.03	0.06480	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	90.00	0.03	0.06542	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	90.00	0.03	0.06584	26%-50% Below	No	No
76204020030	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	180.00	0.03	0.06584	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	180.00	0.08	0.06359	10%-25% Above	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	90.00	0.03	0.06279	51%-75% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	3	180.00	0.03	0.06347	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	4	360.00	0.01	0.06578	76%-100% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.04	0.06441	26%-50% Below	No	No
76204020060	ALBUTEROL SUL 2.5 MG/3 ML SOLN	12	180.00	0.08	0.06441	10%-25% Above	No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	1	90.00	0.06	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	1	90.00	0.07	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	1	210.00	0.07	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	1	300.00	0.07	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	2	60.00	0.02	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	2	300.00	0.05	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	2	300.00	0.07	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	3	60.00	0.07	.		No	No
76204030003	SOD CHLORIDE NEB 0.9% 3ML	4	300.00	0.06	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1468

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	90.00	0.05	0.09057	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	1	90.00	0.07	0.09057	10%-25% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	90.00	0.07	0.08841	10%-25% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	270.00	0.04	0.08841	51%-75% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	90.00	0.05	0.08867	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.04	0.08867	26%-50% Below	No	No
76204060030	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.04	0.08867	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	180.00	0.04	0.08468	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	2	180.00	0.05	0.08468	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.04	0.08445	26%-50% Below	No	No
76204060060	IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML	3	180.00	0.04	0.08445	26%-50% Below	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	3	30.00	0.07	0.03533	76%-100% Above	No	No
76282021301	SERTRALINE HCL 50 MG TABLET	3	90.00	0.07	0.03533	76%-100% Above	No	No
76282025010	ESCITALOPRAM 10 MG TABLET	2	90.00	0.09	0.04156	101%-200% Above	No	No
76282028360	CYCLOBENZAPRINE 10 MG TABLET	1	60.00	0.01	0.01799	26%-50% Below	No	No
76282041290	FINASTERIDE 5 MG TABLET	8	90.00	0.09	0.07060	10%-25% Above	No	No
76282050990	AMLODIPINE TAB 10MG	2	90.00	0.06	.		No	No
76282057290	PREGABALIN 150 MG CAPSULE	2	90.00	0.03	0.05194	26%-50% Below	No	No
76282072110	PRAZOSIN 1 MG CAPSULE	2	270.00	0.03	0.08556	51%-75% Below	No	No
76282073310	LISINOPRIL 40 MG TABLET	2	90.00	0.02	0.04680	51%-75% Below	No	No
76282073310	LISINOPRIL 40 MG TABLET	2	90.00	0.03	0.04680	26%-50% Below	No	No
76282073310	LISINOPRIL 40 MG TABLET	3	90.00	0.02	0.04735	51%-75% Below	No	No
76282073390	LISINOPRIL 40 MG TABLET	1	90.00	0.02	0.04639	51%-75% Below	No	No
76282073390	LISINOPRIL 40 MG TABLET	4	90.00	0.02	0.04738	51%-75% Below	No	No
76282074405	TAMSULOSIN HCL 0.4 MG CAPSULE	12	14.00	0.04	0.05153	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1469

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
76282074490	TAMSULOSIN HCL 0.4 MG CAPSULE	3	180.00	0.06	0.05135	10%-25% Above	No	No
76282078140	NICOTINE TD DIS 7MG/24HR	3	14.00	0.52	.		No	No
76282078240	NICOTINE TD DIS 14MG/24H	3	14.00	0.52	.		No	No
76282078340	NICOTINE TD DIS 21MG/24H	3	42.00	0.52	.		No	No
76346065403	MIFEPRISTONE TAB 300MG	2	60.00	435.08	.		No	No
76346065403	MIFEPRISTONE TAB 300MG	3	60.00	435.08	.		No	No
76385011050	CARVEDILOL 3.125 MG TABLET	2	180.00	0.06	0.01685	200% Above	No	No
76385011050	CARVEDILOL 3.125 MG TABLET	12	180.00	0.13	0.01650	200% Above	No	No
76385011150	CARVEDILOL 6.25 MG TABLET	3	60.00	0.03	0.01849	51%-75% Above	No	No
76385011150	CARVEDILOL 6.25 MG TABLET	12	60.00	0.28	0.01872	200% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	1	60.00	0.11	0.03190	200% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	2	180.00	0.05	0.03159	51%-75% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	3	180.00	0.04	0.03159	10%-25% Above	No	No
76385011350	CARVEDILOL 25 MG TABLET	12	60.00	0.05	0.03228	51%-75% Above	No	No
76385013101	PINDOLOL 5 MG TABLET	1	60.00	0.30	0.69625	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	1	60.00	0.30	0.69625	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	2	15.00	0.30	0.70574	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	3	15.00	0.30	0.69097	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	3	60.00	0.30	0.69097	51%-75% Below	No	No
76385013101	PINDOLOL 5 MG TABLET	12	60.00	0.46	0.66498	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	1	90.00	0.68	0.79038	10%-25% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	2	90.00	0.41	0.75801	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	3	90.00	0.41	0.75242	26%-50% Below	No	No
76385013201	PINDOLOL 10 MG TABLET	12	90.00	0.41	0.79449	26%-50% Below	No	No
76385014701	FLECAINIDE ACETATE 150 MG TAB	1	60.00	0.64	0.29789	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1470

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
77771045205	ATORVASTATIN TAB 20MG	8	90.00	0.01	.		No	No
77771045290	ATORVASTATIN TAB 20MG	4	90.00	0.01	.		No	No
77771045290	ATORVASTATIN TAB 20MG	10	90.00	0.01	.		No	No
77771045310	ATORVASTATIN TAB 40MG	2	90.00	0.12	.		No	No
78206015801	REMERON SLTB ODT 30MG	1	30.00	5.38	.		No	No
78206015801	REMERON SLTB ODT 30MG	2	30.00	5.38	.		No	No
78206015801	REMERON SLTB ODT 30MG	3	30.00	5.38	.		No	No
78206015801	REMERON SLTB ODT 30MG	12	30.00	5.01	.		No	No
78742049911	FOLIC ACID TAB 400MCG	3	90.00	0.01	.		No	No
79903048150	ASPIRIN LOW TAB 81MG EC	1	90.00	0.01	.		No	No
79903048150	ASPIRIN LOW TAB 81MG EC	2	60.00	0.01	.		No	No
79903048150	ASPIRIN LOW TAB 81MG EC	12	30.00	0.01	.		No	No
80005011711	PRIMIDONE 50 MG TABLET	3	90.00	0.08	0.09565	10%-25% Below	No	No
80005011711	PRIMIDONE 50 MG TABLET	12	90.00	0.19	0.09850	76%-100% Above	No	No
80005011714	PRIMIDONE 50 MG TABLET	2	360.00	0.08	0.09416	10%-25% Below	No	No
80005013109	CLINDAMYCIN PHOS 1% PLEDGET	1	60.00	0.17	0.27868	26%-50% Below	No	No
80005013109	CLINDAMYCIN PHOS 1% PLEDGET	12	60.00	0.47	0.28265	51%-75% Above	No	No
80631020710	NUVAXOVID INJ 2025-26	2	0.50	319.40	.		Yes	No
80631020710	NUVAXOVID INJ 2025-26	12	0.50	319.40	.		Yes	No
80681016600	VITAMIN C TAB 1000MG	2	30.00	0.33	.		No	No
80681016900	VITAMIN D3 TAB 25MCG	3	30.00	0.30	.		No	No
80681017400	VITAMIN D3 CAP 50000UNT	1	7.00	1.99	.		No	No
80681017400	VITAMIN D3 CAP 50000UNT	2	13.00	1.33	.		No	No
80681017400	VITAMIN D3 CAP 50000UNT	3	4.00	0.11	.		No	No
80777011296	SPIKEVAX INJ 2025-26	1	0.50	269.02	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1471

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
80777011296	SPIKEVAX INJ 2025-26	1	0.50	272.26	.		No	No
80777011296	SPIKEVAX INJ 2025-26	1	0.50	279.70	.		No	No
80777011296	SPIKEVAX INJ 2025-26	1	0.50	279.70	.		Yes	No
80777011296	SPIKEVAX INJ 2025-26	3	0.50	279.70	.		Yes	No
80777011296	SPIKEVAX INJ 2025-26	12	0.50	267.66	.		Yes	No
80777011296	SPIKEVAX INJ 2025-26	12	0.50	269.02	.		Yes	No
80777040060	MNEXSPIKE INJ 2025-26	1	0.20	836.90	.		Yes	No
81942012501	XDEMVY DRO 0.25%	12	10.00	181.59	.		No	No
81952012626	ENOXAPARIN 60 MG/0.6 ML SYR	3	36.00	1.80	8.33036	76%-100% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	75.00	0.04	0.07005	26%-50% Below	No	No
81964020351	AMOX-CLAV 600-42.9 MG/5 ML SUS	2	150.00	0.04	0.07005	26%-50% Below	No	No
81964020354	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	200.00	0.04	0.06085	26%-50% Below	No	No
81964020354	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	200.00	0.03	0.06298	51%-75% Below	No	No
81964020354	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	200.00	0.04	0.06298	26%-50% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	1	125.00	0.08	0.06422	26%-50% Above	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	3	125.00	0.04	0.06132	26%-50% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.04	0.06530	26%-50% Below	No	No
81964020369	AMOX-CLAV 600-42.9 MG/5 ML SUS	12	125.00	0.04	0.06530	26%-50% Below	No	No
81964020407	AMOX-CLAV 250-62.5 MG/5 ML SUS	2	300.00	0.24	0.47144	26%-50% Below	No	No
81964020410	AMOX-CLAV 250-62.5 MG/5 ML SUS	2	200.00	0.23	0.46495	51%-75% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	1	20.00	0.08	0.08722	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	1	21.00	0.07	0.08722	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	1	40.00	0.06	0.08722	26%-50% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08502	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	2	21.00	0.07	0.08502	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1472

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
81964020505	AMOXICILLIN 500 MG CAPSULE	3	20.00	0.07	0.08381	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	3	21.00	0.07	0.08381	10%-25% Below	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	4	9.00	0.10	0.08321	10%-25% Above	No	No
81964020505	AMOXICILLIN 500 MG CAPSULE	4	21.00	0.07	0.08321	10%-25% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	1	150.00	0.02	0.04024	51%-75% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	2	75.00	0.02	0.03947	51%-75% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	51%-75% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	2	150.00	0.02	0.03947	26%-50% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.02	0.03926	51%-75% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	3	150.00	0.02	0.03926	51%-75% Below	No	No
81964020751	AMOXICILLIN 400 MG/5 ML SUSP	4	150.00	0.02	0.03912	51%-75% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	1	100.00	0.02	0.03497	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.02	0.03497	51%-75% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.02	0.03497	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	1	200.00	0.02	0.03497	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.02	0.03430	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	2	100.00	0.02	0.03430	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	2	200.00	0.02	0.03430	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	2	300.00	0.02	0.03430	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	2	400.00	0.02	0.03430	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.02	0.03426	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.02	0.03426	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1473

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	3	100.00	0.02	0.03426	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	3	200.00	0.02	0.03426	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	3	300.00	0.02	0.03426	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	4	200.00	0.02	0.03370	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	5	200.00	0.02	0.03325	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.02	0.03539	51%-75% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	12	100.00	0.02	0.03539	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	12	200.00	0.02	0.03539	26%-50% Below	No	No
81964020752	AMOXICILLIN 400 MG/5 ML SUSP	12	300.00	0.02	0.03539	51%-75% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	10.00	0.24	0.27974	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.31	0.27974	10%-25% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.27974	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.36	0.27974	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.38	0.27974	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.54	0.27974	76%-100% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.24	0.27974	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.27974	10%-25% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.27974	10%-25% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.36	0.27974	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.27974	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.40	0.27974	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.24	0.27114	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.24	0.27114	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1474

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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-CLAV 875-125 MG TABLET	2	14.00	0.36	0.27114	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.41	0.27114	51%-75% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.46	0.27114	51%-75% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.03	0.27114	76%-100% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.24	0.27114	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.34	0.27114	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.35	0.27114	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.35	0.27114	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.36	0.27114	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.40	0.27114	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	28.00	0.24	0.27114	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	2	42.00	0.34	0.27114	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.24	0.28117	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	12.00	0.24	0.28117	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.36	0.28117	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.39	0.28117	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.41	0.28117	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.02	0.28117	76%-100% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.35	0.28117	10%-25% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.36	0.28117	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.39	0.28117	26%-50% Above	No	No
81964022101	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.36	0.28438	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.13	0.27974	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	14.00	0.24	0.27974	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1475

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	1	20.00	0.25	0.27974	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.35	0.27974	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.41	0.27974	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	1	20.00	0.54	0.27974	76%-100% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	6.00	0.24	0.27114	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	10.00	0.48	0.27114	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.13	0.27114	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	14.00	0.37	0.27114	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	2	20.00	0.47	0.27114	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.13	0.28117	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	10.00	0.37	0.28117	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	14.00	0.36	0.28117	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.13	0.28117	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	3	20.00	0.24	0.28117	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	10.00	0.13	0.28438	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	10.00	0.24	0.28438	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	14.00	0.24	0.28438	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	4	20.00	0.24	0.28438	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.24	0.29770	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.36	0.29770	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.36	0.29770	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.41	0.29770	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.46	0.29770	51%-75% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	14.00	0.54	0.29770	76%-100% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	16.00	0.19	0.29770	26%-50% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1476

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount 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	12	20.00	0.10	0.29770	51%-75% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.24	0.29770	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.25	0.29770	10%-25% Below	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.35	0.29770	10%-25% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.40	0.29770	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.43	0.29770	26%-50% Above	No	No
81964022114	AMOX-CLAV 875-125 MG TABLET	12	20.00	0.54	0.29770	76%-100% Above	No	No
82260049605	TIMOLOL MALEATE 0.5% EYE DROP	2	60.00	1.11	1.72037	26%-50% Below	No	No
82260092005	TETRACAINE 0.5% EYE DROP	2	5.00	5.81	4.86244	10%-25% Above	No	No
82293000310	MIDODRINE HCL 2.5 MG TABLET	3	60.00	0.11	0.07294	26%-50% Above	No	No
82293000510	MIDODRINE HCL 10 MG TABLET	3	270.00	0.58	0.14028	200% Above	No	No
82347005504	LEVOTHYROXIN CAP 175MCG	3	30.00	2.82	.		Yes	No
82347050505	LIDOCAINE DIS 5% PATCH	2	90.00	1.06	.		No	No
82347050505	LIDOCAINE DIS 5% PATCH	3	30.00	1.23	.		No	No
82347050505	LIDOCAINE DIS 5% PATCH	12	30.00	1.28	.		No	No
82576008030	REZDIFFRA TAB 80MG	1	30.00	139.37	.		No	No
82576008030	REZDIFFRA TAB 80MG	2	30.00	139.37	.		No	No
82576008030	REZDIFFRA TAB 80MG	3	30.00	139.37	.		No	No
82619012601	PREGABALIN CAP 150MG	1	90.00	0.03	.		No	No
83017010903	EMBECTA UF PEN 31GX8MM	2	100.00	0.67	.		No	No
83017010903	EMBECTA UF PEN 31GX8MM	2	100.00	0.68	.		Yes	No
83017012203	EMBECTA NANO PEN 32GX4MM	3	100.00	0.66	.		No	No
83017012203	EMBECTA NANO PEN 32GX4MM	4	100.00	0.67	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	1	100.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	1	300.00	0.67	.		No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1477

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83017055003	EMBECTA NANO PEN 32GX4MM	2	100.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	2	100.00	0.65	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	2	100.00	0.68	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	3	100.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	3	100.00	0.66	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	3	100.00	0.68	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	3	200.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	3	300.00	0.06	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	3	300.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	3	400.00	0.69	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	4	100.00	0.63	.		No	No
83017055003	EMBECTA NANO PEN 32GX4MM	12	100.00	0.54	.		Yes	No
83017055003	EMBECTA NANO PEN 32GX4MM	12	100.00	0.62	.		No	No
83017088203	EMBECTA UF PEN 31GX5MM	2	360.00	0.37	.		Yes	No
83017088203	EMBECTA UF PEN 31GX5MM	2	450.00	0.38	.		Yes	No
83017491103	INSULIN SYRG MIS 0.5/31G	3	100.00	0.40	.		Yes	No
83017491203	INSULIN SYRG MIS 1ML/31G	3	100.00	0.40	.		Yes	No
83017491203	INSULIN SYRG MIS 1ML/31G	3	300.00	0.40	.		Yes	No
83017841803	INSULIN SYRG MIS 1ML/31G	1	100.00	0.40	.		Yes	No
83301000102	GABAPENTIN 600 MG TABLET	2	60.00	0.04	0.06838	26%-50% Below	No	No
83301000402	GABAPENTIN 300 MG CAPSULE	2	30.00	0.05	0.03342	51%-75% Above	No	No
83301000402	GABAPENTIN 300 MG CAPSULE	12	90.00	0.03	0.03399	10%-25% Below	No	No
83301001202	CELECOXIB 200 MG CAPSULE	1	14.00	0.71	0.08664	200% Above	No	No
83301001202	CELECOXIB 200 MG CAPSULE	1	30.00	0.50	0.08664	200% Above	No	No
83301001202	CELECOXIB 200 MG CAPSULE	2	30.00	0.23	0.08517	101%-200% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1478

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83301001202	CELECOXIB 200 MG CAPSULE	3	30.00	0.23	0.08423	101%-200% Above	No	No
83301001202	CELECOXIB 200 MG CAPSULE	4	30.00	0.23	0.08460	101%-200% Above	No	No
83301001202	CELECOXIB 200 MG CAPSULE	12	30.00	0.23	0.08642	101%-200% Above	No	No
83301002403	BUPROPION HCL XL 150 MG TABLET	3	30.00	0.43	0.07923	200% Above	No	No
83490030760	SOD CHLORIDE NEB 7%	2	240.00	0.05	.		No	No
83490030760	SOD CHLORIDE NEB 7%	12	240.00	0.05	.		No	No
83745040516	LACTULOSE 10 GM/15 ML SOLUTION	1	473.00	0.01	0.02438	26%-50% Below	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	1	90.00	0.45	0.16212	101%-200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	1	90.00	1.03	0.16212	200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	1	135.00	1.03	0.16212	200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	1	180.00	0.45	0.16212	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	2	30.00	0.45	0.16204	101%-200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	0.06	0.16204	51%-75% Below	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	0.45	0.16204	101%-200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	3	30.00	0.45	0.16363	101%-200% Above	No	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	3	30.00	0.50	0.16363	200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	3	90.00	0.45	0.16363	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	3	135.00	0.45	0.16363	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	3	180.00	0.25	0.16363	51%-75% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	4	135.00	0.45	0.16217	101%-200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	12	30.00	1.03	0.16076	200% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	0.25	0.16076	51%-75% Above	Yes	No
83980000101	HYDROXYCHLOROQUINE 200 MG TAB	12	135.00	1.03	0.16076	200% Above	Yes	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	1	45.00	0.45	0.16212	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	1	60.00	0.25	0.16212	51%-75% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1479

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	1	180.00	1.03	0.16212	200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	2	45.00	0.45	0.16204	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	2	60.00	0.25	0.16204	51%-75% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	2	180.00	0.45	0.16204	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	3	60.00	0.25	0.16363	51%-75% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	3	90.00	0.45	0.16363	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	3	180.00	0.45	0.16363	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	3	270.00	0.45	0.16363	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	4	180.00	0.45	0.16217	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	12	45.00	0.46	0.16076	101%-200% Above	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	12	60.00	0.11	0.16076	26%-50% Below	No	No
83980000105	HYDROXYCHLOROQUINE 200 MG TAB	12	180.00	1.03	0.16076	200% Above	No	No
83980000201	FUROSEMIDE 20 MG TABLET	3	180.00	0.03	0.02703	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	1	10.00	0.08	0.02781	101%-200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	1	30.00	0.03	0.02781	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	1	30.00	0.08	0.02781	101%-200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	1	60.00	0.03	0.02781	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	1	60.00	0.08	0.02781	101%-200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	1	90.00	0.08	0.02781	101%-200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	2	10.00	0.03	0.02698	26%-50% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	2	30.00	0.03	0.02698	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	2	60.00	0.03	0.02698	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02698	26%-50% Below	No	No
83980000210	FUROSEMIDE 20 MG TABLET	2	90.00	0.02	0.02698	10%-25% Below	No	No
83980000210	FUROSEMIDE 20 MG TABLET	2	90.00	0.03	0.02698	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1480

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980000210	FUROSEMIDE 20 MG TABLET	3	30.00	0.03	0.02703	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	3	40.00	0.03	0.02703	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	3	60.00	0.03	0.02703	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	3	90.00	0.03	0.02703	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	4	30.00	0.03	0.02696	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	4	60.00	0.03	0.02696	10%-25% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	12	30.00	0.01	0.02808	26%-50% Below	No	No
83980000210	FUROSEMIDE 20 MG TABLET	12	30.00	0.08	0.02808	101%-200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	12	45.00	0.08	0.02808	101%-200% Above	No	No
83980000210	FUROSEMIDE 20 MG TABLET	12	90.00	0.04	0.02808	10%-25% Above	No	No
83980000301	FUROSEMIDE 40 MG TABLET	3	90.00	0.04	0.03163	10%-25% Above	No	No
83980000301	FUROSEMIDE 40 MG TABLET	12	90.00	0.04	0.03258	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	1	30.00	0.04	0.03232	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	1	30.00	0.09	0.03232	101%-200% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	1	90.00	0.04	0.03232	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	1	90.00	0.09	0.03232	101%-200% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	1	180.00	0.03	0.03232	10%-25% Below	No	No
83980000310	FUROSEMIDE 40 MG TABLET	2	10.00	0.10	0.03174	200% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	2	30.00	0.04	0.03174	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	2	90.00	0.04	0.03174	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	3	30.00	0.04	0.03163	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	3	90.00	0.04	0.03163	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	4	30.00	0.04	0.03167	10%-25% Above	No	No
83980000310	FUROSEMIDE 40 MG TABLET	4	90.00	0.02	0.03167	10%-25% Below	No	No
83980000310	FUROSEMIDE 40 MG TABLET	4	90.00	0.04	0.03167	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1481

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980000310	FUROSEMIDE 40 MG TABLET	12	30.00	0.04	0.03258	10%-25% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	2	180.00	0.16	0.05068	200% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	4	60.00	0.08	0.05049	26%-50% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	4	120.00	0.08	0.05049	26%-50% Above	No	No
83980000501	PROPRANOLOL 10 MG TABLET	12	180.00	0.08	0.04983	51%-75% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	1	60.00	0.08	0.05139	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	1	90.00	0.08	0.05139	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	1	100.00	0.08	0.05139	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	1	180.00	0.17	0.05139	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	2	30.00	0.10	0.05068	76%-100% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	2	30.00	0.17	0.05068	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	2	60.00	0.08	0.05068	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	2	60.00	0.17	0.05068	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	2	180.00	0.08	0.05068	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	3	30.00	0.17	0.05121	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	3	60.00	0.17	0.05121	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	3	120.00	0.01	0.05121	76%-100% Below	No	No
83980000510	PROPRANOLOL 10 MG TABLET	3	180.00	0.08	0.05121	26%-50% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	4	30.00	0.17	0.05049	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	4	60.00	0.08	0.05049	51%-75% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	4	120.00	0.01	0.05049	76%-100% Below	No	No
83980000510	PROPRANOLOL 10 MG TABLET	12	15.00	0.19	0.04983	200% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	12	90.00	0.08	0.04983	51%-75% Above	No	No
83980000510	PROPRANOLOL 10 MG TABLET	12	180.00	0.08	0.04983	51%-75% Above	No	No
83980000601	PROPRANOLOL 20 MG TABLET	1	60.00	0.07	0.05929	26%-50% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1482

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980000601	PROPRANOLOL 20 MG TABLET	3	60.00	0.07	0.05618	26%-50% Above	No	No
83980000601	PROPRANOLOL 20 MG TABLET	3	60.00	0.22	0.05618	200% Above	No	No
83980000601	PROPRANOLOL 20 MG TABLET	12	60.00	0.08	0.05963	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	1	30.00	0.17	0.05929	101%-200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	1	45.00	0.22	0.05929	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	1	90.00	0.17	0.05929	101%-200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	2	30.00	0.08	0.05729	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	2	60.00	0.17	0.05729	101%-200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	3	30.00	0.08	0.05618	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	3	30.00	0.21	0.05618	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	3	30.00	0.23	0.05618	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	3	45.00	0.22	0.05618	200% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	3	90.00	0.07	0.05618	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	3	180.00	0.07	0.05618	26%-50% Above	No	No
83980000610	PROPRANOLOL 20 MG TABLET	4	120.00	0.03	0.05418	51%-75% Below	No	No
83980000610	PROPRANOLOL 20 MG TABLET	12	60.00	0.17	0.05963	101%-200% Above	No	No
83980000710	PROPRANOLOL 40 MG TABLET	3	180.00	0.10	0.08299	10%-25% Above	No	No
83980000901	PROPRANOLOL 80 MG TABLET	1	30.00	0.12	0.16254	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	2	30.00	0.12	0.16269	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	2	60.00	0.12	0.16269	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	3	30.00	0.12	0.16385	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	4	30.00	0.12	0.16416	26%-50% Below	No	No
83980000901	PROPRANOLOL 80 MG TABLET	12	30.00	0.12	0.15587	10%-25% Below	No	No
83980001105	METOCLOPRAMIDE 10 MG TABLET	2	1.00	0.47	0.04807	200% Above	No	No
83980001105	METOCLOPRAMIDE 10 MG TABLET	2	40.00	0.05	0.04807	10%-25% Above	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1483

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980001105	METOCLOPRAMIDE 10 MG TABLET	3	40.00	0.05	0.04578	10%-25% Above	No	No
83980001105	METOCLOPRAMIDE 10 MG TABLET	3	60.00	0.03	0.04578	26%-50% Below	No	No
83980001105	METOCLOPRAMIDE 10 MG TABLET	4	40.00	0.05	0.04395	10%-25% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	4.00	0.27	0.15367	51%-75% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	5.00	0.26	0.15367	51%-75% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	6.00	0.18	0.15367	10%-25% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	8.00	0.26	0.15367	51%-75% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.11	0.15367	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	10.00	0.26	0.15367	51%-75% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	12.00	0.11	0.15367	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.10	0.15367	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	15.00	0.26	0.15367	51%-75% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.09	0.15367	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.10	0.15367	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.11	0.15367	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.11	0.15367	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	2	18.00	0.26	0.15367	51%-75% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	4.00	0.27	0.15006	76%-100% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	5.00	0.22	0.15006	26%-50% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	7.00	0.13	0.15006	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	9.00	0.01	0.15006	76%-100% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	10.00	0.13	0.15006	10%-25% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.01	0.15006	76%-100% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.11	0.15006	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.12	0.15006	10%-25% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1484

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
83980001213	ONDANSETRON ODT 4 MG TABLET	3	12.00	0.26	0.15006	76%-100% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	15.00	0.26	0.15006	51%-75% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.09	0.15006	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.11	0.15006	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	3	18.00	0.26	0.15006	76%-100% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	4	12.00	0.26	0.13980	76%-100% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	4	15.00	0.26	0.13980	76%-100% Above	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.09	0.13980	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.10	0.13980	26%-50% Below	No	No
83980001213	ONDANSETRON ODT 4 MG TABLET	4	18.00	0.26	0.13980	76%-100% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	1	18.00	0.61	0.17101	200% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	4	4.00	0.25	0.17543	26%-50% Above	No	No
83980001313	ONDANSETRON ODT 8 MG TABLET	4	18.00	0.12	0.17543	26%-50% Below	No	No
84386003190	PRAVASTATIN SODIUM 10 MG TAB	1	30.00	0.14	0.06419	101%-200% Above	No	No
84386003190	PRAVASTATIN SODIUM 10 MG TAB	1	90.00	0.31	0.06419	200% Above	No	No
84386003190	PRAVASTATIN SODIUM 10 MG TAB	2	30.00	0.14	0.06181	101%-200% Above	No	No
84386003190	PRAVASTATIN SODIUM 10 MG TAB	3	90.00	0.14	0.05998	101%-200% Above	No	No
84386003190	PRAVASTATIN SODIUM 10 MG TAB	4	90.00	0.14	0.05935	101%-200% Above	No	No
84386003190	PRAVASTATIN SODIUM 10 MG TAB	12	90.00	0.31	0.06442	200% Above	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.01	0.06660	76%-100% Below	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.01	0.06423	76%-100% Below	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.13	0.06423	76%-100% Above	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.01	0.06117	76%-100% Below	No	No
84386003290	PRAVASTATIN SODIUM 20 MG TAB	4	90.00	0.13	0.06117	101%-200% Above	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.01	0.06660	76%-100% Below	No	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1485

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
84386003299	PRAVASTATIN SODIUM 20 MG TAB	1	90.00	0.13	0.06660	76%-100% Above	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	2	30.00	0.01	0.06423	76%-100% Below	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	2	90.00	0.13	0.06423	76%-100% Above	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	3	30.00	0.01	0.06243	76%-100% Below	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.01	0.06243	76%-100% Below	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	3	90.00	0.13	0.06243	101%-200% Above	No	No
84386003299	PRAVASTATIN SODIUM 20 MG TAB	12	90.00	0.15	0.06728	101%-200% Above	No	No
84386003390	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.14	0.08684	51%-75% Above	No	No
84386003390	PRAVASTATIN SODIUM 40 MG TAB	1	90.00	0.32	0.08684	200% Above	No	No
84386003390	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.14	0.08589	51%-75% Above	No	No
84386003390	PRAVASTATIN SODIUM 40 MG TAB	3	60.00	0.01	0.08466	76%-100% Below	No	No
84386003390	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.14	0.08439	51%-75% Above	No	No
84386003399	PRAVASTATIN SODIUM 40 MG TAB	2	90.00	0.14	0.08589	51%-75% Above	No	No
84386003399	PRAVASTATIN SODIUM 40 MG TAB	3	90.00	0.14	0.08466	51%-75% Above	No	No
84386003399	PRAVASTATIN SODIUM 40 MG TAB	4	90.00	0.01	0.08439	76%-100% Below	No	No
84386003399	PRAVASTATIN SODIUM 40 MG TAB	12	90.00	0.52	0.08711	200% Above	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	2	30.00	0.35	0.15259	101%-200% Above	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	2	90.00	0.02	0.15259	76%-100% Below	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	2	90.00	0.35	0.15259	101%-200% Above	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	3	30.00	0.35	0.14982	101%-200% Above	No	No
84386003490	PRAVASTATIN SODIUM 80 MG TAB	12	30.00	0.64	0.16031	200% Above	No	No
85612001001	PULMICORT INH 90MCG	1	3.00	191.12	.		No	No
85612001001	PULMICORT INH 90MCG	2	1.00	179.03	.		No	No
85612001001	PULMICORT INH 90MCG	2	1.00	188.51	.		No	No
85612001001	PULMICORT INH 90MCG	2	1.00	194.89	.		Yes	No

NADAC Summary Report

07:41 Thursday, June 4, 2026 1486

Drug NDC Number	Drug Name	Month Drug was Filled	Quantity of the Drug Dispensed	Amount the Pharmacy was Reimbursed	Average NADAC	NADAC Percentage of Reimbursement Category	Affiliate pharmacy Yes/No	Filled Pursuant to state or local government health plan
85612001001	PULMICORT INH 90MCG	3	1.00	188.51	.		No	No
85612001001	PULMICORT INH 90MCG	3	1.00	191.53	.		Yes	No
85612001001	PULMICORT INH 90MCG	4	1.00	194.89	.		Yes	No
85612001101	PULMICORT INH 180MCG	12	1.00	241.32	.		No	No
89152254105	T:SLIM X2 MIS 3ML CART	2	30.00	6.54	.		Yes	No
89152281705	AUTOSOFT 90 MIS 23/6GREY	2	30.00	50.27	.		Yes	No
89152283305	TRUSTEEL INF SET 23"/6MM	3	50.00	13.09	.		Yes	No
90166011103	GLOBAL PREP PAD PADS	11	100.00	0.13	.		No	No
96295014036	VITAMIN D3 TAB 125MCG	12	90.00	0.20	.		No	No
98302000139	HOLD CHAMBER MIS MEDIUM	1	1.00	106.49	.		No	No
98302000160	ULTRA THIN MIS 31G	2	100.00	0.48	.		No	No